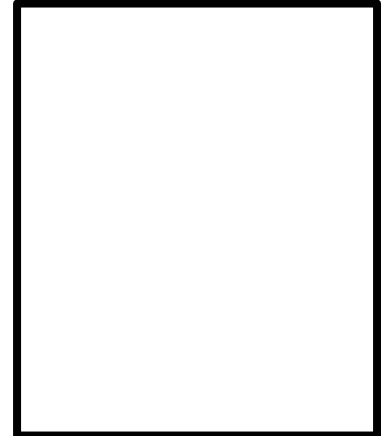




PHOTO/ FOTO  
(attach a 2"x2" photo of yourself)  
(anexa foto tuya de 2"x2")



## Foreign Student Annual Application Aplicación Anual de Estudiantes Extranjeros

### VITAL INFORMATION INFORMACIÓN VITAL

First Name/ Nombre: \_\_\_\_\_

Middle Name/ Segundo Nombre: \_\_\_\_\_

Last Name/ Primer Apellido: \_\_\_\_\_

Email Address/ Correo Electronica: \_\_\_\_\_

Telefono/Phone Number: \_\_\_\_\_

### ABOUT YOU INFORMACIÓN GENERAL

Address/ Dirección: \_\_\_\_\_

City/ Ciudad: \_\_\_\_\_

State/ Estado: \_\_\_\_\_

Postal Code/ Código Postal: \_\_\_\_\_

Country/ Pais: \_\_\_\_\_

### PERSONAL INFORMATION INFORMACIÓN PERSONAL

Birth Date/ Fecha de Nacimiento: \_\_\_\_\_

Age/ Edad: \_\_\_\_\_

Birthplace/ Lugar de Nacimiento: \_\_\_\_\_

(circle one/ encierra en un circulo)

Sex/ Sexo:   • Male/ Masculino                      • Female/ Femenino

Marital Status/ Situación Civil: • Single/ Soltero                      • Married/ Casado  
  • Divorced/ Divorciado                      • Widowed/ Viudo

If married will your spouse be coming with you?

¿Si estás casado tu esposo (a) vendría contigo? (circle one/ encierra)? YES/ SÍ NO/ NO

If no, why not?

¿Si no, por que?

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If separated or divorced, please provide an explanation for each marriage and divorce:

Si estás divorciado o separado favor de proporcionar información sobre cada matrimonio y separación.

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**SPIRITUAL INFORMATION**

**INFORMACIÓN ESPIRITUAL**

When did you accept Christ as your personal Savior?

¿Cuándo aceptaste a Cristo como tu Salvador personal?

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Have you been baptized in the Holy Spirit according to Acts 1:8 and Acts 2:4?

Haz sido bautizado por el Espíritu Santo de acuerdo a Hechos 1:8 y Hechos 2:4?

(circle one/ encierra) YES/ SÍ NO/ NO

If yes, how do you know you were baptized in the Spirit?

Si es sí, cómo sabes que tu has sido bautizado en el Espíritu?

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Do you attend church regularly?

¿Asistes a una iglesia de manera regular? (circle one/ encierra)? YES/ SÍ NO/ NO

Are you a member?/ ¿Eres miembro? (circle one/ encierra)? YES/ SÍ NO/ NO

How long have you been attending regularly there?

¿Cuanto tiempo tienes asistiendo a la Iglesia de manera regular? \_\_\_\_\_

Home Church/ Nombre de la Iglesia: \_\_\_\_\_

Pastor's Name/ Nombre del Pastor: \_\_\_\_\_

Church Address/ Dirección de la Iglesia: \_\_\_\_\_

Church Phone/ Teléfono de la Iglesia: \_\_\_\_\_

City/ Ciudad: \_\_\_\_\_

State/ Estado: \_\_\_\_\_ Zip Code/ Código Postal: \_\_\_\_\_

Have you recently left another church (circle one/ encierra)?

¿Recientemente has dejado otra iglesia? YES/ SÍ NO/ NO

If yes, was it a good parting or is there unresolved issues?

¿Si la dejaste, fue de una buena manera o dejaste algunas situaciones no resueltas?

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State any Christian service you have done?  
¿Cuales son algunos de los servicios cristianos que has hecho?

**HEALTH**  
**SALUD**

Please describe any physical or emotional conditions, and state any special attention, treatment, or medication required.  
Por favor describe cualquier situación física o emocional o un estado que requiera de atención especial.

**EDUCATION**  
**EDUCACION**

Did you graduate from High School?  
¿Terminaste la preparatoria? (circle one/ encierra) YES/ SÍ NO/ NO

Or get a GED or equivalent?  
¿O cualquier equivalente? (circle one/ encierra) YES/ SÍ NO/ NO

Did you attend college/university?  
¿Asististe a la Universidad? (circle one/ encierra) YES/ SÍ NO/ NO

What was your major?  
¿En que te graduaste? \_\_\_\_\_

Graduated from college/university?

¿Graduado de la Universidad? (circle one/ encierra) YES/ SÍ NO/ NO

Date Graduated/ Fecha de graduación: \_\_\_\_\_

## **FAMILY**

### **FAMILIA**

Name of spouse, if married/ Nombre del esposo(a) si estás casado: \_\_\_\_\_

Spouse's Birth Date/ Fecha de nacimiento del esposo(a): \_\_\_\_\_

Spouse's Age/ Edad del esposo(a): \_\_\_\_\_

Children (names and ages)/ Hijos (nombres y edades):

\_\_\_\_\_

## **PARENTS**

### **PADRES**

Father's Name/ Nombre del padre: \_\_\_\_\_

Living/ Vivo: (circle one/ encierra) YES/ SÍ NO/ NO

Phone/ Teléfono: \_\_\_\_\_

Mother's Name/ Nombre de la madre: \_\_\_\_\_

Living/ Vivo: (circle one/ encierra) YES/ SÍ NO/ NO

Phone/ Teléfono: \_\_\_\_\_

## **EXPERIENCES**

### **EXPERIENCIA**

*Answering "YES" to the following questions will NOT automatically disqualify the applicant from acceptance.*

*Responde SÍ o NO a las siguiente preguntas, NO te descalificará.*

Have you been involved with pornography in the last 12 months?

¿Has estado involucrado con pornografía en los últimos 12 meses?

(circle one/ encierra) YES/ SÍ NO/ NO

If so, when was the last time, and what have you been doing to remain pure in this area?

¿Si tu respuesta es si que es lo que haz hecho para mantenerte puro en esta area?

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Have you been involved in homosexuality within the last 5 years?  
¿Has estado involucrado en una relación homosexual en los últimos cinco años?

If so, when was the last time? And please explain what God has done to restore you:  
Si es así, cuando fue la última vez? Y por favor explica lo que Dios ha hecho por ti para restaurarte.

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Have you ever been arrested?  
¿Alguna vez has sido arrestado? (circle one/ encierra) YES/ SÍ NO/ NO

If yes, when? Please provide a brief explanation:  
Si fue así, cuando? Por favor comenta una información corta:

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Were you ever convicted?  
¿Haz purgado condena? (circle one/ encierra) YES/ SÍ NO/ NO

If yes, when and where? Please provide a brief explanation:  
Si así fue, por favor comenta una explicación corta.

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Have you ever been involved in the occult, witchcraft, or cults?

¿Alguna vez has estado involucrado en lo oculto, cultos o brujería?

(circle one/ encierra) YES/ sí NO/ NO

If yes, when and where? Please provide a brief explanation:

Si así fue, por favor comenta una explicación corta.

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Have you used illegal drugs in the last six months?

¿Has utilizado drogas ilegales en los últimos seis meses? (circle one/ encierra) YES/ sí NO/ NO

If so, please explain:

Si así fue, explica por favor.

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**EMPLOYMENT  
EMPLEO**

Occupation/ Ocupación: \_\_\_\_\_

Present Employer/ Jefe actual: \_\_\_\_\_

Address/ Dirección:

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Phone/ Teléfono: \_\_\_\_\_

\*Your employer may be contacted/ Tu jefe puede ser contactado.

**LA MISIÓN SCHOOL OF MISSIONS**  
**LA MISIÓN ESCUELA DE MINISTERIO**

How did you hear about La Misión School of Missions?  
¿Cómo fue escuchaste de La Misión Escuela de Ministerio?

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**STATEMENT OF PURPOSE**  
**DECLARACION DE PROPOSITO**

Give a brief description of your Christian experience (how you came to know the Lord; your present walk with the Lord). Limit statement to 300 words:  
Da una breve descripción de tu experiencia Cristiana (como conociste al Señor; tu presente andar con el Señor). Limita tu declaración a 300 palabras:

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**MORE INFORMATION**  
**INFORMACIÓN ADICIONAL**

How did you hear about La Misión/ RDSN?  
Como te enteraste de La Misión/ RDSN?

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What are you really passionate about?  
¿Que es lo que te apasiona?

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**FIRST PERSONAL RECOMMENDATION**  
**PRIMERA RECOMENDACION PERSONAL**

Full Name/ Nombre Completo: \_\_\_\_\_

Email Address/ Correo Electronica: \_\_\_\_\_

Address/ Dirección: \_\_\_\_\_

City/ Ciudad: \_\_\_\_\_

State/ Estado: \_\_\_\_\_

Country/ Pais: \_\_\_\_\_ Zip Code/ Código Postal: \_\_\_\_\_

**SECOND PERSONAL RECOMMENDATION**  
**SEGUNDA RECOMENDACION PERSONAL**

Full Name/ Nombre Completo: \_\_\_\_\_

Email Address/ Correo Electronica: \_\_\_\_\_

Address/ Dirección: \_\_\_\_\_

City/ Ciudad: \_\_\_\_\_

State/ Estado: \_\_\_\_\_

Country/ Pais: \_\_\_\_\_ Zip Code/ Código Postal: \_\_\_\_\_

**PASTORAL RECOMMENDATION**  
**RECOMENDACION DEL PASTOR**

Full Name/ Nombre Completo: \_\_\_\_\_

Email Address/ Correo Electronica: \_\_\_\_\_

Address/ Dirección: \_\_\_\_\_

City/ Ciudad: \_\_\_\_\_

State/ Estado: \_\_\_\_\_

Country/ Pais: \_\_\_\_\_ Zip Code/ Código Postal: \_\_\_\_\_

## **PAYMENT INFORMATION**

### **INFORMACIÓN DE PAGO**

Full Name/ Nombre Completo: \_\_\_\_\_

Email Address/ Correo Electronica: \_\_\_\_\_

Address/ Dirección: \_\_\_\_\_

City/ Ciudad: \_\_\_\_\_

State/ Estado: \_\_\_\_\_

Country/ Pais: \_\_\_\_\_ Zip Code/ Código Postal: \_\_\_\_\_

Billing Country/ Pais de Pago (circle one/ encierra)

- Outside of USA & Mexico/ Fuera de EUA & México
- USA/ EUA

\*The application fee is a non-refundable \$35. Please select your payment method.

Payment Method (circle one):

\* La tarifa de aplicación, \$35, no es reembolsable. Por favor, seleccione su forma de pago. Forma de pago (encierra):

- CHECK/ CHEQUE
- CASH/ EFECTIVO
- CREDIT CARD/ TARJETA DE CRÉDITO

\*Please Note: Upon your acceptance to LMSM, we will require a \$100.00 deposit within 30 days of receiving your acceptance letter to confirm your decision to attend LMSM. If mailing your deposit in please write checks to Rancho de Sus Niños, with La Misión School of Missions in the memo line. Send to: La Misión School of Missions, PO Box 360, Potrero, CA 91963. For credit card please call 619.661.9232 or email us at [info@ranchodesusninos.org](mailto:info@ranchodesusninos.org)

\* Observe por favor: Por aceptar a LMEM, requeriremos un depósito de \$100.00 dentro de los 30 días de recibir su carta de aceptación para confirmar su decisión de asistir LMEM. Si envía su depósito en favor escribir cheques a Rancho de Sus Niños, con La Misión Escuela de Ministerio en la línea de memo. Enviar a: La Misión Escuela de Ministerio, PO Box 360, Potrero, CA 91963. Para la tarjeta de crédito por favor llame al 619.661.9232 o envíenos un email a [info@ranchodesusninos.org](mailto:info@ranchodesusninos.org)

**DOCUMENTS TO SUBMIT**  
**DOCUMENTOS PARA ENTREGAR**

LA MISION SCHOOL OF MISSIONS APPLICATION  
La Misión Escuela de Ministerio Aplicación

2 PERSONAL RECOMMENDATIONS  
2 Recomendaciones Personales

1 PASTORAL RECOMMENDATION  
1 Recomendación del pastoral

COPY OF HEALTH EXAM  
Copia De Reporte De Salud

COPY OF HIGH SCHOOL AND/OR COLLEGE DIPLOMA,  
Copia De Certificado De Preparatoria Y/O Universidad

\$35 APPLICATION FEE  
\$35 Pago de Aplicación

BACKGROUND CHECK/GOOD GUY REPORT  
Revisión De Antecedentes



# Pastor's Recommendation

La Misión School of Missions

**NOTE: This section to be completed by Applicant**

To the Applicant: This recommendation should be completed by your pastor and mailed directly by him to the school office. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

Date: \_\_\_\_\_

Phone - Day: (            ) \_\_\_\_\_ Phone - Evening: (            ) \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

TO THE PASTOR: The above named is applying for admission to La Misión School of Missions. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2. How well do you know him/her? Please check one.

- Very well, pastoral relationship
- Fairly well, numerous personal contacts
- Casually, few personal contacts
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?  Yes  No  Unsure

4. To what extent is the applicant engaged in the activities of your church? Please check one.

- Enthusiastic, deeply involved
- Cooperative, usually willing to help
- Seldom participates, although attends regularly
- Attends irregularly, shows little interest

5. In what form of Christian service has the applicant participated regularly? \_\_\_\_\_

6. What do you consider to be the applicant's strengths? \_\_\_\_\_

7. Do you know of any weaknesses of which we should be aware? \_\_\_\_\_

8. To your knowledge, does the applicant::

**Use Tobacco?** \_\_\_\_ Yes \_\_\_\_ No      **Drink?** \_\_\_\_ Yes \_\_\_\_ No      **Use Illegal Drugs?** \_\_\_\_ Yes \_\_\_\_ No

9. Please describe home factors which might affect the applicant's success at La Misión School of Ministry .

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10. The applicant's influence on his or her peers is: \_\_\_\_ Positive \_\_\_\_ Neutral \_\_\_\_ Negative

11. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
<b>Response to authority</b>	1	2	3	4	5	6
<b>Reliability:</b> dependability, responsibility	1	2	3	4	5	6
<b>Maturity:</b> personal development, ability to cope with life situations	1	2	3	4	5	6
<b>Emotional stability:</b> reaction to stress, poise, mood stability	1	2	3	4	5	6
<b>Motivation:</b> genuineness and depth of commitment	1	2	3	4	5	6
<b>Judgment:</b> ability to analyze a problem	1	2	3	4	5	6
<b>Oral expression:</b> clarity, coherence	1	2	3	4	5	6
<b>Interpersonal relations:</b> rapport, cooperation, attitudes toward supervision	1	2	3	4	5	6
<b>Empathy:</b> sensitivity to the needs of others	1	2	3	4	5	6
<b>Work habits:</b> stamina, conscientiousness, perseverance, resourcefulness, initiative	1	2	3	4	5	6
<b>Leadership:</b> creative thought, curiosity, self-confidence	1	2	3	4	5	6
<b>Personal appearance:</b> cleanliness, grooming	1	2	3	4	5	6
<b>Integrity:</b> honesty, moral character	1	2	3	4	5	6

12. Please add any further comments you may have which would help in our evaluation. \_\_\_\_\_

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Please print or type the information below.

Your Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Name of church and denomination: \_\_\_\_\_

Pastoral Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this to:

La Misión School of Missions - PO Box 360 - Potrero, CA 91963

U.S. 619.661.9232

# Personal Recommendation

La Misión School of Missions

**To the Applicant:** Each applicant applying is required to submit TWO personal recommendations for review by the Admissions Committee. Fill in the date, your name and address in the section below.

**NOTE: This section to be completed by Applicant**

Date: \_\_\_\_\_

Phone - Day: (        ) \_\_\_\_\_ Phone - Evening: (        ) \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

**To the person completing this Recommendation:** The above named is applying for admission to La Misión School of Missions. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Once completed, please mail to the School Office (address at bottom).

1. How long have you known the applicant? \_\_\_\_\_ Relationship to applicant? \_\_\_\_\_

2. How well do you know him/her? Please check one.

- Very close
- Fairly well
- Casually
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?  Yes  No  Unsure

4. To your knowledge, does the applicant:

**Use Tobacco?**  Yes  No      **Drink?**  Yes  No      **Use Illegal Drugs?**  Yes  No

5. In what form of Christian service has the applicant participated regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)?

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6. What do you consider to be the applicant's strengths? \_\_\_\_\_

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7. Weaknesses? \_\_\_\_\_

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8. Which characteristics best describe the applicant? Please check all that apply.

Warmhearted     Critical     Tolerant     Passive     Sympathetic     Rebellious  
 Respectful     Enthusiastic     Loving     Teachable     On Fire for Jesus Christ

9. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
<b>Christian Commitment:</b>	1	2	3	4	5	6
<b>Social Adaptability:</b>	1	2	3	4	5	6
<b>Cooperativeness:</b>	1	2	3	4	5	6
<b>Integrity and Honesty:</b>	1	2	3	4	5	6
<b>Responsibility:</b>	1	2	3	4	5	6
<b>Mental Ability:</b>	1	2	3	4	5	6
<b>Physical Health:</b>	1	2	3	4	5	6
<b>Initiative:</b>	1	2	3	4	5	6
<b>Christian Character:</b>	1	2	3	4	5	6
<b>Emotional Stability:</b>	1	2	3	4	5	6
<b>Personal Appearance:</b>	1	2	3	4	5	6
<b>Leadership:</b>	1	2	3	4	5	6
<b>Reliability:</b>	1	2	3	4	5	6

Please print or type the information below.

Your Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this to:

La Misión School of Missions  
PO Box 360  
Potrero, CA 91963

U.S. 619.661.9232



# Personal Recommendation

La Misión School of Missions

**To the Applicant:** Each applicant applying is required to submit TWO personal recommendations for review by the Admissions Committee. Fill in the date, your name and address in the section below.

**NOTE: This section to be completed by Applicant**

Date: \_\_\_\_\_

Phone - Day: (        ) \_\_\_\_\_ Phone - Evening: (        ) \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

**To the person completing this Recommendation:** The above named is applying for admission to La Misión School of Missions. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Once completed, please mail to the School Office (address at bottom).

1. How long have you known the applicant? \_\_\_\_\_ Relationship to applicant? \_\_\_\_\_

2. How well do you know him/her? Please check one.

- Very close
- Fairly well
- Casually
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?  Yes  No  Unsure

4. To your knowledge, does the applicant:

**Use Tobacco?**  Yes  No      **Drink?**  Yes  No      **Use Illegal Drugs?**  Yes  No

5. In what form of Christian service has the applicant participated regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)?

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6. What do you consider to be the applicant's strengths? \_\_\_\_\_

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7. Weaknesses? \_\_\_\_\_

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8. Which characteristics best describe the applicant? Please check all that apply.

Warmhearted     Critical     Tolerant     Passive     Sympathetic     Rebellious  
 Respectful     Enthusiastic     Loving     Teachable     On Fire for Jesus Christ

9. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
<b>Christian Commitment:</b>	1	2	3	4	5	6
<b>Social Adaptability:</b>	1	2	3	4	5	6
<b>Cooperativeness:</b>	1	2	3	4	5	6
<b>Integrity and Honesty:</b>	1	2	3	4	5	6
<b>Responsibility:</b>	1	2	3	4	5	6
<b>Mental Ability:</b>	1	2	3	4	5	6
<b>Physical Health:</b>	1	2	3	4	5	6
<b>Initiative:</b>	1	2	3	4	5	6
<b>Christian Character:</b>	1	2	3	4	5	6
<b>Emotional Stability:</b>	1	2	3	4	5	6
<b>Personal Appearance:</b>	1	2	3	4	5	6
<b>Leadership:</b>	1	2	3	4	5	6
<b>Reliability:</b>	1	2	3	4	5	6

Please print or type the information below.

Your Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this to:

La Misión School of Missions  
PO Box 360  
Potrero, CA 91963

U.S. 619.661.9232