

WILDWOOD

GLOBAL HEALTH

Student Application



Name _____
Last First Middle

Address Street/P.O. Box _____

City _____ State _____ Zip _____

Country _____ Country Code _____

Phone (country code/city code/local number) _____

Email _____ Date of Birth (Month/Day/Year) _____

Age _____ Height _____ Weight _____ Sex _____

Marital Status: Married ___ Never Married ___ Separated ___ Divorced ___ Spouse Deceased ___

Occupation: _____

Country of Citizenship: _____ Visa type: _____

Passport number: _____ Name on Passport: _____

Person to notify in case of emergency:

Name _____ Phone: _____

CHURCH AFFILIATION

Are you a Seventh-day Adventist? _____ When were you baptized? _____

Home Church: _____ Address: _____

Name of Pastor: _____ Phone #: _____

Are you familiar with the writings of EGW? Which books have you read? _____

Have you taken an active role in your local church? Have you been involved in community outreach? If yes, give a brief description: _____

GENERAL INFORMATION

Are there any physical, mental, or medical conditions that would affect your ability to attend class and complete work assignments? _____

If yes, please describe: _____

Have you been convicted of a crime other than a minor traffic offence? _____

If yes, please explain: _____

Have you used alcohol, tobacco, or drugs? _____

If yes, please explain: _____

Are you a vegetarian? _____

Do you have any special dietary needs? (If yes, please explain) _____

Please give the name, address, and telephone number of two references who know you well, who are not related to you, and who are **not** previous employers.

1. _____

2. _____

How well do you understand spoken English: Fluent _____ Intermediate _____ Beginner _____

Can you read and write English: Fluent _____ Intermediate _____ Beginner _____

Signature _____ Date _____

Please attach a recent photo here.

FOR OFFICE USE ONLY:

Appl. Rec'd _____
Fee Rec'd _____
Ref. Rec'd 1 2 3
Accepted _____
Notified (Ph) _____
Acc't Let'r _____
Finc. Arr'g _____
Visa App'n sent _____
Proj. Arrival _____
Arrival Date _____
Termination _____

Wildwood Global Health Evangelism Seminar

Class dates: Oct. 27—Nov. 22, 2009

Tuition Fee: \$820.00 (US Dollars)

Application fee: \$100.00 (to be applied toward tuition fee)

Please submit the application fee and photograph with your application. The tuition fee is due on the first day of class.

Mail to: Wildwood Global Health
 P.O. Box 430
 Collinwood, TN 38450
 USA

Phone: (931) 724-6706
Lew Keith
lykeith@gmail.com