

Latin American Missionary
Training Institute

APARTADO ⁴⁵⁹223
AGUASCALIENTES, AGS., MEXICO

Application for Admission



Please clip
photo here.

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? _____

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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: _____

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.



LEARNING CENTER
Latin American
Missionary Training Institute
Aguascalientes, MEXICO

- Application Fee
- Information Form
- Health Record
- Birth Certificate

Birth Certificate Number _____

APPLICATION FOR ENROLLMENT

A \$10.00 Application Fee must accompany this application.

Grade for which applying: _____

Name of Student _____ M _____ F _____

Birthday _____ Age _____ Saved? _____

FATHER: Name _____

Address _____

Zip _____

Name of Church: _____

Years saved: _____ Where Saved? _____

MOTHER: Name _____

Address _____

Zip _____

Name of Church: _____

Years saved: _____ Where Saved? _____

Names of Brothers - Birthdate

Names of Sisters - Birthdate

School Attended Last Year _____ Grade _____

Address _____
(street) (city) (zip code)

Has child had disciplinary problems in the past? _____

Does child have any learning difficulties? _____

Does child have any health problems? _____

(Explain on back of paper)

Signature of Father _____

Signature of Mother _____