



Soul-winning And Leadership Training

STUDENT APPLICATION

Please tick or mark X in box where applicable

Name: [] Gender: [] Male [] Female

Phone: [] Email: []

Address: []

City: [] State: [] Zip: [] Country: []

Age: [] Birthdate: [DD/MM/YY] Nationality: []

Occupation: []

Marital Status: Married [] Never Married [] Separated [] Divorced [] Spouse Deceased []

Is English your first language: Yes [] No [] (If No:) []

Persons to notify in case of emergency:

Name: [] Phone: []

Name: [] Phone: []

Table with 3 columns: Name, Relationship, Birthdate (DD/MM/YY) and 3 rows for dependents.

CHURCH AFFILIATION

Are you a Seventh-day Adventist?

Yes

No

When were you baptized?

DD/MM/YY

Which church do you attend:

Name of Pastor:

Pastor's Phone number :

Email:

Which Spirit of Prophecy books have you read through completely?

Have you taken an active role in your local church? If yes, please give a brief description:

EDUCATIONAL BACKGROUND

What is the highest degree or level of school you have completed? *If currently enrolled, highest degree received.*

No schooling completed

Primary school

Secondary school

Pre-University

University/college credit, no degree

College Diploma

Bachelor's degree

Master's degree

Doctorate degree

Please list ALL languages you know and your proficiency level:

Fluent

Intermediate

Beginner

Fluent

Intermediate

Beginner

Fluent

Intermediate

Beginner

Fluent

Intermediate

Beginner

EMPLOYMENT EXPERIENCE

List below the last three positions you held, starting with your most recent.

Name of Company	Type of Work	Starting Date	Ending Date	Reason for leaving

GENERAL INFORMATION

Hobbies and interests?

Do you have musical abilities? Yes No

If yes, describe:

Are you a vegetarian? Yes No

If yes, how long:

Do you get regular exercise? Yes No

If yes, how often:

Do you have any long-term illnesses? Yes No

If yes, please list:

Do you have any allergies? Yes No

If yes, what:

How did you learn about our program?

What are the beginning and ending dates for the program you wish to attend?

Please respond to the follow essay questions in the separate file attached (See file: SALT Personal testimony)

1. When did you accept Christ as your personal Saviour? (share your conversion story)
2. Why did you decide to join SALT? What influenced your decision?

APPLICATIONS AGREEMENT:

Please tick or mark X in box where applicable

- I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein as may be necessary in processing this application. If I am accepted, I understand that false or misleading information given herein may result in dismissal.

- I prayerfully believe God has called me to work with SALT, and I choose to bring my life into harmony with God's principles as outlined in the Bible and Spirit of Prophecy.

- I understand that the duration of this program is 4 months and throughout this time I will abide by the rules and regulations and complete my duties accordingly.

- I understand that in the event that I do not meet the requirements of this program, I may be dismissed and that whatever payments which have been made is not refundable.

- I understand that AOY-SALT Committee will decide if I am suitable to join Part II of the program and that it is at their discretion.

- I agree to release the above information to the local church should I be accepted to join Part II of the program.

Print Name:
application:

Date of

**Please attach a recent
photo here.**

Please mail this finished application with your photo and physical exam form to:

evelyn@aoyweb.org

FOR OFFICE USE ONLY

Application Received:

Notified of receipt:

Projected arrival:

Region:

Accepted:

Notified of acceptance:

Term Date:

APPLICATIONS AGREEMENT:

I understand that if I am under 18 years of age, I am required to obtain a written letter signed by my parents/guardian authorizing my admission into the SALT course.

INFORMATION ABOUT PARENT/GUARDIAN

I / We,

Phone: Email:

am / are the parent(s), legal guardian (s) or other authorized person(s) or organization with custody rights, access rights, or parental authority over the aforementioned child.

INFORMATION ABOUT ACCOMPANYING PERSON (leave blank if child is travelling alone)

This child has my / our consent to travel alone or

This child has my / our consent to travel with:

Name:

Relationship to child:

Phone: Email:

INFORMATION DURING COURSE OF STUDY

I / We give our consent for this child to enroll in the AOY SALT course with the following information:

Place of stay:

Duration of study: to

This letter may be signed before a witness who has attained the age of 18 OR an official who works in the AOY SALT school.

Signature(s) of person(s) giving consent

Signature of witness / official

Signed before me on this date:

Name of official:

Date:

Title of official: