

the ROAR



Application for Admission

Application Process

Welcome!

Thank you for your interest in applying to the **ROAR**. It is our sincere desire to see God's choice servants equipped for the final harvest. We look forward to mentoring you in your ministry call, that you might have maximum impact for the Gospel in your generation.

Prerequisites for Admission at the **ROAR**

The applicant should:

1. Have a high-school diploma or G.E.D.
2. Have evidence of a genuine salvation experience and lifestyle standards which consistently display a consecrated walk with the Lord.
3. Be a committed member of a local church and **already involved in ministry there.**
4. Have both a pastoral and leader's recommendation.

One-time, Non-refundable Application Fee: \$50 **FINAL Due Date:** July 1, 2017

Applicant's Checklist

- Completed application submitted
- \$50 application fee
- Pastor's Recommendation Form
- Leader's Recommendation Form

All items on this checklist must be received before your application will be reviewed. Students will then be notified of their acceptance within two weeks.

Application and all required documents should be submitted to:

theROAR
P.O. Box 355
Crown Point, IN 46308
219-663-7729 ext. 305
info@globalroar.org

the**ROAR**'s home base is Living Stones Church 909 Pratt Street, Crown Point, IN 46307
www.lstones.org

General Information

For Office Use Only:

- Completed Application
- Application Fee
- Photo
- Recommendation Forms

Student ID# _____

Please attach a recent photo here

Personal Information

Full legal name _____
Last First Middle

Preferred name _____

Address _____
Street/P.O. Box City State Zip

Phone () _____ () _____
Home Cell

Social Security number _____ Passport number _____

E-mail: _____

Male Female Birthdate _____ Age _____

Marital Status

Single (never been married) Single (divorced) Married Widowed

For Singles

Parents' name(s) _____

General Information continued

Parents' address (if different from yours) _____

Parents' phone _____
Home *Cell*

For Married Applicants

Name of spouse _____ Date of marriage _____

Children

Name	Gender	Age	Living with You?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

List high school, college, and other institutions of higher education you have attended.

Name	City, State	Dates Attended	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____

Occupational

List employment for the past five years.

Name	City, State	Dates Employed	Type of Work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Financial

List any financial debt that you have. _____

How do you plan to pay for this while you attend the **ROAR**? _____

Spiritual Inventory

Local church _____

How long have you been a member? _____

Address _____ Phone _____

Pastor's name _____

What other churches have you attended and for how long? _____

When did you accept Christ as your personal Savior?

Have you been baptized in water? YES NO Approx. date _____

Have you received the Baptism of the Holy Spirit?
 YES NO Approx. date _____

Please assess the following in yourself: (1 – poor; 2 – fair; 3 – good; 4 – very good; 5 – Outstanding)

_____ Spiritual maturity

_____ Personal integrity

_____ Willingness to serve

_____ Interpersonal relationships

_____ Ability to work with others

_____ Leadership skills

_____ Physical health

_____ Devotion to Christ

_____ Self-discipline

_____ Willingness to learn

_____ Family life

_____ Communication skills

_____ Reliability

Comments on any of above _____

Purpose, Calling, Gifts

What ministry emphasis will you be choosing?

- Pastoral/Leadership Mission (Intercultural Studies)

Why do you want to attend the **ROAR**?

Share what you believe may be a long-term calling on your life.

What do you consider to be your two greatest strengths and how do you use them (or desire to use them)?

1. _____

2. _____

What do you consider to be your two greatest weaknesses, and how are you correcting them?

1. _____

2. _____

Health Information

Are you presently under the care of a physician for a physical condition?

YES NO If yes, please explain. _____

Are you presently taking any medications? YES NO If yes, please list:

In case of an emergency, whom should we contact?

Name _____

Address _____

Phone (home) _____ (cell) _____ (work) _____

Health Insurance Information

Name of insurance company _____

Name of primary cardholder _____

Relationship to you _____

IID number _____ Group ID number _____

Phone number of customer service on the card: () _____

NOTE: A copy of the student's insurance card must be on file in our office.

Medical Consent:

I, the undersigned, do hereby state that on the date indicated I grant full permission to the **ROAR/GlobalROAR/Living Stones Church**, or any related or consulting physician, to give emergency medical care or treatment that is deemed necessary. I also state that should extended hospitalization be required, I grant complete permission for such care and treatment to be given. I also state that by granting such permission, I absolve the **ROAR/GlobalROAR/Living Stones Church** of any financial liability pertaining to such medical treatment or hospitalization.

Signature _____ Date _____

If under 18, signature of parent _____

Date _____