



Application for Admission

Greater Works Outreach Bible School is a non-denominational ministry. Greater Works Outreach Bible School does not discriminate on the basis of race, color, gender, nationality, ethnic origin or disability. Please complete all applications to begin your admissions process.

Personal Information

Name: _____
Last First Middle

Address: _____
Street Apt.#

City State Zip

Home Phone: (_____) _____ Cell/Work Phone: (_____) _____
May we call you at work? yes no

E-mail address: _____

Social Security No _____ - _____ - _____ Date of Birth: ____/____/____ Age: _____
mm dd yy

Gender: Male Female

Marital Status: Single Engaged Married Separated Divorced Widowed

Spouse's name: _____

Have you been previously enrolled at GWOBS? Yes No *If yes, when?* _____

Citizenship:

Country of Birth: _____ Country of Citizenship: _____

Country of Permanent Residency: _____

Enrollment Information

Currently, I plan to enroll in the following Major (*check only one, please*):

Pastoral Teaching Missions Counseling Undecided

Status (check all that apply)

Full time Part time
 Day Evening
 Commuter Resident

Education/Academic Information*

High School Attending/Attended _____

City/State _____ Year of graduation _____

Please list ALL colleges and universities attended

Name of College Date Entered Date Withdrew Course of Study/Degree

Name of College	Date Entered	Date Withdrew	Course of Study/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: ALL applicants must have an official copy of ALL of their transcripts sent to the Admissions Office at GWOBS.

Have you been dismissed from or placed on probation at any of the schools listed above? Yes No

If yes, please explain: _____

*If more space is needed for answers, please provide additional information on attached sheet.

Finances/Housing

How do you plan to pay for your education at GWOBS?

Savings Parents/Relative Church
 Personal Employment Veteran's Benefits* Other _____

*If you are eligible for Veteran's Educational Benefits, please indicate Chapter you are under _____

Please comment on your plans to fulfill your financial commitment to GWOBS for the next two years.

(Please note: GWOBS does not qualify for federal financial aid or loan programs at this time.)

Employment

Name of Current Employer:

Name of Employer	Position Held	From (mo/yy)	To (mo/yr)
Previous Employer (3 years history, if applicable),			

Name of Employer	Position Held	From (mo/yr)	To (mo/yr)
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Name of Employer	Position Held	From (mo/yr)	To (mo/yr)
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Name of Employer	Position Held	From (mo/yr)	To (mo/yr)
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If you are currently unemployed, please explain: _____

Christian Service

Please check services/activities in which you are currently involved in your church:

- | | | |
|---|--|--|
| <input type="checkbox"/> Church Volunteer | <input type="checkbox"/> Music Program | <input type="checkbox"/> Mission Trips |
| <input type="checkbox"/> Prayer Group | <input type="checkbox"/> Church Leadership | <input type="checkbox"/> Sunday School Teacher |
| <input type="checkbox"/> Youth Group | <input type="checkbox"/> Community Service | <input type="checkbox"/> Drama/Performances |
| <input type="checkbox"/> Student Council | <input type="checkbox"/> Other _____ | |

Are you an ordained or licensed minister? Yes No *If yes, please provide a copy of your credentials for our files.*

Spiritual

When were you born again? ____/____/____
mm dd yy

Have you received the baptism of the Holy Spirit (Acts 2:4)? Yes No *If yes, when?* ____/____/____
mm dd yy

Have you lived a consistent Christian life since conversion? Yes No

If no, please explain: _____

Church currently attending: _____ Senior Pastor's Name: _____

Emergency Contact:

Please give information of a close relative (not a spouse) or a friend who we may contact in case of emergency:

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Home Telephone (_____) _____ Cell Phone (_____) _____

Application Agreement

I understand that all items obtained by Greater Works Outreach Bible School in the application process become the permanent property of GWOBS and will not be returned. I understand the information contained on the pastoral and general references is confidential. I waive my right to review this confidential material. I hereby state all the information I have provided in this application is true and correct. I understand that GWOBS reserves the right to revoke admission on the basis of misrepresentations or omissions in the application. Submission of this application in no way guarantees or implies acceptance and/or enrollment as a student to GWOBS. If GWOBS is notified at any time that any information is false or misleading, it will be grounds for my immediate dismissal from GWOBS. I agree that the Admissions Committee at GWOBS is under no obligation to disclose the basis for my acceptance or denial. I hereby grant authorization to GWOBS and any related physician to render and/or give emergency medical aid, care or treatment they deem necessary.

Signature: _____ Date: _____



General Reference

TO THE APPLICANT:

This recommendation form should be completed by a close Christian (not a family member) and mailed directly by him/her to the GWOBS Admissions Office. Please sign the following waiver prior to giving this form to your reference. **I hereby waive my right to review this confidential recommendation that becomes a part of my admissions file.**

Please Print Your Name:

_____ Signature: _____

Address: _____

Phone: (____) _____

TO THE REFERENCE: Send this form directly to GWOBS.

Do not return to Applicant!

The above named applicant is applying for admission to Greater Works Outreach Bible School. Serious consideration will be given to comments; therefore, your cooperation in completing this form as candidly and prayerfully as possible will be greatly appreciated.

*****All information provided on this form will be held in the strictest confidence.*****

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Church Name: _____

Address: _____

City/State/Zip: _____

Church Denomination: _____

How long have you known the applicant? _____

How well do you know him/her? *(check one)*

Very close relationship

Fairly well with numerous personal contacts

Casually with few personal contacts

Only by name and sight

Has the applicant demonstrated a personal commitment to Jesus Christ? Yes No I am unsure

To what extent is applicant engaged in church activities?

Attends regularly, deeply involved

Attends regularly, seldom participates in activities

Attends irregularly, with minimal participation

Attends irregularly, no participation

Unknown

In what form of Christian service has the applicant been a participant? _____

Is there anything in the applicant's life, past or present, which should be called to our attention? _____

What is the nature of your acquaintance?

Friend Employer Co-worker

Friend of Family other _____

What type of spiritual influence is applicant on peers?

Strengthening Negative

Neutral I do not know

Does the applicant smoke? Yes No Unsure

Does the applicant drink? Yes No Unsure

Has the applicant lived a consistent moral life?

Yes No Unsure If no or unsure please

comment _____

Are there family conditions which might hinder his work or effectiveness in full time ministry?

PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS: (If you are unsure, leave that line blank.)

Overall spiritual condition	<input type="checkbox"/> Deeply spiritual	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Carnal
Knowledge of the Scriptures	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Well versed	<input type="checkbox"/> Average	<input type="checkbox"/> Fair
Passion for souls	<input type="checkbox"/> Burdened	<input type="checkbox"/> Average	<input type="checkbox"/> Casual	<input type="checkbox"/> Indifferent
Spiritual growth	<input type="checkbox"/> Remarkable	<input type="checkbox"/> Progressive	<input type="checkbox"/> Slow	<input type="checkbox"/> Stagnant
Response to authority	<input type="checkbox"/> Very open	<input type="checkbox"/> Respectful	<input type="checkbox"/> Resistant	<input type="checkbox"/> Disrespectful
Seriousness of purpose	<input type="checkbox"/> Extremely focused	<input type="checkbox"/> Purposeful	<input type="checkbox"/> Limited	<input type="checkbox"/> Vacillating
Initiative	<input type="checkbox"/> Strongly motivated	<input type="checkbox"/> Motivated	<input type="checkbox"/> Requires direction	<input type="checkbox"/> Passive
Academics	<input type="checkbox"/> Highly intelligent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Reliability	<input type="checkbox"/> Conscientious	<input type="checkbox"/> Dependable	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Unreliable
Emotional stability	<input type="checkbox"/> Exceptionally Mature	<input type="checkbox"/> Very stable	<input type="checkbox"/> Sometimes unstable	<input type="checkbox"/> Unstable
Adaptability	<input type="checkbox"/> Adjusts well	<input type="checkbox"/> Average	<input type="checkbox"/> Ill at ease	<input type="checkbox"/> Unable to cope
Work Ethic	<input type="checkbox"/> Seeks added work	<input type="checkbox"/> Does assignment	<input type="checkbox"/> Needs motivated	<input type="checkbox"/> Poor habits
Reaction to difficulties	<input type="checkbox"/> Victorious	<input type="checkbox"/> Accepting	<input type="checkbox"/> Struggles	<input type="checkbox"/> Bitter
Overall attitude	<input type="checkbox"/> Very Respectful	<input type="checkbox"/> Above average	<input type="checkbox"/> Passive	<input type="checkbox"/> Critical
Organizational ability	<input type="checkbox"/> Very gifted	<input type="checkbox"/> Effective	<input type="checkbox"/> Average	<input type="checkbox"/> Not effective
Leadership	<input type="checkbox"/> Excellent leader	<input type="checkbox"/> Gifted	<input type="checkbox"/> Limited	<input type="checkbox"/> Not a leader
Personal appearance	<input type="checkbox"/> Very sharp	<input type="checkbox"/> Good	<input type="checkbox"/> Neat and clean	<input type="checkbox"/> Untidy
Financial accountability	<input type="checkbox"/> Beyond reproach	<input type="checkbox"/> Honest	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Not faithful
Morality	<input type="checkbox"/> Unquestionable	<input type="checkbox"/> Above average	<input type="checkbox"/> Appears good	<input type="checkbox"/> Questionable
Perseverance	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Sometimes wavers	<input type="checkbox"/> Weak

OVERALL EVALUATION OF THE APPLICANT:

Excellent Above average Average Questionable

I RECOMMEND THIS APPLICANT TO GWOBS:

Without reservation With reservation I am unable to recommend at this time.

Comments:

Signature: _____ Date: _____

**Greater Works Outreach Bible School *301 College Park Drive * Monroeville, PA 15146
(724) 327-6500 Ext. 130 * Fax (724) 327-3461**



Medical Information Form

To be completed by applicant.

PLEASE TYPE OR PRINT

PERSONAL INFORMATION

Name _____ Social Security No. _____

Address _____

Street

Apt. #

City

State

Zip

Gender: _____ Marital Status: _____

Daytime Phone () _____ Evening Phone () _____

Date of Birth ___/___/___

Name of Parent or Guardian _____

Address of Parent or Guardian _____

Phone() _____

PERSONAL HISTORY: Do you have any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Use of Drugs |
| <input type="checkbox"/> Impaired Sight | <input type="checkbox"/> Regular Use of Tranquilizers |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Regular Use of Diet Pills |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Emotional Illness |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Use of Tobacco |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Use of Alcohol |

Other _____

General Information

Please list any health issues, which require special attention or might limit your participation in any aspect of school life. _____

List any prescribed medication you are taking _____

Name of health care provider _____

Miscellaneous Medical Information

1. List any known allergies, including drug sensitivities: _____

2. Are you now receiving any medication? _____

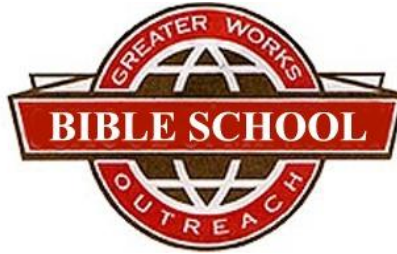
3. Are there any additional problems which should be called to our attention? _____

Name of Physician _____

Address _____

Phone () _____

Please send this form directly to:
Greater Works Outreach Bible School
301 College Park Dr.
Monroeville PA 15146
Phone: (724)327-6500
Fax: (724)327-3461



Pastoral Reference

TO THE APPLICANT:

This recommendation form should be completed by your Pastor and mailed directly by him/her to the GWOBS Admissions Office. If an immediate family member is the pastor of your home church, then an elder, deacon or other church officer **must** act as the pastoral reference for you. Please sign the following waiver prior to giving this form to your Pastor or church leader.

I hereby waive my right to review this confidential recommendation which becomes a part of my admissions file. Please Print Your Name:

Signature: _____

Address: _____

Phone: (____) _____

TO THE PASTOR: Send this form directly to GWOBS. Do not return to applicant!

The above named applicant is applying for admission to Greater Works Bible School. Serious consideration will be given to comments, therefore, your cooperation in completing this form as candidly and prayerfully as possible will be greatly appreciated.

*****All information provided on this form will be held in the strictest confidence.*****

Name: _____

Address: _____

City/State/Zip: _____

Church Name: _____

Address: _____

City/State/Zip: _____

Church Denomination: _____

Position: _____

E-mail: _____

Office: (____) _____ Home: (____) _____

Are you related to the applicant: Yes No

If yes, how are you related? _____

How long have you known the applicant? _____

How well do you know him/her? (check one)

Very close pastoral relationship

Fairly well with numerous personal contacts

Casually with few personal contacts

Only by name and sight

Has the applicant demonstrated a personal commitment

to Jesus Christ? Yes No I am unsure

To what extent is applicant engaged in church activities?

Attends regularly, deeply involved

Attends regularly, seldom participates in activities

Attends irregularly, with minimal participation

Attends irregularly, no participation

Unknown

In what form of Christian service has the applicant been a participant? _____

What type of spiritual influence is applicant on peers?

Strengthening Negative

Neutral I do not know

Does the applicant smoke? Yes No Unsure

Does the applicant drink? Yes No Unsure

Has the applicant lived a consistent moral life?

Yes No Unsure If no or unsure please

comment _____

Are there family conditions which might hinder their work or effectiveness in full time ministry? _____

Is there anything in the applicant's life, past or present, which should be called to our attention?

PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS: (If you are unsure, leave that line blank.)

Overall spiritual condition	<input type="checkbox"/> Deeply spiritual	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Carnal
Knowledge of the Scriptures	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Well versed	<input type="checkbox"/> Average	<input type="checkbox"/> Fair
Passion for souls	<input type="checkbox"/> Burdened	<input type="checkbox"/> Average	<input type="checkbox"/> Casual	<input type="checkbox"/> Indifferent
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Reaction to difficulties	<input type="checkbox"/> Victorious	<input type="checkbox"/> Accepting	<input type="checkbox"/> Struggles	<input type="checkbox"/> Bitter
Overall attitude	<input type="checkbox"/> Very Respectful	<input type="checkbox"/> Above average	<input type="checkbox"/> Passive	<input type="checkbox"/> Critical
Organizational ability	<input type="checkbox"/> Very gifted	<input type="checkbox"/> Effective	<input type="checkbox"/> Average	<input type="checkbox"/> Not effective
Leadership	<input type="checkbox"/> Excellent leader	<input type="checkbox"/> Gifted	<input type="checkbox"/> Limited	<input type="checkbox"/> Not a leader
Personal appearance	<input type="checkbox"/> Very sharp	<input type="checkbox"/> Good	<input type="checkbox"/> Neat and clean	<input type="checkbox"/> Untidy
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Morality	<input type="checkbox"/> Unquestionable	<input type="checkbox"/> Above average	<input type="checkbox"/> Appears good	<input type="checkbox"/> Questionable
Perseverance	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Sometimes wavers	<input type="checkbox"/> Weak

OVERALL EVALUATION OF THE APPLICANT:

Excellent Above average Average Questionable

I RECOMMEND THIS APPLICANT TO GWOBS:

Without reservation With reservation I am unable to recommend at this time.

Comments:

Signature: _____ Date: _____

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Request for High School or GED Transcript

Please fill out the top section and present to an official in the school.

PLEASE TYPE OR PRINT

Applicant

Status

- New Student
 Transfer
 Re-Activation
Dates of Last Attendance _____
 Non-Licensing

Enrollment Date (check one)

- Fall 20____
 Spring 20____
 Summer 20____

Attendance

- Full Time (12+ hrs)
 Part Time (up to 11.5 hrs)

Housing (check one)

- Dormitory
 Commuter

Name _____
Last First M.I. Maiden

Address _____
Apt.

City State Zip

Daytime Phone () _____ Evening Phone () _____ Date of Birth _____

Dates Attended _____ Social Security Number _____

I hereby give permission for my transcript and other information requested, to be sent to Greater Works Outreach Bible School.

Signature _____ Date _____

School Official

Please include the following information and send this form along with the applicant's official transcript.

A.C.T. : _____ S.A.T.: _____

High School G.P.A. / GED Score _____ High School Class Rank: _____

Counselor / School Official: _____ Title: _____

Signature _____ Date _____ Phone () _____

Send this form along with the applicant's official transcript to:

Greater Works Outreach Bible School

301 College Park Drive

Monroeville PA 15146

Phone: (724) 327-6500 ext. 130

Fax: (724) 327-3461