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Admissions Applications

Application Information

Full name:	_____	Date:	_____
	_____	First	_____
	_____	M.I.	_____
Last			
Address:	_____	Phone:	_____
	Street address	Apt/Unit #	
	_____	_____	_____
	City	State	Zip Code
	_____	_____	_____

Social Security Number _____

Program applied for Masters Doctorate

Are you a citizen of the United States? Yes No

Have you ever been convicted of a felony? Yes No If yes, explain? _____

Education

High school:	_____	Address:	_____		
From:	_____	To:	_____	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma: _____
College:	_____	Address:	_____		
From:	_____	To:	_____	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: _____

Other: _____

Address: _____

From: _____

To: _____

Did you graduate?

Yes No

Degree: _____

References

Please list current Rabbi/Pastor. If you are congregational leader, please list a board member,

Full name: _____

Years
Attending: _____

Congregation: _____

Phone: _____

Address: _____

Email: _____

Please list two personal references:

Full name: _____

Relationship: _____

Phone: _____

Address: _____

Email: _____

Full name: _____

Relationship: _____

Phone: _____

Address: _____

Email: _____

Military Service

Branch: _____

From: _____

To: _____

Rank at discharge: _____

Type of discharge: _____

If other than honorable, explain: _____

Tell us about your faith community:

Tell us about your faith background and history:

Tell about your service/ministry work:

Why are you wishing to pursue this degree?

(attach additional sheets if needed)

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my acceptance, I understand that false or misleading information may lead to my immediate removal and may result in loss of funds.

By signing this application, I voluntarily waive my rights to access or inspect the contents of any recommendation made on my behalf for application to Kidron College.

I understand my application fee is nonrefundable.

Signature:

Date: