



APPLICATION FOR ADMISSION



Project Antioch | 9725 SW Durham Road | Tigard, OR 97224 | (503) 620-0221 | fax (503) 968-3023 | darren.williamson@swest.org | nwschoolofdiscipleship.com

Name:

Last First Middle Preferred/Nickname

AGE Date of Birth MALE FEMALE STATUS: SINGLE ENGAGED MARRIED DIVORCED

Do you have a Driver's License? Yes No If not, why not? _____ LICENSE NUMBER: _____

Current Life Situation (mark all that apply): High School College Student Working Unemployed not in college

Address:

Street City State/Province ZIP/Postal Code Country

Home Phone Cell/Mobile Phone Email Address Social Security Number (if U.S. Citizen)

Parent/ Guardian Info:

Last Name First Parent Email Address

Street Address City State/Province ZIP/Postal Code Country

Last Name First Parent Email Address

Street Address City State/Province ZIP/Postal Code Country

CHURCH BACKGROUND

Have you been baptized? Yes No If yes, when? _____

Which best describes your spiritual life right now: poor below average average above average excellent

Explain your answer: _____

Were you raised in the church? Yes No

Home Congregation: _____

Name of Congregation

Street Address City State/Province ZIP/Postal Code Country

Church Phone Number Church Website Church Email

Preacher/Minister Name Phone Number Email

FAMILY BACKGROUND

Are your parents Christians? Yes No If yes, which congregation? _____

Do your parents approve of you joining Project Antioch? Yes No

Are your parents: Married Separated Divorced How Long? _____

Describe your present relationship with your immediate family: _____

How did you hear about Project Antioch? _____

PERSONAL HISTORY

Have you ever been on a mission trip? Yes No Do you have a valid passport? Number: _____

If yes: _____

Dates	Location	Leader's Name	Leader's Phone Number
_____	_____	_____	_____

Tell us about the work/service you participated in: _____

Please read the *NWSD Statement of Faith* on our website. Do you agree with it? Yes No

If not, please describe the areas of disagreement: _____

SHORT ANSWER QUESTIONS

How involved are you currently with your church? _____

What other leadership or service roles are you involved with? _____

Are there any other extra-curricular activities you are doing? _____

What are your academic interests? What is your High School GPA? _____

Do you currently have any disabilities we should know about that could hinder your participation? _____

Have you had any life struggles that we should know about (*abuse, crime, major medical issue, drug use, tragedy, etc.*)?

We will hold this confidentially but we want to know about your life. Tell us about anything that you've had to overcome up to today. What did you do or are currently doing to move beyond these things? _____

What excites you the most about Project Antioch? Bible study Service projects Cascade Trek Mission Abroad

Having a mentor Daily worship with my peers College Credit Other: _____

What are some things you do to grow in your faith? _____

Have you ever had a mentor? What lessons have they taught you? What kind of mentor would you like to have? _____

What do you hope to achieve by participating in Project Antioch? _____

Project Antioch is a life-changing experience. However, because of our focus, it is also very demanding. Students will be held to high standards in their studies, their service, and their moral character. Having life struggles in your background does not necessarily disqualify you from being part of Project Antioch, but we do want you to know of the high expectations. Are you ready to join us for this intensive experience?

Signature

Date

CHARACTER REFERENCES

List the name, title, and contact information for at least three references (the first three). By signing below you give us permission to talk to these individuals about your character, giftedness, church involvement, and other things relevant to your participation with Project Antioch.

REFERENCE #1: Teacher or Mentor:

NAME: _____ TITLE: _____

CONTACT PHONE: _____ EMAIL: _____

REFERENCE #2: The Minister of your home congregation:

NAME: _____ TITLE: _____

CONTACT PHONE: _____ EMAIL: _____

REFERENCE #3: An Elder in your home congregation (*if no elders, indicate another leader*):

NAME: _____ TITLE: _____

CONTACT PHONE: _____ EMAIL: _____

REFERENCE #4 (*optional*): Friend or Family member of your choosing:

NAME: _____ TITLE: _____

CONTACT PHONE: _____ EMAIL: _____

Signature

Date