

# Application FOR 2012 ADMISISON



For deadline information, please visit <http://www.trilogyproject.org>

## Personal Information

Name     
First Middle Last

Date of Birth  Gender Male Female  
mm/dd/yyyy

### Permanent Address

Street Address City/State

Zip/Postal Code Country

Home Phone  Cell Phone

Email Address

Marital Status Married Single Are you a U.S. citizen? Yes No

## Educational Background

Is English your native language? Yes No

Check the education levels you have completed and the year of graduation.

High School  College  Graduate School   
Year Year Year

If you did not graduate from high school, did you earn a General Education Development (GED) diploma instead?

Yes No

Please list any theological training you have completed.

## Work Experience

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Are you a full-time student or stay-at-home spouse/parent?

(If yes, please skip to Church Life section.)

Yes

No

If no, are you currently employed?

Yes

No

Most Recent Employer

Years Employed

Most Recent Responsibilities

What are your goals for this job? (if currently employed)

## Church Life

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Home Church

Address

For how many years have you been attending this church?

Please list any relevant recent or current responsibilities you hold in your church.

## Other Information

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What do you believe God is calling you to regarding leadership?

What do you consider to be your main gifts?

**(Other Information, cont.)**

What do you consider to be your strengths?

What do you consider to be your weaknesses?

With whom have you discussed this application?

How did you find out about Trilogy?

Internet

Friend

Other

Church

Conference

**Finances**

Do you foresee any problems/issues taking on the financial responsibility for tuition?

Yes

No

If yes, please explain

**References**

Please provide your church leader/elder's contact information. A reference form will be sent to each leader listed.

Elder/Church Leader

Name

Email

**(References, cont.)**

**(Elder/Church Leader, cont.)**

Address (including city, state and zip)

**Additional Reference (optional)**

Name

Email

Address (including city, state and zip)

**Applicant's Signature**

I certify that the information I have provided on this application and on all other application materials is complete, accurate, and true to the best of my knowledge. I understand that misrepresentation or fraudulent information is sufficient grounds for canceling my admission or registration.

Applicant's Name (please print/type)

Applicant's Signature (not required if submitting electronically)

Date (mm/dd/yyyy)

**Don't Forget:**

\$35 nonrefundable application fee  
(Check payable to *Newfrontiers USA* or pay online via PayPal)

Application

Mail to: *Newfrontiers USA*  
Attn: Trilogy  
P.O. Box 2626  
St. Louis, MO 63116

- OR -

Email PDF: Click "Submit Form" button at the top of this form and email to [trilogy@newfrontiersusa.org](mailto:trilogy@newfrontiersusa.org)

Please write your testimony in not more than 300 words. Indicate details of your conversion, water baptism and baptism in the Holy Spirit.