

**Precept International Mission**

**School**

Application Form

To ensure proper consideration, please fill in the information below as completely and accurately as possible. Attach your photo, then send this form and the photo to the following email: ims@eurasiaprecept.org

**What faculty would you like to attend? (underline)**

 **Taekwon-Do Soccer Floorball**

Who informed you about and motivated to become a student at the International Mission School? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Information**

|  |
| --- |
| FULL NAME |
| First Name | Middle Name | Last Name |
|  |  |  |
| BIRTH DATE |
| Day | Month | Year |
|  |  |  |
| FULL ADDRESS |
| Country | City | Street/Postal Code |
|  |  |  |
| CONTACT DETAILS |
| Home telephone | Mobile telephone | Email |
|  |  |  |
| BODY  |
| Height | Weight | Pulse |
|  |  |  |
| OTHER |
| Occupation | Marital Status | Languages you speak |
|  |  |  |

**Student’s Christian life**

|  |
| --- |
| Personal Testimony (300 words): |
|  |

|  |
| --- |
| CHURCH ATTENDANCE |
| Name of the church | Full Name of the Pastor/Head | Pastor’s Phone/Email |
|  |  |  |
| PERSONAL BAPTISM |
| Year | Church | Pastor’s Name/Phone/Email |
|  |  |  |
| INVOLVEMENT IN CHRISTIAN WORK (120 words) |
|  |

**Academic Records**

|  |  |  |
| --- | --- | --- |
| Study Institution | Years of attendance | Final degree |
|  |  |  |
|  |  |  |
|  |  |  |

**Sport activity**

|  |  |
| --- | --- |
| Type of practiced sport | Achievement |
|  |  |
| Injuries | Consequences of injuries |
|  |  |
| Health problems in the past | Health problems now |
|  |  |

|  |
| --- |
| Why do you want to become a student in the International Mission School? |
| 1. |  |
| 2. |  |
| 3. |  |

|  |
| --- |
| What are your plans after graduation? |
| 1. |  |
| 2. |  |
| 3. |  |

**Financial Commitment**

* I will cover the cost for the studies of a student at the International Mission School which is €2000/year.

Date:

Signature: