

## Master's Commission 360 Discipleship Application

Please fill out the following information as accurately as possible. There is a non-refundable \$35.00 processing fee due at the time this application is submitted. Applications will not be processed without the fee or recent photograph. When finished remove application and mail to address at end of application.

Full Name \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender: Male Female

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a U.S. Citizen? Yes No

If no, country of citizenship \_\_\_\_\_

Are you a resident alien? Yes No If yes, please include a copy of U.S. government authorization (green card or other).

Birthplace: City \_\_\_\_\_ State/Province or Country \_\_\_\_\_

T-shirt Size: SM M LG XL 2XL 3XL

Sweat Shirt Size: SM M LG XL 2XL 3XL

Ring Size \_\_\_\_\_ (you must have a jeweler size your finger)

Marital Status \_\_\_\_\_

Name of Spouse \_\_\_\_\_ If married, how long? \_\_\_\_\_

Note: Please submit a second application for spouse if both are applying.

Birth date of Spouse \_\_\_\_/\_\_\_\_/\_\_\_\_ Age of Spouse \_\_\_\_\_

Children (Please answer the following for children living with you):

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Parents:

Name of Father or Guardian \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Has he accepted Christ? Yes No

Occupation \_\_\_\_\_ Denominational Preference \_\_\_\_\_

Name of Mother or Guardian \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Has she accepted Christ? Yes No

Occupation \_\_\_\_\_ Denominational Preference \_\_\_\_\_

How would you describe your health?      Excellent      Good      Fair      Poor  
List any allergies \_\_\_\_\_  
\_\_\_\_\_

List any medications you are currently using \_\_\_\_\_  
\_\_\_\_\_

Please describe any physical limitations, mental illness and/or emotional conditions, and state any special attention or treatment required. \_\_\_\_\_  
\_\_\_\_\_

Has your education/employment been disrupted for any period of time because of a physical or nervous disorder?      Yes      No      If so, please describe \_\_\_\_\_  
\_\_\_\_\_

High School \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Did you graduate?      Yes      No  
College \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Course of Study \_\_\_\_\_ Other Education \_\_\_\_\_

Master's Commission History:

Are you currently, or have you been a student or a staff member at another Master's Commission?  
Yes      No      If yes, which program? \_\_\_\_\_

Who was your director(s)? \_\_\_\_\_

Dates attended? \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are currently enrolled (student or staff):

Is your MC director aware that you are applying to our program?      Yes      No

If yes, is your director in agreement with you about transferring? \_\_\_\_\_  
\_\_\_\_\_

Will your director give you a recommendation?      Yes      No

Why or why not? \_\_\_\_\_  
\_\_\_\_\_

Why are you interested in transferring to MC360? \_\_\_\_\_  
\_\_\_\_\_

If you were enrolled (student or staff):

What years did you complete as a student? 1 2 3

Were you dismissed for any reason?      Yes      No      If yes, Why? \_\_\_\_\_  
\_\_\_\_\_

(You will be required to have a letter of recommendation from your former director.)

Please answer the following questions honestly. It is important that we understand any issues you may face while in the program, in order that we may serve you best. Answering yes to any of the following does not necessarily disqualify you from admission to MC360. Please attach any additional information about yourself that you feel would be beneficial to us. (\*if answering yes to any of these questions please attach a brief explanation)

Have you used or are you currently using illegal drugs?\* Yes No

If yes, date of last use: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever misused or abused a legal drug (over the counter or prescription)?\* Yes No

If yes, date of last use: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you currently smoke?\* Yes No

Do you currently drink alcoholic beverages?\* ? Yes ? No

If in the past, give date of last use: Tobacco \_\_\_\_/\_\_\_\_/\_\_\_\_ Alcohol \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been arrested?\* Yes No

If yes, when: \_\_\_\_/\_\_\_\_/\_\_\_\_ Were you convicted?\* Yes No

Have you ever been involved in homosexuality/lesbianism?\* Yes No

How long since last involved? \_\_\_\_ months / years?

Are you a sex offender?\* Yes No

If yes, are you registered?\* Yes No

Do you have an addiction to pornography?\* Yes No

Do you have any eating disorders? (i.e. anorexia, bulimia, obesity)\* Yes No

If yes, have you sought treatment?\* Yes No Date of last treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever intentionally injured yourself?\* (i.e. cutting, burning) Yes No

If yes, have you sought treatment?\* Yes No

Date of last time you injured yourself: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you prone to violent behavior?\* Yes No

Are you a dishonest individual?\* Yes No

How do you plan to pay for your tuition? \_\_\_\_\_

Will you have the total amount by the required date? Yes No

If no, please explain. \_\_\_\_\_

Do you have your own vehicle? Yes No (we prefer that students have their own transportation; gas money and car repairs are the sole responsibility of the student)

Do you have auto insurance? Yes No (students will not be allowed to drive during their time at MC360 unless they have auto insurance)

List any debts, loans, or payments that you currently have \_\_\_\_\_

Will your debts be paid off by the start of MC360? Yes No

If no, how will you make payments? \_\_\_\_\_

*\*If yes to any of these questions please attach a brief explanation.*

