

Latin American Missionary  
Training Institute

APARTADO <sup>459</sup> 223  
AGUASCALIENTES, AGS., MEXICO



Please clip  
photo here.

Application for Admission

Date

**PLEASE READ THIS SECTION BEFORE FILLING OUT APPLICATION:**

*The application should be typed or written in ink.*

*Please understand that filling out this blank does not imply acceptance. You will be duly notified of your acceptance or rejection.*

*You must include the above requested photo of yourself along with a \$25.00 application fee (non-refundable) when you submit your application.*

1. Full name: \_\_\_\_\_

2. Home address: \_\_\_\_\_

3. Telephone number: \_\_\_\_\_

4. Birth Date: \_\_\_\_\_

Place: \_\_\_\_\_

Nationality: \_\_\_\_\_

5. The church in which you hold membership: \_\_\_\_\_

Address \_\_\_\_\_

Pastor's name \_\_\_\_\_

6. Circle the highest level of education: 10 11 12, College 1 2 3 4, Post grad. 1 2 3

Bible Institute or College: \_\_\_\_\_

Address of school: \_\_\_\_\_

7. Mission board with which you are affiliated: \_\_\_\_\_

8. Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages of boys \_\_\_\_\_ Ages of girls \_\_\_\_\_

9. What is the condition of your health? \_\_\_\_\_

10. Do you use tobacco in any form? \_\_\_\_\_

11. Do you use drugs for any reason? (explain): \_\_\_\_\_

12. Do you use or approve of alcoholic beverages? \_\_\_\_\_

13. Have you ever led a soul to Christ? \_\_\_\_\_

14. What type of Christian work have you done? \_\_\_\_\_

15. What are your skills or experience? \_\_\_\_\_

16. How and where did you first hear of this Institute? \_\_\_\_\_

17. What previous language instruction have you had, particularly in Spanish? \_\_\_\_\_

18. Do you have definite plans for Christian service in Latin America? \_\_\_\_\_

Country \_\_\_\_\_

19. Will there be any prolonged delay between language school and your departure to the field? \_\_\_\_\_

20. How do you plan to meet your expenses? \_\_\_\_\_

21. Please give name and address of person to notify in emergency: \_\_\_\_\_

22. Please give names and addresses of three references:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Give a brief testimony of your salvation on a separate page.:

24. Please give a brief, but pointed statement as to your beliefs. Use a separate page if necessary.

a. The inspiration of the Scripture: \_\_\_\_\_

b. The Christian life and separation: \_\_\_\_\_

c. The Charismatic movement or speaking in tongues: \_\_\_\_\_

d. The Ecumenical trend of today: \_\_\_\_\_

e. The five-point Calvinist movement (Be specific): \_\_\_\_\_

Signature and date: