PERSONAL INFORMATION

Full Legal Name

Gender (Please Circle)
Male or Female

First Middle Last

Current Address

Number/Street/PO Box City State Zip Code

Permanent Address (if different than current)

Number/Street/PO Box City State Zip Code

Phone/Email

Cell Phone Email Address

Birth date (MM/DD/YYYY): _____

Marital Status: _____ If married, for how long? _____ Spouse's name? _____

EMPLOYEE HISTORY

Are you currently employed? Yes or No Do you have more than one job? Yes or No

Present Employer (if applicable)

Company Name Phone Number

Position Date Hired

Past Employer (if applicable)

Company Name Phone Number

Position Date Hired

Reason you are no longer working there: _____

INTERESTS

Please rate on a scale from 1-5 how interested you are in each area: (1 = not interested, 5 = very interested)

Kids Ministry	1	2	3	4	5	Tech & Production	1	2	3	4	5
Youth Ministry	1	2	3	4	5	Media & Marketing	1	2	3	4	5
Worship Arts	1	2	3	4	5						

FINANCIAL INFORMATION

How do you plan to pay for your college tuition & fees? _____

Are you aware of the cost of attending Heartland? Yes or No

Do you own a vehicle? Yes or No

List any debts, loans, and payments that you currently have and the amount due for each:

Will any of these be paid off by the start of Heartland?

CHURCH BACKGROUND

Home Church Name | Denomination (example: Assemblies of God)

City | State | Phone Number

Youth Pastor | Lead Pastor | Years Attending

Please list any ministries you are currently involved in:

How many times a week do you attend church? _____

At what age did you start to follow Christ? _____

Have you been water baptized? Yes or No — At what age? _____

Have you been baptized in the Holy Spirit? Yes or No or Not Sure — At what age? _____

Did you attend another church before this one? Yes or No — Denomination? _____

EDUCATIONAL HISTORY

High School | Graduation Year | High School GPA

Have you completed any college? Yes or No

Years Completed | Degree Received (if applicable)

Please list any educational disabilities:

FAMILY HISTORY

Who do you presently live with? _____

Have you ever lived with a boyfriend/girlfriend? Yes or No If yes, when? _____

Describe your family's relationship: _____

How would your parents/guardians feel about you attending Heartland? _____

HEALTH HISTORY

Please answer honestly. Note that no question will automatically disqualify you from being accepted into Heartland.

Emergency Contact #1: First and Last Name | Relationship | Phone Number

Emergency Contact #2: First and Last Name | Relationship | Phone Number

Do you have any current health concerns that could affect your time at Heartland? If yes, please specify.

Please list any allergies (if applicable): _____

HEALTH HISTORY (CONT.)

Please list any medications you are currently taking: _____

_____

Have you ever used illegal drugs? Yes or No If yes, indicate date last used: _____

Have you ever smoked tobacco or vaped? Yes or No If yes, indicate date last used: _____

Have you ever consumed alcohol? Yes or No If yes, indicate date last used: _____

Have you ever received professional counseling? Yes or No If yes, please indicate reason(s):

_____

Do you have health insurance? Yes or No

SPIRITUAL QUESTIONNAIRE

Please describe how you came to know Jesus:

_____

_____

_____

_____

HEARTLAND POLICIES

At Heartland, we have a few policies to help ensure the best, safest, and healthiest time for our students. Some of these policies include:

- No smoking or drinking while attending Heartland
- No listening to secular music while attending Heartland
- No new dating relationships for first-year students
- Midnight curfew
- Requesting days off when you want to leave campus for an extended amount of time

Are you willing to abide by these policies? Yes or No

HOUSING DETAILS

If accepted into Heartland, are you willing to share a room? Yes or No

REFERENCES

*Please list the name and phone number of **3 non-relative references** as well as your relationship and years of connection. **Please include a pastor as at least one of the references.***

Name 1	Phone Number	Relationship	Years Known
Name 2	Phone Number	Relationship	Years Known
Name 3	Phone Number	Relationship	Years Known

I have completed this application honestly and I certify that everything is complete and accurate to the best of my knowledge.

_____

Signature Date