

Student Application

Personal Information		Permanent Physical Address:	
First Name:		Street:	
Middle Name:		City:	
Last Name:		State/Province:	
Birth Date: (MM/DD/YY)		Zip/Postal Code:	
Gender: Male Female	Country:		
Social Security		Home Phone:	
Height:	Weight:	Email:	
Ethnicity:		Personal Website:	
Father/Guardian Name:		Mother/Guardian Name:	

Missions History:

Have you been on a Master's Way Missions Trip? (circle one) Yes No

Last missions experience? Country: Year:

In what way are currently serving in your local church?

Education

High School

Name:	Address:
City:	State:
Zip:	Year Graduated:

Personal Health (circle one)

Do you have a physical handicap, disability, or disease which might affect your ability to fully function on the mission field? Yes No

If so, please explain:

Do you have any chronic illness or allergies? Yes No

If so, please explain:

Are you presently under any medication prescribed by a doctor? Yes No

If so, please explain:

Self Evaluation

On a scale of 1 to 10, 10 being the highest please evaluate your personal strengths and weaknesses.

Relating to new people:	Ability to communicate clearly:
Establishing new friendships:	Positive, contagious attitude:
Encouragement:	Being an example:
Confronting:	Listening:
Maintaining friendships	Ability to submit to leadership/authority:
Sense of humor:	Problem solving:
Ability to finish what is started:	Ability to handle stress:

Relationships

Describe your relationship with your family:

Describe your relationship with the LORD:

Your Free Time

How many books did you read in the last year aside from the bible?

What were the last three movies you saw?

- 1.
- 2.
- 3.

How many hours of TV do you watch each week?

How many hours do you spend on video games/computer each week?

Personal History

Please answer the following questions carefully and truthfully.

Failure to do so may result in dismissal from the Internship or Mission Trip.

Have you ever:

Circle One

Been involved in drugs/alcohol?

Yes No

Been arrested?

Yes No

Been suspended or expelled from school within the last 6 months?

Yes No

Struggled with homosexuality?

Yes No

Struggled with pornography?

Yes No

Are you currently involved in any kind of dating relationship?

Yes No

Have you been sexually active within the past year?

Yes No

Explain (if answer is yes to any question above):

References

Have 1 or 2 references complete the **recommendation form** located on website under application.
Your pastor's recommendation is required.

Pastor

Name:

Church's Name:

Email:

Phone:

Teacher

Name:

Phone:

Email:

School:

Employer or other adult not related

Name:

Phone:

After completing the application above please mail or fax to address below.
You can print out the recommendation forms and have your references send them to:
Master's Way Missions Camp; 7801 Burns Street; Hitchcock, TX 77568