

APPLICATION

Please print or type your information. Applications that cannot be read will be rejected.

GENERAL INFORMATION 1011 Mission Road, Madison, GA 30650	
Phone: 706-342-0397	
E-mail: apprentice@sourcelight.org	
Student's Full Name:	_DOB:
SSN or Resident Alien Number:	
Student's Personal Contact Number:	
Student's Secondary Contact Number:	
Student's Personal Email Address:	
Physical Address: Street City	
() Check here if your mailing and physical addresses are the same.	State Zip
Mailing Address: Street City State	Zip
PERSONAL INTERESTS After carefully reviewing the areas of training available as please mark your areas of greatest interest by placing a 1, 2, or 3 after each of th	e
Alternative Media Pre-press Department Printing Computer (or IT) TechnologyOperations Guest Services Disci	ipleship School
EDUCATION AND PREPARATION:	
High School Graduation Date:	
Name of High school:	
College, University, Technical School:	
Degree/Certificate	Date Received

PLEASE INCLUDE A NON-REFUNDABLE PAYMENT OF \$50.00 WITH THIS APPLICATION

I plan to enroll for September of 20_____ (year).

CHRISTIAN LIFE: Describe on a separate sheets of paper:

- 1. Your salvation experience and spiritual growth (include Scripture references).
- 2. Why you desire to be an Extreme Assignment Apprentice.
- 3. In what church activities have you been and are currently involved?
- 4. How did you hear about the Extreme Assignment Missions Apprenticeship Program?

Of what church are you a member?
Phone ()
Address of Church:
Name of Pastor:
Phone ()
Phone ()

REFERENCES: We ask that you provide a pastoral reference, a teacher/employer reference, and a family/friend reference. Please list the names and addresses of each reference below. If you do not have someone to use as a reference please contact Source of Light for further instructions.