



# Application for Admission

## Return Completed Application To:

Future for America  
P.O. Box 7  
Bonnerdale, Arkansas 71933

APPLICATION CHECKLIST
<ul style="list-style-type: none"><li>✓ Request or print the following forms supplied by <i>School of the Prophets</i>: Student Handbook, Application for Admission, Personal Health Assessment, and 3 Character Reference forms.</li><li>✓ Read the entire <i>School of the Prophets</i> Student Handbook.</li><li>✓ Read and sign the Waiver &amp; Release of Liability statement included with this Application for Admission form.</li><li>✓ Complete, sign, and return the Application for Admission form to the address above.</li><li>✓ Complete, sign, and return the Personal Health Assessment form to the address above.</li><li>✓ Include a non-refundable \$20 application fee with your completed application.</li><li>✓ Attach a recent photo of yourself to the front page of the application.</li><li>✓ Send the 3 Character Reference forms to each of your contacts.</li></ul>
Please contact us if you have any questions regarding the program or application at (888) 278-7744 or online at <a href="http://www.sotpar.org">www.sotpar.org</a>

APPLICANT INFORMATION
<b>Name:</b> _____ <small>Prefix (Ms., Mr., etc.)      First      Middle      Last + Suffix (Jr., Sr., III, etc.)</small>
<b>Date of Birth:</b> ____ / ____ / ____ (MM/DD/YY)
<b>Place of Birth:</b> _____ <small>City      State      Country</small>
<b>Gender:</b> Male ____ Female ____
<b>Marital Status:</b> Single ____ Married ____ Separated ____ Divorced ____
<b>Number of Dependent Children:</b> _____
<b>Mailing Address:</b> _____ <small>Street Address / P.O. Box      Apt. #</small>
_____ <small>City / Town      State / Province      Country      Zip / Postal Code</small>

**APPLICANT INFORMATION, continued:**

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Work Home Cell

Email \_\_\_\_\_

Are you a United States citizen?: Yes \_\_\_\_\_ No \_\_\_\_\_

If No, which visa do you hold?: \_\_\_\_\_  
*Please provide a copy of your visa with your application*

Is English your first language?: Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please indicate your first language: \_\_\_\_\_

Please list languages in which you are fluent: \_\_\_\_\_

Do you have any unpaid school accounts?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the school and the amount owed: \_\_\_\_\_

Have you ever been suspended, dismissed, or asked to withdraw from an educational institution?:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date and nature of offense: \_\_\_\_\_  
*Use a separate sheet of paper, if necessary*

Have you ever been convicted of a crime in a court of law or sent to a correctional facility?:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date and nature of offense: \_\_\_\_\_  
*Use a separate sheet of paper, if necessary*

Have you used alcohol, tobacco, or mind altering drugs in the past 2 years?: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Seventh-day Adventist?: Yes \_\_\_\_\_ No \_\_\_\_\_ Other: \_\_\_\_\_

Date of Baptism: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)

Will you bring a vehical with you?: Yes \_\_\_\_\_ No \_\_\_\_\_

**ENROLLMENT & EDUCATIONAL HISTORY**

Applications must be submitted 2 months prior to the expected enrollment date. The School of the Prophets does not offer any degrees.

Please specify which trimester you are applying for:

First: January – March \_\_\_\_\_ Second: May – July \_\_\_\_\_ Third: September – November \_\_\_\_\_

For your personal interview with our staff, which of the following meetings would best suit your needs?:

In Person \_\_\_\_\_ Phone \_\_\_\_\_ Skype \_\_\_\_\_

## ENROLLMENT & EDUCATIONAL HISTORY, continued:

Please list all educational institutions you have attended, beginning with the most recent first:

Institution & Grade Level (high school, college, etc.)	Location	Attendance (From-To)	Certificate / Degree
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*Use a separate sheet of paper, if necessary*

## EMPLOYMENT, MINISTRY & VOLUNTEER HISTORY

Please list your employment history, beginning with your most recent job first:

Employer & Reason for Leaving	Location	Dates Worked (From-To)	Position
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*Use a separate sheet of paper, if necessary*

Are you presently employed?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list your employer's name and phone number (or email) where they can be reached:

Name	Phone / Email
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Do you have a trade or occupational license?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the trade in which you are licensed: \_\_\_\_\_

Please list your outdoor, office, and industry-related skills. Include experience with outdoor equipment, power tools, office machinery, computers, cafeteria-style kitchen equipment, and the length of time you have worked with each:

Skill	Dates Worked (From-To)
_____	_____
_____	_____
_____	_____
_____	_____

*Use a separate sheet of paper, if necessary*

**Please list your ministry service, beginning with your most recent service first:**

Institution & Reason for Leaving	Location	Dates Served (From-To)	Position
1.			
2.			
3.			
4.			

*Use a separate sheet of paper, if necessary*

**Please list your volunteer service, beginning with your most recent service first:**

Institution & Reason for Leaving	Location	Dates Served (From-To)	Position
1.			
2.			
3.			
4.			

*Use a separate sheet of paper, if necessary*

**SELF EVALUATION**

**Using a separate sheet of paper when necessary, please answer the following questions in a truthful, thorough, and concise manner:**

1. Describe your conversion experience.
2. How were you led to *School of the Prophets*?
3. How would you describe your familiarity with the Bible and the Spirit of Prophecy?
4. Do you take time for personal Bible study and prayer?: Yes \_\_\_\_ No \_\_\_\_  
If yes, how often?: \_\_\_\_\_
5. How has your study affected your life experience?
6. Please respond to the following paragraph:  

*School of the Prophets* offers an education founded on the word of God, as seen in the Bible and in the Spirit of Prophecy. Character development in regards to spiritual, physical, emotional, and intellectual growth will be emphasized. Dating, competitive sports, and amusements are not part of this type of educational instruction.
7. In a page or two, please explain why you seek admission to *School of the Prophets*.

**REFERENCES**

Please send the reference forms (included in this application form) to three people. Two references must be from non-relatives.

**Do you know anyone at *Future for America*?:** Yes \_\_\_\_ No \_\_\_\_  
**If yes, who?:** \_\_\_\_\_

EMERGENCY CONTACT			
<b>Name:</b> _____			
Prefix (Ms., Mr., etc.)	First	Middle	Last + Suffix (Jr., Sr., III, etc.)
<b>Address:</b> _____			
Street Address / P.O. Box			Apt. #
_____			
City / Town	State / Province	Country	Zip / Postal Code
<b>Phone:</b> ( ) _____ ( ) _____ ( ) _____			
Work	Home	Cell	
_____			
Email _____			
<b>Relation:</b> _____			

ADMITTANCE POLICY
<i>School of the Prophets</i> admits students of any race, gender, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to those students accepted.
<b>Do you require any special accommodation(s)?:</b> Yes _____ No _____
<b>If yes, please explain:</b> _____
_____

I hereby certify that the information that I have provided on this application is accurate and complete to the best of my knowledge. I have read and understood all of the information in this application, in the *School of the Prophets Handbook*, and in the *School of the Prophets Waiver & Release of Liability form*.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FUTURE FOR AMERICA**  
**Assumption of Risk: Waiver & Release of Liability**

The undersigned desires and intends to pay *Future for America*—for the purpose of providing the undersigned with an experience as described in its *School of the Prophets Handbook*—in consideration for the fees and expenses referenced therein, said document signed herewith and incorporated herein by reference.

The undersigned understands and acknowledges that there are risks and hazards relative to the activities described in the aforementioned handbook, including the risk of physical injury to any individual undertaking such an activity as well as their property. Accordingly, the undersigned hereby acknowledges and agrees to the assumption of all risks involved and associated with the subject's experience.

The undersigned represents that he/she is in good physical condition, and not subject to any ailment or condition which could be exacerbated by the activities contemplated herein, and is (in all respects) physically capable of participating in such activities.

In addition to the fees and expenses provided in the aforementioned handbook, and as additional consideration of the services to be provided by *Future for America*, its agents and employees, the undersigned agrees to release and forever discharge Jeffery and Kathryn Pippenger, Jason and Bronwyn Peck, and all agents, officers, directors, and employees of *Future for America* ("Released Parties") from any and all liability, claims, demands, causes of action, costs or expense, rising out of any damage, loss or injury to the undersigned or damage to the undersigned's property occurring in the connection with the subject's experience, or while participating in any of the activities associated herewith, whether such loss, damage or injury results from the negligence of any released party, or otherwise.

**THE UNDERSIGNED HAS CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK: WAIVER AND RELEASE OF LIABILITY, UNDERSTANDS THE TERMS AND CONDITIONS THEREOF, AND AGREES TO BE BOUND THEREBY. THE UNDERSIGNED ALSO AGREES THAT THIS DOCUMENT SHALL BE INTERPRETED AND CONSTRUED ACCORDING TO THE LAWS OF THE STATE OF ARKANSAS, AND THAT IN THE EVENT OF LITIGATION BY THE UNDERSIGNED AGAINST A RELEASED PARTY, THE PROPER AND ONLY JURISDICTION AND VENUE SHALL BE A COURT IN AND FOR THE COUNTY OF GARLAND, IN THE STATE OF ARKANSAS.**

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Name (please print)

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Signature

Date