

Section B – Academic Intent

Anticipated Start Date / Semester: **Year** _____ **Spring** (January-April) **Fall** (September-December)

Anticipated Program: Full-Time Two-Year Ministerial Training Diploma Part-Time Matriculating Student
 Full-Time Audit Part-Time Audit

Do you desire to live on campus? Yes No Do you own a car? _____

Does your family support you in your desire to pursue the ministry? _____

*****The following questions are for US citizens only. If you are not a US citizen, please continue to Section C.*****

ZMI does not have a work study program. How do you plan to financially support yourself each semester?

Will you be receiving financial assistance from friends, family, an organization or your church? If yes, please give full name, organization name, stating the amount they have stated they will provide:

Are you in debt? _____

Section C – Church/Fellowship Affiliation

Current Church

Current Church name _____ Denomination/Fellowship/Affiliation _____ City, State, Country _____

How Long Attended? _____ Credentials, Duties, Positions Held _____

Name of Pastor you know best _____ Position at the Church _____ How long have you known this Pastor? _____

Home Church (if different from Current Church)

Home Church (if different from Current Church) _____ Denomination/Fellowship/Affiliation _____ City, State, Country _____

How Long Attended? _____ Credentials, Duties, Positions Held _____

Name of Pastor you know best _____ Position at the Church _____ How long have you known this Pastor? _____

What has your contact been with any of the ministries of Zion Fellowship? _____

How did you hear about Zion Ministerial Institute Waverly Campus? _____

Section D - Employment Information

Current/Most Recent Employer/Company _____ Address, City, State, Postal Code, Country _____

Name of Supervisor _____ Phone _____ Occupation, Duties, Positions Held _____

Employment Start Date _____ / _____ If not currently employed, give dates last employed _____ to _____
Month Year Month/Year Month/Year

May we contact this employer if necessary? _____

Please list three other places of employment:

_____ Name Employer/Supervisor	_____ Dates Employed	_____ City, State	_____ Occupation, Duties, Positions Held
_____ Name Employer/Supervisor	_____ Dates Employed	_____ City, State	_____ Occupation, Duties, Positions Held
_____ Name Employer/Supervisor	_____ Dates Employed	_____ City, State	_____ Occupation, Duties, Positions Held

Section E - Education Information

* High School(s)	City, State, Country	Phone Number	Dates Attended	Graduate?
College(s) / Trade School(s)	City, State, Country	Program / Emphasis	Dates Attended	Graduate?

* Applicants must have a high school diploma, equivalent, or have completed home schooling to be considered. Please complete the Request for High School Transcript Form and submit it to the High Schools attended including the agency granting your GED or equivalent.

Section F – Entrance Essays

Please answer the following entrance essays to the best of your ability. Failure to complete this section of the application in detail will cause your application to be returned to you. **Please use all of the writing space provided.**

- Describe your born-again experience when you confessed the Lord Jesus Christ as the only true God and asked Him to be your Lord and Savior.

- If you have been baptized of the Holy Spirit, please describe your experience, including speaking in other tongues. If you have not yet had this experience, please indicate it below and if you are presently seeking it.

- Describe your current relationship with the Lord Jesus Christ and what He means to you.

4. Describe your personal calling and vision for your life.

5. Why do you want to attend Zion Ministerial Institute instead of a traditional college or university?

6. Please describe your home environment, including relationship with parents and the current spiritual state of immediate family members.

7. Please check the following skills or giftings you have that you feel could be beneficial while at ZMI:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Elderly ministry | <input type="checkbox"/> Electrical/Plumbing | <input type="checkbox"/> Computer hardware |
| <input type="checkbox"/> Linguistics | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Website design |
| <input type="checkbox"/> Proofreading | <input type="checkbox"/> Children's ministry | <input type="checkbox"/> Automotive/Machinery | <input type="checkbox"/> Sing/Play instrument |
| <input type="checkbox"/> Word processing | <input type="checkbox"/> Youth/teen ministry | <input type="checkbox"/> Database design | <input type="checkbox"/> Sound/Media ministry |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Prison ministry | <input type="checkbox"/> Data entry | <input type="checkbox"/> Finance |

Describe additional abilities that are not listed above: _____

8. Please list any Christian work or ministry you have done.

9. Is there any other information, academic, spiritual or marital, that you believe the Admissions Office should be aware of as your application for Zion Ministerial Institute is reviewed?

Section G - References

Applicant: Please send a Recommendation Form to each of the following references (except PT students send only to Pastor):

Current or Most Recent Pastor (Must complete the **Clergy Recommendation Form**)

Name of Pastor Church Name Address, City, State, Postal Code, Country

Other Personal References (cannot be family relatives)

Name of Reference Address City, State, Postal Code Relationship to Applicant

Name of Reference Address City, State, Postal Code Relationship to Applicant

Section H - Zion Fellowship Statement of Faith

- 1 We believe there is one God, eternally existent in three persons: Father, Son and Holy Spirit, who is the Maker and Preserver of all things visible and invisible.
- 2 We believe in the deity of the Lord Jesus Christ; that Jesus existed eternally with the Father, became Man by the miracle of the incarnation, in no degree ceasing to be God. He is co-Creator of the world and man, only Savior, and coming Judge.
- 3 We believe the whole canon of scripture (both Old and New Testaments) as originally given, to be the inspired and authoritative word of God, of supreme and final authority in all that it teaches and declares.
- 4 We believe that all men are lost apart from the saving grace of our Lord Jesus Christ; that sin is cleansed only through personal repentance and faith in the precious blood of the Lord Jesus Christ; that water baptism by immersion should follow receiving Christ as Lord and Savior.
- 5 We believe that the redemptive work of Christ on the cross provides healing for the body as well as for the mind, soul, and spirit of man; that Christ has an answer for every problem man has, physical or spiritual.
- 6 We believe that miracles and all gifts of the Spirit are available to the Church today for the edifying and perfecting of its members.
- 7 We believe that God will visit His Church in unusual ways and bring many multitudes into the kingdom before Christ's second coming, for which cause we are preparing ourselves.
- 8 We believe that the baptism of the Holy Spirit, evidenced by speaking in other tongues according to Acts 2:4, is promised to all who desire it, ask for it, and obey God.
- 9 We believe that everyone will be resurrected (saved and unsaved) and give an account to the Great Judge, whose judgment is final and eternal.
- 10 We believe that divorce and remarriage to another person is contrary to God's will and purposes. Therefore, the pastor shall not solemnize such remarriages.
- 11 We believe that man should live a moral life according to the standards set forth in scripture. This includes: living a holy life; being full of love, joy, peace, longsuffering, gentleness, goodness, meekness, temperance and faith (Gal. 5:22-23). Therefore, we are opposed to: adultery, fornication, uncleanness (including sodomy, lesbianism, bisexuality, bestiality, incest, pornography, and other forms of moral impurity), lasciviousness, idolatry, witchcraft, hatred, variance, emulations, wrath, strife, seditions, heresies, envyings, murders (including abortion and euthanasia), drunkenness, and revellings (Gal. 5:19-21; II Tim. 3:1-6).
- 12 We believe that God has ordained and created all authority consisting of three basic institutions: 1) the home; 2) the Church; 3) the state. Every person is subject to these authorities, but all (including the authorities themselves) are answerable to God and governed by His word.
- 13 We believe that every Christian, as a steward of that portion of God's wealth entrusted to him, is obligated to support his local Church financially. We believe that God has established the tithe as a basis for giving, but that every Christian should also give other offerings sacrificially and cheerfully to the support of the Church, the relief of those in need, and the spread of the Gospel. We believe that a person has no right to direct the use of the tithe or offering once the gift has been given.

Authorization and Understanding

- 1) I have read and understand the Statement of Faith.
- 2) **IF** accepted as a student, I have no reservations about respecting and abiding by the Statement of Faith.

OR

I have a question about the following in the Statement of Faith _____

- 3) I agree to pay the application fee in US funds to Zion Ministerial Institute.
- 4) By signing below, I confirm that all of the information furnished above is true and complete.

Applicant Signature _____ **Date** _____

To be considered for acceptance, the applicant must send the following to this address:

- ❑ Completed Application
- ❑ \$50 Application Fee (\$10 for part-time and audit)
- ❑ Recent personal photo
- ❑ Student Health Certificate

**Director of Admissions
ZMI Waverly Campus
PO Box 70
Waverly NY 14892-0070
USA**

These additional items must also be sent to the above address before the file can be reviewed:

- ❑ Clergy Recommendation Form
- ❑ Two other Personal Recommendation Forms (*not for PT applicants*)
- ❑ Official Transcripts sent from all high schools attended and/or from the agency granting your GED equivalent

Once all items are received in the Admissions Office, the applicant file will be reviewed. An interview may be requested by the Chancellor if the information in the application materials is not sufficient to make a suitable decision. Due dates for the application materials to be submitted are as follows:

For Fall Semester (September – December): **June 1**

For Spring Semester (January – April): **October 1**

Application materials may be received after the due date, but are not guaranteed equal consideration with those submitted on time. Please feel free to contact the Admissions Office for further information at:

(607) 565-2801, ext 224
or email us at
admissions.wav@zmi.edu



To be completed by applicant. Please type or print clearly in ink. Please answer all questions.

Applicant Name _____ Male Female Date of Birth _____

Address _____ City, State _____ Postal Code _____ Country _____

In case of emergency, please notify:

Name _____ Day Phone _____ Evening Phone _____ Relationship to Applicant _____

Address _____ City, State _____ Postal Code _____ Country _____

Family Physician:

Name _____ Phone _____ Type of Physician _____

Address _____ City, State _____ Postal Code _____ Country _____

History of Diseases Please mark any that apply

Past	Now	Past	Now	Past	Now
<input type="checkbox"/>	<input type="checkbox"/> Asthma	<input type="checkbox"/>	<input type="checkbox"/> Thyroid Disturbance	<input type="checkbox"/>	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/>	<input type="checkbox"/> Hay Fever	<input type="checkbox"/>	<input type="checkbox"/> Convulsions	<input type="checkbox"/>	<input type="checkbox"/> Measles
<input type="checkbox"/>	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/>	<input type="checkbox"/> Heart Palpitations	<input type="checkbox"/>	<input type="checkbox"/> Rubella
<input type="checkbox"/>	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/> Diphtheria	<input type="checkbox"/>	<input type="checkbox"/> Swelling of Feet
<input type="checkbox"/>	<input type="checkbox"/> Typhoid Fever	<input type="checkbox"/>	<input type="checkbox"/> Back/Neck Trouble	<input type="checkbox"/>	<input type="checkbox"/> Eye Trouble
<input type="checkbox"/>	<input type="checkbox"/> Insomnia	<input type="checkbox"/>	<input type="checkbox"/> Diabetes	<input type="checkbox"/>	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/>	<input type="checkbox"/> Nervousness	<input type="checkbox"/>	<input type="checkbox"/> Epilepsy/convulsions	<input type="checkbox"/>	<input type="checkbox"/> Appendicitis
<input type="checkbox"/>	<input type="checkbox"/> Joint Trouble	<input type="checkbox"/>	<input type="checkbox"/> Stomach Ulcer	<input type="checkbox"/>	<input type="checkbox"/> HIV+/AIDS
<input type="checkbox"/>	<input type="checkbox"/> Indigestion/Acid Reflux	<input type="checkbox"/>	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> STDs
				<input type="checkbox"/>	<input type="checkbox"/> Small pox
				<input type="checkbox"/>	<input type="checkbox"/> Whooping Cough
				<input type="checkbox"/>	<input type="checkbox"/> Scarlet Fever
				<input type="checkbox"/>	<input type="checkbox"/> Mumps
				<input type="checkbox"/>	<input type="checkbox"/> Ear Trouble
				<input type="checkbox"/>	<input type="checkbox"/> Polio
				<input type="checkbox"/>	<input type="checkbox"/> Fainting or Dizzy spells
				<input type="checkbox"/>	<input type="checkbox"/> Skin Trouble
				<input type="checkbox"/>	<input type="checkbox"/> Other _____

Are you allergic to any antibiotics or other medications? If yes, please specify: _____

Do you wear glasses or contacts? _____ Date of last eye examination: _____

Are there any foods you cannot eat? _____

Are you presently under a medical doctor's care? If yes, for what? _____

Are you taking prescription medicines? If yes, what? _____

Have you suffered a nervous breakdown? If yes, please explain: _____

Have you ever been under a doctor's care for an emotional disorder? If yes, explain: _____

Are there any other health-related issues you would like to inform us about? _____

Health records, as with all other information submitted to ZMI, will be held in strict confidence. The applicant is to sign below that he/she has read this statement and thereby authorizes ZMI administration to release necessary health information if they feel it imperative to do so. (If applicant is under 18 years, he/she must have his/her parents or guardian co-sign.)

Applicant Signature

Parent/Guardian Signature (if applicant under 18)

	Excellent	Above Average	Average	Below Average	Poor	No chance to observe
Mental Ability						
Physical Health						
Initiative						
Christian Character						
Emotional Stability						
Spiritual Stability						
Personal Appearance						
Self-Control						
Leadership						
Maturity						
Handling Finances						
Attitude towards supervision						
Social Adaptability						

15. Do you believe Zion Ministerial Institute is the right place for the applicant at this time?

16. Please add any further comments you may have which would help in our evaluation.

PLEASE CHECK ONE

- I **highly** recommend I recommend
 I recommend **with reservation** I **cannot** recommend

Please clearly print or type the information below

Clergy Name _____
Phone

Name of Church and Denomination / Affiliation

Address _____
City _____
State _____
Postal Code _____
Country

Clergy Signature _____
Date

Thank you for providing the above information. Please send completed recommendation form to:

Director of Admissions - ZMI Waverly Campus - PO Box 70 - Waverly NY 14892 - USA

PLEASE DO NOT SEND THIS FORM TO THE APPLICANT

	Excellent	Above Average	Average	Below Average	Poor	No chance to observe
Personal Appearance						
Self-Control						
Leadership						
Maturity						
Handling Finances						
Attitude towards supervision						
Social Adaptability						

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

PLEASE CHECK ONE

I recommend I recommend *with reservation* I do not recommend

Please print or type the information below

Name _____ Phone

Address _____ City _____ State _____ Postal Code _____ Country

Name of church and denomination / affiliation _____

Position in church (if applicable) _____

Signature _____ Date

Thank you for providing the above information. Please send completed recommendation form to:

Director of Admissions - ZMI Waverly Campus - PO Box 70 - Waverly NY 14892 – USA

PLEASE DO NOT SEND THIS FORM TO THE APPLICANT

	Excellent	Above Average	Average	Below Average	Poor	No chance to observe
Personal Appearance						
Self-Control						
Leadership						
Maturity						
Handling Finances						
Attitude towards supervision						
Social Adaptability						

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

PLEASE CHECK ONE

I recommend I recommend *with reservation* I *do not* recommend

Please print or type the information below

Name _____ Phone

Address _____ City _____ State _____ Postal Code _____ Country

Name of church and denomination / affiliation _____

Position in church (if applicable) _____

Signature _____ Date

Thank you for providing the above information. Please send completed recommendation form to:

Director of Admissions - ZMI Waverly Campus - PO Box 70 - Waverly NY 14892 – USA

PLEASE DO NOT SEND THIS FORM TO THE APPLICANT



ZION MINISTERIAL INSTITUTE
Waverly Campus
Residential Ministerial Training Program
Waverly, New York, United States of America

Request for High School Transcript

Request for Official Transcript of High School Record

Name of High School _____
Address _____
City, State, Zip _____

Registrar:

Please send one official high school transcript to the following address:

**Office of the Registrar
ZMI Waverly Campus
PO Box 70
Waverly NY 14892**

Student's Full Name _____
Maiden Name _____
Present Address _____
City, State, Zip _____
Dates Attended: Entered ____/____ Withdrew/Completed ____/____
Date of Request _____
Student Signature _____

Applicant: Please submit this completed form to each high school attended. Please do not send this form to ZMI.