

Latin American Missionary Training Institute

INFORMATION FORM

Last Name Given Name Age

Present Address

Zip

AC () _____
Telephone

Please advise the Institute of any change.

Semester in which you wish to enroll
() August — () January 19__

Children's names and ages

Address while in Institute

Office use only

Date Accepted

Date entered

Application fee

Housing deposit

Graduation date

Phone while in school

Country to which you are going

Mission Board

Mission Board Address

Mission Director or President

Talents

___ Piano ___ Organ ___ Sing

___ Guitar ___ Accordion ___ Other

Skills

___ Office ___ Cement ___ Electrical

___ Carpentry ___ Painter ___ Mechanics

___ Radio ___ Electronics ___ Other

My signature below indicates that I agree with the Institute's Statement of Faith, Operational Policies, Dress Code, etc; and will gladly cooperate with all matter of program, study, assigned work, projects, practices, and will to the best of my ability maintain a Christian attitude in all matters which pertain to the Institute.
