

**Student Application  
Soul Creative College  
Soul Church // San Diego, CA**

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1. Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_
2. Home Address: (street) \_\_\_\_\_  
(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_
3. Phone Numbers: (home) (\_\_\_\_\_) \_\_\_\_\_ (cell) (\_\_\_\_\_) \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Current Age: \_\_\_\_\_ 6. Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_
7. Driver's License Number (a valid driver's license is required for the duration of ELN):  
# \_\_\_\_\_ State in which License was Issued: \_\_\_\_\_
8. Social Security Number: # \_\_\_\_\_
9. Passport Number (a valid passport is required for the duration of our program):  
# \_\_\_\_\_
10. Father's / Guardian's Name: \_\_\_\_\_
11. Mother's / Guardian's Name: \_\_\_\_\_
12. Of what country are you a citizen? \_\_\_\_\_
13. Church Name: \_\_\_\_\_ City& State: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Pastor's Name: \_\_\_\_\_
14. Which of the following areas of ministry do you enjoy or find that you have gifting? (Please check all that apply.)

Speaking		Dance		Children's work		Medical	
Teaching		Evangelism		Youth work		Computers	
Music		Counseling		Prayer		Secretarial	
Worship		Administration		Electrical		Graphics	
Art		Encourager		Plumbing		Video	
Drama		Hospitality		Carpentry		Other:	

## Educational and Academic History

**Note: a minimum of a GED is required prior to admittance into Soul Creative College.**

15. Year of your high school graduation: \_\_\_\_\_
16. How many years of college will you have completed prior to entering Soul Creative College?  
\_\_\_\_\_
17. Describe your academic strengths and weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal History

18. When did you receive Jesus Christ as your personal savior? \_\_\_\_\_
19. Briefly describe your lifestyle before your salvation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. Have you been baptized in water? If so, when? \_\_\_\_\_
21. Have you been baptized with the Holy Spirit? If so, when? \_\_\_\_\_
22. Please write the story of how you met Jesus in one hundred words or less: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
23. List your reasons for wanting to join Soul Creative College:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
24. What calling do you believe God has placed upon your life (schooling, ministry, occupation, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. How do your parents/guardians feel about you joining Soul Creative College?

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26. How many brothers and sisters do you have? \_\_\_\_\_

27. Describe your involvement at your church (ministry, assistance, teaching, ushering, attendance, etc.): \_\_\_\_\_

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28. Are you planning on participating in Soul Creative College for one or two years? \_\_\_\_\_

29. In which Ministry Track are you planning on participating? \_\_\_\_\_

30. What are your plans after Soul Creative College?

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31. Please describe your devotional life (time devoted to prayer and Bible reading) over the past three months: \_\_\_\_\_

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32. Please describe any conditions you have (or have had in the past two years) that affect your relationships, ability to study, or other areas of life (depression, anxiety attacks, attention deficit disorder, etc.): \_\_\_\_\_

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33. During the past six-months have you engaged in behaviors that are inconsistent with the life of a believer (drunkenness, drug use, sexual activity, viewing pornography, lying, cheating, etc.)? If yes, please describe: \_\_\_\_\_

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34. Will it be difficult for you to respond to the authority of the Soul Staff?

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**Men:** T-shirt size: \_\_\_\_\_

**Women:** T-shirt size: \_\_\_\_\_

### **Financial Information**

Please indicate how you are planning to pay for your involvement in Soul Creative College?:

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### **Student Agreement**

All information provided in this Application is complete and accurate. I realize that supplying incomplete or false information in this application, or during my interview with Soul Creative College staff, may result in my failure to be accepted into Soul Creative College, or may result in being dismissed from the program.

I consent to the sharing of information written on this application, as well as the information I will share during my application Interview, with the staff of Soul Creative College, the Soul Church staff, and with the Host-Parents with whom I might be placed.

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Applicant's Signature

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Date

### **Submission of Application**

Please send or Drop Off your completed Application to:

Soul Church  
PO Box 16653  
San Diego CA 92176

## Section for Foreign Students

A valid visa and passport from is required for the duration of Soul Creative College. You must bring the papers associated with your visa and your passport with you to Soul Creative College. Please contact us for a separate guide to help you attain the proper clearance for your participation in Soul Creative College.

- a. Type of Visa: \_\_\_\_\_
- b. Dates Visa is Effective: \_\_\_\_\_
- c. Type of Passport: \_\_\_\_\_
- d. Dates Passport is Valid: \_\_\_\_\_
- e. Will your Visa need to be renewed during your time in ELN? \_\_\_\_\_
- f. Will your Passport need to be renewed during your time in ELN? \_\_\_\_\_
- g. LIN Number: # \_\_\_\_\_
- h. Name of U.S. Consulate or Embassy, which issued your Visa, and the name of city and country in which it is located: \_\_\_\_\_

## Application Checklist

- \_\_\_\_\_ Non-refundable \$50 application fee, made out to "Soul Church SD Soul Creative College" in the memo.
- \_\_\_\_\_ Completed application
- \_\_\_\_\_ One confidential "reference form" from Christian friend
- \_\_\_\_\_ One confidential "reference form" from a Pastor
- \_\_\_\_\_ Recent photograph (graduation or passport style)
- \_\_\_\_\_ Completed health care information form
- \_\_\_\_\_ Photocopy of current immunization record
- \_\_\_\_\_ Photocopy of current driver's license and proof of insurance
- \_\_\_\_\_ Completed an interview with Soul Creative College Staff
- \_\_\_\_\_ Criminal background check (to be completed at time of interview)

## For Minor Applicants Only (students who will be minors at the start date of the program)

- \_\_\_\_\_ Parent/guardian waiver and release (this form must be requested from Soul Creative College.)

## Health Care Information

**Please fill out the following information as thoroughly and accurately as possible:**

Student's Last Name	First	Middle	Insurance Company
Date of Birth	Age		Policy Number
Address			Father's Name
City	State	Zip	Father's Business Location
Home Phone			Father's Business Phone
Allergies (drugs or food)			Mother's Name
Medications you are currently taking			Mother's Business Location
Last Tetanus Immunization			Mother's Business Phone
Family Physician			Physician's Phone Number
In case of emergency, contact:			Emergency Contact Phone Number
Please list any physical conditions you have that require a doctor's supervision:			
Please list any physical conditions that you have that occasionally are bothersome to you (back problems, allergies, headaches, etc...).			
In case of minor medical emergency, I would like to go to the following doctor or medical clinic:			
Clinic Address			Clinic Phone Number (     )

### Dates of Childhood Immunization

Hepatitis A:	Smallpox:	Polio:	TB Test:	DTP:	MMR:
B:					

### For Students Not Living at Home

Please send a copy of your current immunization records:	Yes, I've enclosed them
<b>Student's Signature</b>	<b>Date</b>

Pastor Reference Form  
Soul Creative College  
Soul Church // San Diego, CA

Applicant's Name: \_\_\_\_\_  
Phone Number: (\_\_\_\_\_)\_\_\_\_\_

The individual named above has applied to become a student in Soul Creative College. Soul Creative College is a 8 month, intense, church-based, leadership training school for young adults who desire to grow in their knowledge of the Bible and in their ability to minister effectively. Serious consideration will be given to your comments, so carefully and quickly complete this form and return it directly to Soul Creative College. Your comments will be held in confidence. Any additional comments may be made on a separate sheet of paper and attached to this reference.

**Applicant's Instructions:** This form is to be filled out by a Christian leader or friend and mailed directly to Soul Church. Family members may not fill out this form.

1. Please check the box that best describes the applicant:

	Excellent	Good	Fair	Poor	No Observation
Mental ability					
Personal motivation					
Maturity					
Appearance					
Church attendance / involvement					
Spiritual growth observed					
Self-image					
Emotional stability					
Coping with personal problems					
Response to pressure					
Financial responsibility					
Honesty					
Openness / transparency					
Moral standards					
Positive attitude					
Judgment / common sense					
Creativity					
Adaptability / flexibility					
Teamwork / cooperation					

Servanthood					
Follows instructions					
Teachable					
Liked by others					
Concern for others					
Communication skills					
Leadership ability					
Self-discipline					
Physical condition of health					

2. In your opinion, this applicant's Christian witness is which of the following:

- Mature       Contagious       Genuine and growing  
 Over-emotional       Superficial       Other: \_\_\_\_\_

3. Please comment on areas of strength or weakness in the character of the applicant? \_\_\_\_\_

\_\_\_\_\_

4. What specific gifts or abilities do you recognize in this applicant? \_\_\_\_\_

\_\_\_\_\_

5. Does this applicant have any persistent problems or habits that might restrict him/her from fitting into an intense and challenging program? If so, please describe. \_\_\_\_\_

\_\_\_\_\_

6. To your knowledge, during the past six-months has the applicant engaged in behaviors that are inconsistent with the life of a believer (drunkenness, drug use, sexual activity, viewing pornography, lying, cheating, etc.)? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

7. Would you recommend this applicant for acceptance into Soul Creative College?

- Yes       No       With hesitation

8. How many years have you known the applicant? \_\_\_\_\_ years. How close do you consider your relationship to be?

- Very close       Fairly close       Acquaintance       Minimal

Applicant's Name



Referent's Name			
Address			
City	State	Zip	Phone (    )
Referent's Home Church			
Position in Church (if applicable)			
Signature			Date

**Please mail to or drop off:**

Soul Church  
 PO Box 16653  
 San Diego CA 92176

Friend Reference Form  
Soul Creative College  
Soul Church // San Diego, CA

Applicant's Name: \_\_\_\_\_  
Phone Number: (\_\_\_\_\_)\_\_\_\_\_

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Teachable					
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Self-discipline					
Physical condition of health					

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\_\_\_\_\_

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Applicant's Name

Referent's Name			
Address			
City	State	Zip	Phone (    )
Referent's Home Church			
Position in Church (if applicable)			
Signature			Date

**Please mail to or drop off:**

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 PO Box 16653  
 San Diego CA 92176