



4725-106 Avenue Edmonton, AB T6A 1E7

1 Personal Information

Surname	
First Name and Middle Initial	
Date of Birth D/M/Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Insurance Number	

Emergency Information

Health Card #	
Province / State	
Emergency Contact	Relationship
Phone	Address

2 Correspondence Address

Number / Street	
Town / City	Province / State
Postal Code	Country

Phone	Work Phone
Fax	
Email Address (only if checked regularly)	

Present Address (If different from above)

Number / Street	
Town / City	Province / State
Postal Code	Country

Citizenship Status

<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> International Student (Student Visa Required)
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other (specify)
Effective Date D/M/Y	

3 Family Information

Marital Status (please circle one) Single / Engaged / Married / Widowed / Divorced	
Date of Marriage D/M/Y	

Next of Kin

Name	Relationship
Address	
Town / City	Province / State
Postal Code / Country	Phone

Full Name of Spouse	
Child's Name(s) (and birthdates)	
Parent's Name(s)	
Phone	Email

4 Reference Form Information

Spiritual Advisor	Phone
Email	

Friend Reference	Phone
Email	

5 Church Background

Name of Present Church	
Length of Attendance	
Church Contact (Name)	Phone
Email	

Church Address	
City / Province	Postal Code / Country
Please describe any previous ministry involvement	

6 Educational Background

Please have educational transcripts forwarded directly to the Mount Carmel Registrar.

High School	
Name / Location	
Date Attended	Level Achieved

Post-Secondary 1	
Name / Location of Institution	
Date Attended	Level Achieved

Please describe any previous formal Biblical instruction
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Post-Secondary 2	
Name / Location of Institution	
Date Attended	Level Achieved

Enrollment Intention Please list any other schools to which you have presently applied

7 Employment History

Employer 1	Date
Position	Contact

Employer 2	Date
Position	Contact

8 Additional Information

<p>Medical Please let us know if you have any health problems that will affect your ability to function in a learning environment. Give details on a separate sheet if needed.</p>

<p>Personal Essay Please attach a brief essay (300-500 words) telling us of your family, school experience, Christian growth, Christian service experience, reason for application to Mount Carmel, and future plans.</p>
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<p>Certification 1. I have read and understood the Mount Carmel Statement of Faith. 2. I hereby certify that the information given in this application and attached essay is complete and true in all respects, and also that I agree to be governed by the policies and regulations of Mount Carmel should my application be accepted. Signature _____ Date _____</p>
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<p>How Did You Hear About Mount Carmel? (check all that apply)</p> <table> <tr> <td><input type="checkbox"/> Church</td> <td><input type="checkbox"/> Website</td> </tr> <tr> <td><input type="checkbox"/> Sumo Youth Night</td> <td><input type="checkbox"/> Facebook Ad</td> </tr> <tr> <td><input type="checkbox"/> YC Booth</td> <td><input type="checkbox"/> Breakforth Booth</td> </tr> <tr> <td><input type="checkbox"/> Missions Fest Booth</td> <td><input type="checkbox"/> Friends</td> </tr> <tr> <td><input type="checkbox"/> Magazine Ad</td> <td><input type="checkbox"/> Camp</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td><input type="checkbox"/> Alumni</td> </tr> </table>	<input type="checkbox"/> Church	<input type="checkbox"/> Website	<input type="checkbox"/> Sumo Youth Night	<input type="checkbox"/> Facebook Ad	<input type="checkbox"/> YC Booth	<input type="checkbox"/> Breakforth Booth	<input type="checkbox"/> Missions Fest Booth	<input type="checkbox"/> Friends	<input type="checkbox"/> Magazine Ad	<input type="checkbox"/> Camp	<input type="checkbox"/> Other:	<input type="checkbox"/> Alumni
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