

RAVENCREST CHALET • BIBLE SCHOOL APPLICATION

BIBLE SCHOOL & RETREAT CENTER

PO Box 2620 • Estes Park, CO 80517 USA • TEL 970-586-8118 • FAX 970-586-8119
 www.ravencrest.org • office@ravencrest.org

PERSONAL INFORMATION - PLEASE PRINT

Name _____
Last First Middle

Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Cell Phone _____ Email _____

Date of Birth (M/D/Y) _____ Age _____ Social Security No. _____

Country of Birth _____ Country of Citizenship _____

Parents/Guardian _____ Home or Cell Phone _____

Work Phone _____ Parents Email _____

Gender: Male Female Marital Status: Single Married Divorced

Have you applied to any other schools; if so which? _____

How did you learn about Ravenscrest Chalet: Friend Relative Church Internet
 Former student Staff member Other: _____

ATTACH
 2 PASSPORT
 PHOTOS HERE

TERM OF APPLICATION: Please indicate year

Full School Year _____ – _____

Fall Term: Sept. - Dec. _____

Winter Term: Jan. - Mar. _____

Spring Term: Apr. - May _____

Note: Priority will be given to those applying for the FULL SCHOOL YEAR. Those applicants applying for only part of the school year will be considered on a space available basis.

THE FOLLOWING MUST BE RECEIVED FOR YOUR APPLICATION TO BE PROCESSED:

- Application form and please enclose an application fee of \$35.
 - References - give the reference forms to the appropriate people for them to complete and return to us.
 - Two current passport size photographs (attach to application above).
 - A copy of your high school or college transcript.
 - A copy of a current health insurance card.
 - Upon acceptance, a registration deposit is required. This deposit is not refundable but will be credited to the total fees.
 - Proof of financial ability for international students.
- Note: All financial transactions with Ravenscrest Chalet must be conducted with one of the following: U.S. cash, U.S. postal money order, bank draft with a U.S. branch or Traveler's Checks. All drafts and checks must be payable in U.S. funds.*

FOR OFFICE USE ONLY:

Date Received _____ App. Fee Ref. Comments: _____

Date Accepted _____ Transcript Init. _____

Notification _____ Fin. Proof R.D. _____

MEDICAL HISTORY

Please indicate any of the following you have experienced:

Circle One

- | | | |
|---|-----|----|
| 1. Allergies (drug, food, pollen, insect bites, etc.) | YES | NO |
| 2. Diabetes or hypoglycemia | YES | NO |
| 3. Epilepsy | YES | NO |
| 4. Heart Problems | YES | NO |
| 5. Have you had a nervous or mental breakdown at any time? | YES | NO |
| 6. Have you had any professional psychological counseling? | YES | NO |
| 7. Have you been in the past or are you currently a victim of anorexia or bulimia? | YES | NO |
| 8. Have you been in the past or are you currently a user of alcohol, tobacco or recreational drugs? | YES | NO |
| 9. Have you ever had: | | |
| a. Excessive nosebleeds | YES | NO |
| b. High altitude sickness | YES | NO |
| c. Asthma or bronchitis | YES | NO |
| d. High blood pressure | YES | NO |
| e. Ulcers | YES | NO |

Explain in detail any "YES" answers (use a separate sheet if necessary): _____

List any medical problems, illnesses or chronic conditions experienced in the last three years: _____

List any medications you are currently taking: _____

Age: _____ Height: _____ Weight: _____ Health Condition: _____

Name of current physician: _____ Telephone: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Name of emergency contact: _____ Telephone: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Relationship of Emergency Contact to Applicant: _____

Insurance Provider/Group Name _____ Policy Number _____

I certify that the above medical information is correct to the best of my knowledge.

Signature _____ Date _____

CHRISTIAN EXPERIENCE

Please give a brief account of your acceptance of Jesus Christ.

How has the Lord been working in your life recently?

What are your reasons for wishing to attend Bible School?

To what extent have you studied the Bible previously?

Please describe any Christian service in which you have been involved.

Please give the name and address of the church you attend.

IF YOU NEED ADDITIONAL SPACE TO ANSWER ANY OF THESE QUESTIONS PLEASE ATTACH A SEPARATE SHEET OF PAPER.

STUDENT PROFILE

Year of high school graduation: _____ Year of college graduation: _____

Present occupation or schooling: _____ Name of school: _____

Special skills (check all that apply): Singing Drama Musical Instrument Worship Leading

Will you bring your instrument: _____ If so, which instrument: _____

Explain any other abilities or training you have: _____

Will you be bringing your own vehicle? Yes No

CONDITIONS OF ENROLLMENT

1. Students are expected to devote themselves unreservedly to their studies.
2. Students are expected to conform willingly to the timetable throughout the day. Punctuality and cooperation are essential for the well being of the student body and for personal discipline.
3. Students are required to help in daily domestic duties necessary in the operation of the school. One afternoon per week is set aside for practical duties, both in the buildings and on the grounds.
4. Students are responsible for the completion of any classroom assignments. Students are required to take their own notes in lectures.
5. Students are expected to maintain a clean and neat appearance. Moderation and modesty are required at all times regardless of the prevailing fashions in a permissive society.
6. Students may not wear jewelry in any body piercings on or off campus. Women may wear earrings. Students may not obtain body piercings or tattoos while attending Ravencrest Chalet.
7. Students will live in shared housing with other students.
8. International students should realize that they are moving into a different culture and must therefore be willing to make the necessary adjustments.
9. The use of all forms of alcoholic beverages, tobacco, and recreational drugs is not allowed while enrolled as a student.
10. Students are not allowed to bring firearms to school.
11. Students are encouraged to secure coverage with their own medical insurance while enrolled at Ravencrest Chalet. As a supplement to the student's personal insurance, a limited, short-term accident/medical policy is provided through the school.
12. Additional rules and guidelines will be in effect during the school term. These are fully explained and presented in the Student Manual which the student will receive on registration day.

ENROLLMENT AGREEMENT

(to be signed by all applicants)

I understand and agree with the Conditions of Enrollment. I will accept the decisions of the Principal in all matters pertaining to the course of studies and will submit to the disciplines of Ravencrest Chalet Bible School.

Signature of Applicant _____ Date _____

SEND APPLICATION TO: REGISTRAR AT RAVENCREST CHALET
PO BOX 2620
ESTES PARK, CO 80517-2620

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INSTRUCTIONS TO APPLICANT: Fill out your name and address below; give one form to your pastor and one to an adult, other than a family member, who knows you well. Provide a stamped envelope addressed to:

Registrar at Ravencrest Chalet, PO Box 2620 Estes Park, CO 80517 USA

PLEASE PRINT

APPLICANT INFORMATION

Name _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Email _____

REFERENCE INFORMATION

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I know the applicant: Extremely well Well Casually How long? _____

Describe your relationship to the applicant? _____

How long has the applicant been a Christian? _____

The applicant is mature enough to leave home and adjust to a college community. Agree Disagree

I have no reservations concerning the applicants honesty and integrity. Agree Disagree

Does the applicant currently use any of the following:

Tobacco Alcohol Recreational Drugs None to My Knowledge

Please rate the applicant regarding participation in church activities: Consistent Occasional Seldom

Please rate the applicant regarding involvement in ministry or service: Consistent Occasional Seldom

In what areas does the applicant show particular ability? _____

This applicant: I recommend without reservation I do not recommend I recommend with reservation

In order to give a better profile of the applicant as a person, please rate the applicant in each of the following areas.
Please circle the number which, in your opinion, best represents the applicant.

	1	2	3	4	5	6	7	8	9	10	Do Not Know
COMMITTED BELIEVER									<input type="checkbox"/>	
	Uncommitted				Highly Committed						
SELF-CONTROL									<input type="checkbox"/>	
	Very Little				Extreme Self-Control						
DILIGENT STUDENT									<input type="checkbox"/>	
	Lazy				Extremely Diligent						
TEACHABLE									<input type="checkbox"/>	
	Rebellious				Highly Responsive						
HOME BACKGROUND									<input type="checkbox"/>	
	Poor				Healthy						
PERSONALITY									<input type="checkbox"/>	
	Quiet				Outgoing						
RELATIONSHIPS									<input type="checkbox"/>	
	Abrasive				Congenial						
EMOTIONAL STABILITY									<input type="checkbox"/>	
	Unstable				Stable						
INITIATIVE									<input type="checkbox"/>	
	Never Initiates				Initiates Well						
LEADERSHIP									<input type="checkbox"/>	
	Never Leads				Strong Leader						
DEPENDABILITY									<input type="checkbox"/>	
	Irresponsible				Extremely Dependable						
JUDGMENT									<input type="checkbox"/>	
	Poor				Very Discerning						

What do you consider to be the applicant's greatest personality strength?

What do you consider to be the applicant's greatest need for personal growth?

Please add any further comments you feel would be helpful to us.

Signature _____ Date _____

**Please return this form to Ravencrest Chalet as soon as possible.
Thank you for your time and effort in filling out the reference form for this applicant.**

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