

student application

SOUTH CAROLINA SCHOOL OF LEADERSHIP

NOTE: Each application must be accompanied by a **\$25.00 application fee.**
Applications are not considered complete and will not be processed until this fee is received.

student information

First Name Last Name

Current Address

City State Zip Code

Home Phone - - Cell Phone - -

Email Birthdate / / Age

Social Security Number - - Shirt Size: S M L XL 2X Ring Size:

Relational Status: Single Dating Engaged Married Divorced Year of graduation or GED:

Children: no yes: ages custody

mother's information

First Name Last Name

Current Address

City State Zip Code

Daytime Phone - - Evening Phone - -

Email Occupation

Accepted Christ? yes no Is your mother/guardian in favor of you attending SCSL? yes no

father's information

First Name Last Name

Current Address

City State Zip Code

Daytime Phone - - Evening Phone - -

Email Occupation

Accepted Christ? yes no Is your father/guardian in favor of you attending SCSL? yes no

references

Name Relation Phone

Name Relation Phone

Name Relation Phone

application continues on next page

health information

*Please answer the following questions honestly; responses are used for confidential informational purposes and will not solely affect your acceptance.

How would you describe the condition of your health? *Excellent* *Good* *Fair* *Poor*

Have you ever been diagnosed with any physical, emotional or learning conditions? *no* *yes* (Please specify below)

Examples of such conditions may include, but are *not limited to*: ADD, ADHD, clinical depression, bipolar disorder, dyslexia, hearing impairment, chronic illness, etc.

Please describe any treatments, including medications, for the above listed conditions: Are you currently taking the medications you have listed?

yes *no*

Please list any prescription or over-the-counter medications you are currently taking on a regimen:

Have you ever consulted professional counseling/therapy? *no* *yes* Reason:

Have you ever used illegal drugs? *no* *yes* Date of Last Use:

Have you ever smoked tobacco? *no* *yes* Date of Last Use:

Have you ever consumed alcohol? *no* *yes* Date of Last Use:

Do you have health insurance? *yes, my own.* *yes, my parents.* *no*

economic standing

Do you own a vehicle? *yes* *no* *students are responsible for their own transportation Is your vehicle insured? *yes* *no*

EMPLOYMENT

Current Employer Position Date Hired

Previous Employer Position Date Hired

Date Released Reason for Release: *quit* *resigned for new job* *laid off* *fired*

DEBTS

Please list any debts, outstanding loans, or other payments your presently have and indicate the amount due for each:

Will these debts be paid off by the start of the year? *yes* *no* When will they be paid off?

How do you plan to make payments on your debts while in South Carolina School of Leadership?

TUITION

What financial payment option do you expect to use to pay for your tuition? *full payment* *trimester* *monthly*

How do you plan to pay for your tuition?

Who is responsible for the full payment of your tuition? *myself* *my parent(s)* *other:*

church information

Name of Church

Address

City State Zip Code

Phone - - Email

Senior Pastor Youth Pastor

How long have you attended this church? How many times a week do you attend?

Are you an official member of your church? *yes* *no*

How and when did you accept Christ?

List the different ministries that you have been or are currently involved in:

short answer

What are some of the necessary qualities you feel you must have to be a spiritual leader?

Have you ever been criminally convicted? *no* *yes* Please describe the circumstances below:

What do you plan to do after South Carolina School of Leadership?

How did you hear about South Carolina School of Leadership?

my pastor/church a parent/family member a friend an event SCSL website

SCSL visited my church promotional mailout other:

Please specify the **person** or **event** that told you about SCSL:

ESSAY Please answer the following questions in a typed short essay of 200-300 words:

- (1) Why do you desire to attend South Carolina School of Leadership?
- (2) What would you like to gain personally as a result of attending South Carolina School of Leadership?

*Please be sure to attach a **photo** of yourself to your application, and give the **pastoral reference form** to your pastor.

PLEASE SUBMIT COMPLETED APPLICATION TO:
South Carolina School of Leadership
2700 Bush River Road, Columbia, SC, 29210-5645
803.798.4488 • fax: 803.798.0244