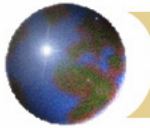


Please attach
a recent photo
of yourself here



409 E. 12th Ave., Columbus, Ohio 43201 614-554-6608 admissions@wamhouse.org www.wamhouse.org

APPLICATION FOR ADMISSION

Submitting this form places you under no obligation. The information you give will help us to become better acquainted with you as we explore participant/program fit. Please make this as complete and accurate as possible, using additional paper when more space is required and numbering the items with their corresponding numbers. **Please type or print clearly with ink.** Thank you!

PERSONAL DATA (**Please note that capitalized questions are optional*)

Please note: write your name as listed legally on your Social Security Card and Passport

1. Full Legal Name _____ Preferred Name _____
2. Present address _____ Tel # () -
3. Permanent address _____ Tel # () -
4. E-mail Address _____ 5. Sex M F 6. Social Security # _____ - _____
7. DATE OF BIRTH (mm/dd/yyyy) ____ / ____ / ____ 8. AGE ____ 9. CITIZENSHIP _____
10. Passport # _____ 11. Expiration date _____
12. Drivers license # _____ 13. Cell phone # _____

Getting to know you

What skills do you hope to build and develop in the program?

How would you describe yourself (e.g. your personality, work ethic, and personal values)?

Who has helped mentor you in some significant way?

What do you perceive to be your greatest strengths and greatest weaknesses?

Is there any area you have struggled with, and what tools and people have helped you with it?

If you have been convicted of anything more serious than a traffic violation, please explain.

[Please attach Unofficial transcript; final official transcript upon graduation.]

Summarize any responsibilities or experiences you have had in church, school, and/or community-related assignments, including youth and children's work, drama, music, volunteer work, etc.

Type of Involvement	Number of Years	Place and/or organization

Check (✓) the following items in which you have had experience or training. Double check (✓✓) those in which you have had sufficient training or experience to enable your assuming major responsibility.

<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Creative/News Writing	<input type="checkbox"/>	Money Management
<input type="checkbox"/>	Administration	<input type="checkbox"/>	Customer Service	<input type="checkbox"/>	Music: Voice Instrumental
<input type="checkbox"/>	Agriculture (gardening, farming, etc.)	<input type="checkbox"/>	Evangelism	<input type="checkbox"/>	Photography
<input type="checkbox"/>	Computer/Data Processing	<input type="checkbox"/>	Graphic Design and Layout	<input type="checkbox"/>	Physical Fitness
<input type="checkbox"/>	Construction Skills	<input type="checkbox"/>	Group Leadership	<input type="checkbox"/>	Preaching
<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Healthcare/First Aid	<input type="checkbox"/>	Public Speaking
<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Mentoring	<input type="checkbox"/>	Teaching

Additional comments about training, certification, and/or experience.

Leadership: What is your experience?

Small Group Leadership Public Speaking Teaching Mentoring Other Explain other:

Attach resume **or** list occupational experience (most recent first)

Dates	Employer & Complete Address & Phone #	Position	Duties & Skills
From: To:			
From: To:			
From: To:			
From: To:			

What are your long-range career interests?

Describe the times and places you have lived or worked with people of a culture or ethnic background different from your own.

EMERGENCY CONTACTS

Persons to notify in case of an emergency: (can be parents / legal guardians, but should ALSO include another person)

NAME STATE ZIP	RELATIONSHIP	DAYTIME PHONE	EVENING PHONE	ADDRESS	CITY
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NAME STATE ZIP	RELATIONSHIP	DAYTIME PHONE	EVENING PHONE	ADDRESS	CITY
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PERSONAL REFERENCES

Please give/mail reference forms (see separate form named "Reference Form") to your pastor and employer as well as two additional people who know you well (i.e. mentor, youth leader, fellow student, teacher, friend, or fellow employee). Do not include close relatives. If your father is your pastor, name another minister or lay leader in that bracket.

If you prefer and you provide us with e-mail addresses, we can e-mail your references to the persons listed below.

NAME	Address	Phone Numbers
1 Pastor:	Mailing Address:	Daytime PH:
	City: State: Zip:	Evening PH:
	Email Address:	E-mail reference form <input type="checkbox"/>
2 Employer (current/former):	Mailing Address:	Daytime PH:
	City: State: Zip:	Evening PH:
	Email Address:	E-mail reference form <input type="checkbox"/>
3 Name:	Mailing Address:	Daytime PH:
	City: State: Zip:	Evening PH:
	Email Address:	E-mail reference form <input type="checkbox"/>
	Relationship:	
4 Name:	Mailing Address:	Daytime PH:

	City:	State:	Zip:	Evening PH:
	Email Address:			E-mail reference form <input type="checkbox"/>
	Relationship:			

PLEASE REMEMBER TO PROVIDE THE FOLLOWING:

1. A resume listing your work experiences and any college honors or awards.
2. Your unofficial transcript; official transcript upon graduation.

You may submit the application, essay, and other suitable material online to admissions@wamhouse.org

Transcripts should be sent to Angie Miller-Scroggins, WAM House 409 E. 12th Ave., Columbus, Ohio 43201

Please give the attached reference form (make as many copies as you need) to your references, with a stamped envelope addressed to Mrs. Angie Miller-Scroggins, WAM House, 409 E. 12th Ave., Columbus, Ohio 43201

PERSONAL COVENANT

As a participant in THE WAM HOUSE, I will be committed to:

- the Lordship of Jesus Christ and the authority of Scripture
- active participation in a local congregation and in the place of service
- adapting to different cultural and social environments and sensitivity to local believers regarding dress codes and standards of living
- emotional, social and spiritual growth
- a lifestyle based on Biblical teaching. I affirm that living consistently with Biblical teaching is essential for participants of THE WAM HOUSE
- understanding sexuality as God's gift to humankind; and Christian marriage and Christian celibacy as gifts for the good of the individual, the church and the world; therefore, I will refrain from homosexual, premarital and extramarital sexual behavior
- treating my body as God's temple and being sensitive to the cultural mores of my fellow believers; I will refrain from the use of tobacco, alcohol (with regard to culturally sensitive situations), and non-medicinal drugs.

I affirm this Personal Covenant. Applicant's signature: _____

STATEMENT OF UNDERSTANDING

THE WAM HOUSE may contact my references, previous employers and any other person or organization who may have relevant information about my qualifications for participation in THE WAM HOUSE; and those people and organizations are authorized to provide the requested information. I release THE WAM HOUSE and those people and organizations from liabilities for requesting, obtaining and providing the information. I understand that I will not have access to any information provided by those references.

To the best of my awareness, the information in this application is accurately represented. I have carefully read and signed the above statement regarding the *Personal Covenant*.

SIGNED _____ DATE _____

Return to: The WAM House
409 E. 12th Ave.
Columbus, Ohio 43201