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Current Address						
Number/Street/P0	O Box	City	State	Ž	Zip Code	
Permanent Addr	ess (if different th	an current)				
Number/Street/P0	О Вох	City	State	Ž	Zip Code	
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Birth date (MM/D	D/YYYY):					
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EMPLOYEE HIS		now long?	name	::		
Are you currently 6		or No Do you h	ave more than	one iob?	Yes or No	
Present Employe		, - ,		,	- · -	
		Phone Number				
Company Name		Phone	Number			
Position	applicable)	Phone Date F				
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HMC Application // 22881 178th Ave Cold Spring, MN 56320 // www.heartlandmc.com CHURCH BACKGROUND Home Church Name Denomination (example: Assemblies of God) Phone Number City State **Lead Pastor** Youth Pastor Years Attending Please list any ministries you are currently involved in: How many times a week At what age did you do you attend church? start to follow Christ? Have you been water baptized? Yes or No At what age? Have you been baptized in the Holy Yes or No or At what age? Spirit? Not Sure Did you attend another church before Yes or No Denomination? this one? **EDUCATIONAL HISTORY** High School GPA High School **Graduation Year** Have you completed Yes or No any college? Degree Received (if applicable) Years Completed Please list any educational disabilities: **FAMILY HISTORY** Who do you presently live with? Have you ever lived with a boyfriend/girlfriend? If yes, when? Yes or No 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.

Phone Number Emergency Contact #1: First and Last Name Relationship 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? If yes, please indicate reason(s): Yes or No Do you have health insurance? Yes or No **SPIRITUAL QUESTIONNAIRE** Please describe how you came to know Christ:

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
Harrie 2	THORE HAIRSET	Relationship	rears raiowii
Name 3	Phone Number	Relationship	Years Known
Harrie 3	THORE HAIRSET	Relationship	rears raiowii

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

Signature	Date