

APPLICATION FOR IMPACT 195

(Confidential when completed)

HOW TO COMPLETE THIS APPLICATION

Thank you for your interest in IMPACT 195! It is our intention that the application process serve as a valuable tool in helping you prayerfully evaluate whether this is the right course for you at this time.

Please answer all of the questions on this application form. It will help us if you type your answer or print clearly in black or blue ink. Husbands and wives enrolling as students must complete separate application forms. If you need more space to answer a question, please use a separate piece of paper.

Please note that the information requested on this form is restricted to details relevant to our consideration of your application at this stage.

REFERENCES

Enclosed with this application are three Reference Forms to be sent to the Referees you have selected. One is for your church leader, one for a mature Christian friend, and the third is for your employer or teacher). Fill in the blue sections with your name and address and give the forms to the individuals. Please ask that they return the forms directly to Rock University as soon as possible.

MEDICAL REPORT

Due to some of the physical aspects of IMPACT 195, a Medical Report Form is included for you to complete. This information will be used to ensure your safety and is completely confidential.

PASSPORT/VISA INFORMATION

This information is needed for anticipated travel purposes only, including out of country outreaches and mission trips.

APPLICATION FEE

A non refundable fee of \$50 (which covers the cost of processing your application) should be included when you return this form.

FINALLY... We pray that God will guide you clearly as you complete this form.

TO AID YOUR COMPLETION OF THIS FORM

Please check the boxes after you have completed each task

- Read and understood the **financial policy** sheet
- Completed and signed the **application form**
- Entered the required details on the reference forms
- Sent reference **form to employer/teacher**
- Sent reference **form to mature Christian friend**
- Sent reference **form to Pastor/Church leader**
- Completed personal **Medical Report**
- Completed **Passport Information**
- Included \$50 application fee

Now return the application pack to Rock University. Once we have received all your information we will contact you to set up an admissions interview.

INTRODUCTION

This sheet is designed to explain the financial costs of attending the IMPACT 195 program. It also gives a breakdown of when fees become payable.

WHAT THE FEES COVER

The IMPACT 195 fees cover the following:

- All Classroom Instruction
- All books and materials
- Weekly Do Something Outreaches
- Each term has a one week 12:2 Trip.
- After School BBQ's
- IMPACT 195 student shirt and much more.
- NOTE: Optional mission trips will be at additional cost.

APPROXIMATE OVERALL COSTS

- | | |
|---------------------|---------|
| • Application Fee | \$50 |
| • Term 1 Investment | \$2,000 |
| • Term 2 Investment | \$2,000 |
| • Term 3 Investment | \$2,000 |
| • Total: | \$6,050 |

Discount: \$500 off total cost when investment is paid in full before beginning of first term.

SUMMARY - DUE DATES FOR PAYMENT

- **Administration fee** - \$50 due with application (Covers the cost of processing your application)
- **Registration fee** - \$100 due when acceptance letter is received (Confirms your acceptance in IMPACT 195 and hold your place in the program. This fee is non-refundable)
- **Balance of tuition** - \$1,900 is due by the end of the first week of school (Rock the House).

SPECIAL CIRCUMSTANCES

Rock University is a faith based organization. Therefore we are open to prayerfully considering applications from those who through unemployment or other circumstances are lacking the total finances. If, together with your church leadership, we felt it right that they are to attend IMPACT 195 we would work out a financial scheme on an individual basis. Without such an arrangement in place before the school starts we are unable to accommodate students who do not have their fees in full. Please do not hesitate to contact us if this applies to you.

HELP

If you have any questions or if anything is unclear please contact the Rock University staff.

APPLICATION FOR IMPACT 195

TERM	<input type="checkbox"/> Winter: Jan-Mar	<input type="checkbox"/> Summer: May-Jul	<input type="checkbox"/> Fall: Sep-Nov
PROGRAM	<input type="checkbox"/> Day: 9am - 1pm	<input type="checkbox"/> Night: 5:30pm - 9:30pm	

1. PERSONAL INFORMATION

Name:
(Title, Surname, First Name, Middle Name, Preferred Name)

Current address: (Valid till)

Telephone: Fax:

Email:

How long have you lived here:

Permanent address: (If different from above)

Telephone: Fax:

E-mail:

Date of birth: / / Age: Sex : Male Female
dd mm yy

2. MARITAL STATUS

Single Engaged Married Separated Divorced Widow/er

Spouse/fiance's name:

Has your spouse/fiance applied for this school? Yes No

(We recommend doing IMPACT 195 as a couple)

If not, please comment:

3. DEPENDANTS

Do you have children that you are caring for? Yes No If yes, please give their details:

Name	Date of Birth	Place of Birth	Boy/Girl
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. CHURCH INFORMATION

Church Affiliation:

Church Leader's Name & Title:

Address:

Email:

Phone: (H) (W)

Fax:

Does your church/ministry leader support the idea of you attending IMPACT 195?
 Yes Yes, with reservations No

5. EDUCATION AND SKILLS

Secondary School (High School or Trade School)

Name of Establishment	Dates Attended	Grade Level Completed/Qualifications Received
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

University/College/Higher or Further Education

Name of Establishment	Dates Attended	Degree Completion/Qualifications Received
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

List any other training or qualifications you have received (Please use a separate piece of paper if necessary)

What is your Employment History and Occupation?

Position:

Length of employment:

Briefly describe what your work entails:

Briefly describe other past work experiences:

6. LANGUAGES

Please identify the languages you speak and indicate your proficiency:

- | | |
|--------------------------------------|-----------------------------------|
| 1 - elementary speaking | 4 - full professional proficiency |
| 2 - limited word proficiency | 5 - native tongue proficiency |
| 3 - minimum professional proficiency | 6 - mother tongue |

English proficiency: Other languages and proficiency:

7. GIFTS AND HOBBIES

Please indicate your gifts, including any drama, musical, artistic, technical talents you have and your hobbies:

Gifts:

Hobbies:

Feel free to also describe some achievements you feel are highlights over your lifetime so far:

8. CHRISTIAN & LIFE EXPERIENCE

Please prayerfully answer the following questions, succinctly, on a separate piece of paper (you may print or type) and attach this to your application form.

(If you would feel more comfortable speaking to somebody before completing this form, please feel free to call us.)

Your Personal History

1. Describe your conversion experience or explain how and when God became real and personal to you.
2. Briefly describe other spiritual experiences and/or significant events in your Christian life.
3. What experience do you have in sharing your faith?
4. What church work experience have you had? Have you any leadership experience?
5. Which religious books, apart from the Bible, and Christian periodicals have influenced you most and why?
6. Briefly describe any experiences you have had in other cultures.

Where you are at currently

7. How would you describe your Christian life and your relationship with the Jesus at the present time?
8. Do you feel God has called you into some kind of full-time Christian service? Please explain.
9. How might you see using your skills/training in a ministry or missions context? What is your vision for doing something after completing IMPACT 195?
10. What are your hopes and expectations for yourself during your nine months at IMPACT 195?
11. How do you think you would cope with challenging situations like: working while going to school, serving in cutting edge ministry, traveling to different cultures, etc.?
12. How did you hear about IMPACT 195?
13. How do you envision God using you to change the world?

9. FINANCES

Please read the Financial Policy Sheet before completing this section. Every student in IMPACT 195 is responsible to provide their own fees and personal living expenses. Each prospective student is expected to do the same. As you do the possible — use savings, earn the money, sell things you don't need (as directed by the Lord) — God will do the impossible. Where God guides, He will also provide.

1. \$ is what I have at the present time towards the school fees.
- \$ is what my church/family/friends/others have pledged towards my fees.
- \$ is what I still need for my fees.

How do you plan to raise the amount you still need?

2. a) List current financial obligations and how you expect to fulfil them.

b) Are you leaving a job to attend IMPACT 195?

Should you be accepted for the school, how much notice do you need to give?

c) Give names of dependants you have and to what extent you are obligated to them financially.

10. COMMITMENT & TERMINATION OF INVOLVEMENT

COMMITMENT

- I have completed all portions of this application truthfully and to the best of my knowledge, and if accepted by Rock University, I will, under God, abide by the spirit, authority and schedule of the IMPACT 195 program.
- I understand that IMPACT 195 consists of both in class instruction, weekly service project and outreaches, a one week retreat, and that by completing this application, I am making a commitment to all aspects of the school over the course of all three quarters.
- I confirm that I have read the Financial Policy Sheet and understand that payment of my school fees must be made upon or before my arrival at the school (unless prior arrangements have been made).

Applicant's signature: Date: 20
day/month

TERMINATION OF INVOLVEMENT

Rock University reserves the right to terminate my involvement with them, if I am found to have misled Rock University in any way or if my conduct is detrimental to the good running of the school or to the reputation of Rock U or Rock Church. I have read this form and accept the terms set out in it.

Applicant's signature: Date: 20
day/month

CONFIDENTIAL REFERENCE IMPACT 195

To be completed by your employer or teacher (someone who knows you in a work or classroom setting) Please return to the Registrar of Rock University
2277 Rosecrans Street
San Diego, CA 92106

CANDIDATE DETAILS (To be completed by the applicant)

Name of applicant:
(Title, Surname, First Name)

Current address:

Telephone: Fax:

Email: Starting Date:

The Family Education and Privacy Act of 1974 provides applicants the right of access to information provided by their references after the applicants have been accepted and enrolled at Rock U. The law also allows applicants the privilege to waive this right of access, an action which may protect the integrity of recommendations and references. No school, however, can require an applicant to sign such a waiver, nor can discriminate in any way against any applicant who does not waive his or her rights of access. Please check one of the following.

I waive my right to review this form I do not waive my right to review this form

Applicant's signature: Date: 20
day/month

ROCK UNIVERSITY and IMPACT 195

In seeking admission to IMPACT 195, the above applicant is required to have this form completed before admission can be considered. Since we are endeavoring to select those individuals who have strong potential to become effective leaders in the community, we would appreciate your frank evaluation of this applicant. If you feel that this form does not give adequate room to convey your thoughts, please feel free to submit your response in any form that you choose.

CONFIDENTIALITY - The Federal Law gives students the option of waiving their right to see specific letters of recommendation. If the applicant has not signed the waiver at the top of this form, it will be assumed that you are submitting the following information with the full knowledge that the applicant may see it if he or she is accepted and enrolls in IMPACT 195.

We need to receive this form before we can process this application - thank you.

PERSONALITY / CHARACTER PROFILE

Please assess the applicant on the qualities listed below according to the following evaluation system.

4 - Usually 3 - Often 2 - Sometimes 1 - Rarely

Emotionally stable	<input type="text"/>	Handles stress well	<input type="text"/>	Respects authority	<input type="text"/>
Positive attitude	<input type="text"/>	Team Player	<input type="text"/>	Financially responsible	<input type="text"/>
Takes initiative	<input type="text"/>	Faithful/Reliable	<input type="text"/>	Outgoing/Friendly	<input type="text"/>
Punctual	<input type="text"/>	Cooperative	<input type="text"/>	Self-Disciplined	<input type="text"/>
Communicates well	<input type="text"/>	Teachable	<input type="text"/>	Humble	<input type="text"/>

ABILITY AT WORK

Please comment on the following items as they relate to the applicant:

1. The applicant's attitude to work:

2. The quality and character of his/her work:

3. The applicant's maturity in making judgements:

4. The applicant's ability to be a part of a team:

5. The applicant's ability to handle conflict:

Have we overlooked anything which you consider relevant to this application?

I know the applicant: very well quite well moderately very little

What is your relationship with the applicant:
(i.e. Employer / Teacher)

FINALLY...

Do you think participation in IMPACT 195 would be beneficial for the applicant?
 YES (unreservedly) YES (with some reservations) NO

If you have reservations, your comments would be helpful:

Name:

Address:

Tel: Fax:

Email:

Signature:

Date:

CONFIDENTIAL REFERENCE
IMPACT 195

To be completed by your pastor or ministry leader
(someone in church leadership who knows you in
a ministry setting)

Please return to the Registrar of Rock University
2277 Rosecrans Street
San Diego, CA 92106

CANDIDATE DETAILS (To be completed by the applicant)

Name of applicant:

(Title, Surname, First Name)

Current address:

Telephone: Fax:

Email: Starting Date:

The Family Education and Privacy Act of 1974 provides applicants the right of access to information provided by their references after the applicants have been accepted and enrolled at Rock U. The law also allows applicants the privilege to waive this right of access, an action which may protect the integrity of recommendations and references. No school, however, can require an applicant to sign such a waiver, nor can discriminate in any way against any applicant who does not waive his or her rights of access. Please check one of the following.

I waive my right to review this form I do not waive my right to review this form

Applicant's signature: Date: 20

day/month

ROCK UNIVERSITY and IMPACT 195

In seeking admission to IMPACT 195, the above applicant is required to have this form completed before admission can be considered. Since we are endeavoring to select those individuals who have strong potential to become effective leaders in the community, we would appreciate your frank evaluation of this applicant. If you feel that this form does not give adequate room to convey your thoughts, please feel free to submit your response in any form that you choose.

CONFIDENTIALITY - The Federal Law gives students the option of waiving their right to see specific letters of recommendation. If the applicant has not signed the waiver at the top of this form, it will be assumed that you are submitting the following information with the full knowledge that the applicant may see it if he or she is accepted and enrolls in IMPACT 195.

We need to receive this form before we can process this application - thank you.

PERSONALITY / CHARACTER PROFILE

Please assess the applicant on the qualities listed below according to the following evaluation system.

4 - Usually 3 - Often 2 - Sometimes 1 - Rarely

Emotionally stable	<input type="text"/>	Handles stress well	<input type="text"/>	Respects authority	<input type="text"/>
Positive attitude	<input type="text"/>	Team Player	<input type="text"/>	Financially responsible	<input type="text"/>
Takes initiative	<input type="text"/>	Faithful/Reliable	<input type="text"/>	Outgoing/Friendly	<input type="text"/>
Punctual	<input type="text"/>	Cooperative	<input type="text"/>	Self-Disciplined	<input type="text"/>
Communicates well	<input type="text"/>	Teachable	<input type="text"/>	Humble	<input type="text"/>

Do you foresee any difficulties that could compromise their Christian sexual morality?

Yes: No: Comments:

3. IMPACT 195 is an intensive discipleship program that requires deep personal commitment and fortitude. Is the applicant capable of keeping long term commitments even when personal sacrifice is required?

Yes: No: Comments:

4. The applicant's ability to be a part of a team:

5. The applicant's ability to handle conflict:

CHRISTIAN BACKGROUND

Please comment briefly on:

1. The applicants growth as a Christian:

2. The quality and extent of his/her Christian service:

3. Do you know the applicants family? Yes: No:

Is there anything you think would be helpful for us to know about them?

(Please comment on the husband/wife AND parent/child relationship)

4. Have we overlooked anything you consider relevant to this application?

FINALLY...

Do you think participation in IMPACT 195 would be beneficial for the applicant?

YES (unreservedly) YES (with some reservations) NO

If you have reservations, your comments would be helpful:

I know the applicant: very well quite well moderately very little

What is your relationship with the applicant:

Name:

Address:

Tel: Fax:

Email:

Signature: Date:

CONFIDENTIAL REFERENCE
IMPACT 195

To be completed by a Christian friend (Someone who knows you in a social setting)

Please return to the Registrar of Rock University
2277 Rosecrans Street
San Diego, CA 92106

CANDIDATE DETAILS (To be completed by the applicant)

Name of applicant:

(Title, Surname, First Name)

Current address:

Telephone: Fax:

Email: Starting Date:

The Family Education and Privacy Act of 1974 provides applicants the right of access to information provided by their references after the applicants have been accepted and enrolled at Rock U. The law also allows applicants the privilege to waive this right of access, an action which may protect the integrity of recommendations and references. No school, however, can require an applicant to sign such a waiver, nor can discriminate in any way against any applicant who does not waive his or her rights of access. Please check one of the following.

I waive my right to review this form I do not waive my right to review this form

Applicant's signature: Date: 20
day/month

ROCK UNIVERSITY and IMPACT 195

In seeking admission to IMPACT 195, the above applicant is required to have this form completed before admission can be considered. Since we are endeavoring to select those individuals who have strong potential to become effective leaders in the community, we would appreciate your frank evaluation of this applicant. If you feel that this form does not give adequate room to convey your thoughts, please feel free to submit your response in any form that you choose.

CONFIDENTIALITY - The Federal Law gives students the option of waiving their right to see specific letters of recommendation. If the applicant has not signed the waiver at the top of this form, it will be assumed that you are submitting the following information with the full knowledge that the applicant may see it if he or she is accepted and enrolls in IMPACT 195.

We need to receive this form before we can process this application - thank you.

PERSONALITY / CHARACTER PROFILE

Please assess the applicant on the qualities listed below according to the following evaluation system.

4 - Usually 3 - Often 2 - Sometimes 1 - Rarely

Emotionally stable	<input type="text"/>	Handles stress well	<input type="text"/>	Respects authority	<input type="text"/>
Positive attitude	<input type="text"/>	Team Player	<input type="text"/>	Financially responsible	<input type="text"/>
Takes initiative	<input type="text"/>	Faithful/Reliable	<input type="text"/>	Outgoing/Friendly	<input type="text"/>
Punctual	<input type="text"/>	Cooperative	<input type="text"/>	Self-Disciplined	<input type="text"/>
Communicates well	<input type="text"/>	Teachable	<input type="text"/>	Humble	<input type="text"/>

Do you foresee any difficulties that could compromise their Christian sexual morality?

Yes: No: Comments:

3. IMPACT 195 is an intensive discipleship program that requires deep personal commitment and fortitude. Is the applicant capable of keeping long term commitments even when personal sacrifice is required?

Yes: No: Comments:

4. The applicant's ability to be a part of a team:

5. The applicant's ability to handle conflict:

CHRISTIAN BACKGROUND

Please comment briefly on:

1. The applicants growth as a Christian:

2. The quality and extent of his/her Christian service:

3. Do you know the applicants family? Yes: No:

Is there anything you think would be helpful for us to know about them?

(Please comment on the husband/wife AND parent/child relationship)

4. Have we overlooked anything you consider relevant to this application?

FINALLY...

Do you think participation in IMPACT 195 would be beneficial for the applicant?

YES (unreservedly) YES (with some reservations) NO

If you have reservations, your comments would be helpful:

I know the applicant: very well quite well moderately very little

What is your relationship with the applicant:

Name:

Address:

Tel: Fax:

Email:

Signature: Date:

MEDICAL REPORT

TO THE APPLICANT:

Some of the elements in IMPACT 195 can be physically challenging (i.e. backpacking, work/construction projects). As such, we ask that you would candidly fill out both pages of this medical report to help us ensure your physical well being.

Applicant's Name:

Date of Birth:

Current Address:

Quarter applied for:

GENERAL HEALTH

Are you able to walk up to six miles (10 kilometers) in one day?

Please explain

Are you able to carry out reasonably strenuous physical work?

Please explain

Are you presently in good health?

Please explain

FOR WOMEN ONLY

Do you have any women's health issues that we should be aware of? Please explain.

MEDICAL HISTORY

Please answer the following questions as fully as possible:

List all the **SERIOUS ILLNESSES** and **OPERATIONS** you have had in the past. (This means any illness requiring hospital admission, treatment from your doctor for an illness lasting more than one month, or any illness which may have an affect on your health.) Please also state the outcome and whether there are any residual problems.

ILLNESS / OPERATION

List any **SERIOUS ILLNESS** in your **FAMILY** :

ILLNESS

Describe any **CURRENT MEDICAL PROBLEMS** for which you are receiving treatment, or which may affect your health:

List any **MEDICATIONS** which you take, either on a regular basis, or only when needed :

What is your **HEIGHT**?

--

What is your **WEIGHT**?

--

Describe any current psychiatric problems for which you are receiving treatment or have received treatment in the past (i.e.. anxiety, depression, panic attacks, eating disorders, other psychiatric disorders).

Is there any other medical information which will be helpful for us to know as we consider your application?

PASSPORT / VISA INFORMATION

PASSPORT AND VISA INFORMATION

Quarter applying for:

Please attach this document, completed and with photo, along with your application package.

Please attach
a recent
photographs here

Please note: You must have a passport valid for at least six months after the end of the your third term in IMPACT 195 due to international travel requirements.

Name as listed on passport:

Date of birth:
(day / month / year)

Place of birth: City:
Country:

Citizenship/nationality:

Passport Number:

Place of Issue: City:
Country:

Date of issue:
(day / month / year)

Date of expiry:
(day / month / year)