

EDUCATIONAL ASSISTANCE QUESTIONNAIRE

PLEASE PRINT

PERSONAL INFORMATION

Name: _____
Address: _____
City: _____ St.: _____ ZIP: _____
Email Address: _____
Tel: (H) _____ (W) _____
(C) _____
Age: _____ Height: _____ Weight: _____
Birth Date: _____ Male or Female
Country of Citizenship: _____

PASTOR/SCHOOL INFORMATION

Pastor's Name: _____
Church Name: _____
Address: _____
City/State: _____
ZIP: _____ Telephone: _____
School Name: _____
Address: _____
City/State: _____
ZIP: _____ Telephone: _____

CURRENT POSITION:

- Pastor
 Staff Title: _____
 Student, will graduate _____ (year)
 Other, please explain: _____

MEDICAL PROBLEMS OR PHYSICAL LIMITATIONS:

- Yes (please attach explanation)
 No

GENERAL:

Dependants: (include names and ages of spouse and children)

Name: _____ Age: _____
Name: _____ Age: _____

Denomination/Religious Affiliation: _____

Level of Post High School Education Completed: _____

Employment History: _____

Special skills, talents, interests, or abilities: (Please explain on the reverse side.)

Music Drama Art Computer Other _____

Monitors' Training Course Yes No Supervisors' Training Course Yes No

Language(s) Spoken: First: _____ Second: _____ Third: _____

Continent/Country of Interest: _____

Opportunity of Interest: Short-Term Educational Assistant Extended-Term Educational Assistant

Anticipated Date of Foreign Service to Begin: Month: _____ Year: _____

Anticipated Return Home Date: Month: _____ Year: _____

Parent's Name (if under 21): _____

Address: _____

Telephone: (H) _____ (W) _____ (C) _____

Parent's Signature (if under 21): _____

Date Application Was Completed: _____

MARITAL STATUS:

- Married
 Single
 Divorced
 Other: _____

YEARS OF A.C.E. EXPERIENCE:

- Administrator _____ (months/years)
 Supervisor _____ (months/years)
 Monitor _____ (months/years)
 Student _____ (months/years)

Name: _____ Age: _____

Name: _____ Age: _____

MY CHRISTIAN TESTIMONY

(Use additional pages, if needed)

My salvation testimony:

My participation in church and school activities:

My calling to educational missions:

Signature: _____

Date: _____

For our records, please send a recent, clear photograph of yourself, and letters of recommendation from each of the following people: pastor, supervisor (or employer), and parent (if under 21).

Send to: Educational Assistance • Accelerated Christian Education Ministries • P.O. Box 508 • Hendersonville, TN 37077-0508, email HisServant@aceministries.com, or fax to 615-612-6069