



Soul-winning And Leadership Training

STUDENT APPLICATION

Please tick or mark X in box where applicable

Name: [ ] Gender: [ ] Male [ ] Female

Phone: [ ] Email: [ ]

Address: [ ]

City: [ ] State: [ ] Zip: [ ] Country: [ ]

Age: [ ] Birthdate: [ DD/MM/YY ] Nationality: [ ]

Occupation: [ ]

Marital Status: Married [ ] Never Married [ ] Separated [ ] Divorced [ ] Spouse Deceased [ ]

Is English your first language: Yes [ ] No [ ] (If No: ) [ ]

Persons to notify in case of emergency:

Name: [ ] Phone: [ ]

Name: [ ] Phone: [ ]

Table with 3 columns: Name, Relationship, Birthdate (DD/MM/YY) and 3 rows for dependents.

## CHURCH AFFILIATION

Are you a Seventh-day Adventist?

Yes

No

When were you baptized?

DD/MM/YY

Which church do you attend:

Name of Pastor:

Pastor's Phone number :

Email:

Which Spirit of Prophecy books have you read through completely?

Have you taken an active role in your local church? If yes, please give a brief description:

## EDUCATIONAL BACKGROUND

What is the highest degree or level of school you have completed? *If currently enrolled, highest degree received.*

- No schooling completed
- Primary school
- Secondary school
- Pre-University
- University/college credit, no degree
- College Diploma
- Bachelor's degree
- Master's degree
- Doctorate degree

Please list ALL languages you know and your proficiency level:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

- |                                 |                                       |                                   |
|---------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |
| <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |
| <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |
| <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |

## EMPLOYMENT EXPERIENCE

List below the last three positions you held, starting with your most recent.

Name of Company	Type of Work	Starting Date	Ending Date	Reason for leaving

## GENERAL INFORMATION

Hobbies and interests?

Do you have musical abilities?  Yes  No

If yes, describe:

Are you a vegetarian?  Yes  No

If yes, how long:

Do you get regular exercise?  Yes  No

If yes, how often:

Do you have any long-term illnesses?  Yes  No

If yes, please list:

Do you have any allergies?  Yes  No

If yes, what:

How did you learn about our program?

What are the beginning and ending dates for the program you wish to attend?

**Please respond to the follow essay questions in the separate file attached (See file: SALT Personal testimony)**

1. When did you accept Christ as your personal Saviour? (share your conversion story)
2. Why did you decide to join SALT? What influenced your decision?

## APPLICATIONS AGREEMENT:

Please tick or mark X in box where applicable

- I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein as may be necessary in processing this application. If I am accepted, I understand that false or misleading information given herein may result in dismissal.
  
- I prayerfully believe God has called me to work with SALT, and I choose to bring my life into harmony with God's principles as outlined in the Bible and Spirit of Prophecy.
  
- I understand that the duration of this program is 4 months and throughout this time I will abide by the rules and regulations and complete my duties accordingly.
  
- I understand that in the event that I do not meet the requirements of this program, I may be dismissed and that whatever payments which have been made is not refundable.
  
- I understand that AOY-SALT Committee will decide if I am suitable to join Part II of the program and that it is at their discretion.
  
- I agree to release the above information to the local church should I be accepted to join Part II of the program.

Print Name:  
application:

Date of

**Please attach a recent  
photo here.**

*Please mail this finished application with your photo and physical exam form to:*

[salt@aoyweb.org](mailto:salt@aoyweb.org)

FOR OFFICE USE ONLY

Application Received:

Notified of receipt:

Projected arrival:

Region:

Accepted:

Notified of acceptance:

Term Date:

## APPLICATIONS AGREEMENT:

I understand that if I am under 18 years of age, I am required to obtain a written letter signed by my parents/guardian authorizing my admission into the SALT course.

### INFORMATION ABOUT PARENT/GUARDIAN

I / We,

Phone:  Email:

am / are the parent(s), legal guardian (s) or other authorized person(s) or organization with custody rights, access rights, or parental authority over the aforementioned child.

### INFORMATION ABOUT ACCOMPANYING PERSON (leave blank if child is travelling alone)

This child has my / our consent to travel alone  or

This child has my / our consent to travel with:

Name:

Relationship to child:

Phone:  Email:

### INFORMATION DURING COURSE OF STUDY

I / We give our consent for this child to enroll in the AOY SALT course with the following information:

Place of stay:

Duration of study:  to

*This letter may be signed before a witness who has attained the age of 18 OR an official who works in the AOY SALT school.*

Signature(s) of person(s) giving consent

Signature of witness / official

Signed before me on this date:

Name of official:

Date:

Title of official: