



Thank you for your interest in CrossWalk Discipleship Program (CW). If you have any questions as you complete the application for admission, please call (860) 989-8911 or e-mail john.m.latorre@gmail.com.

Online Application Process:

- 1) Save application onto your computer and fill out the entire form
- 2) Please include a recent color photograph of yourself with the application
- 3) Submit application by attachment in an e-mail
- 4) Fill out the top section of the reference forms and send to your pastor (if applicable) and a personal reference

Upon Receipt:

- 1) We will contact you via e-mail or phone. You will be asked to have a phone interview.
- 2) In most cases, we will notify you of your acceptance within 30 days of the completed interview.
- 3) Once accepted, you will receive an e-mail of acceptance and/or phone call.
- 4) Upon acceptance, a deposit of \$300 is due within 3 weeks.
- 5) Overall cost of the 18 month program is \$5,600. *Monthly payment plans are available.*

P.O. Box 47052 Chicago, IL 47052 Phone: (860) 989-8911 E-Mail: john.m.latorre@gmail.com



Online Student Application for Admission

This application should be filled out personally by the applicant.

PERSONAL INFORMATION

Your Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Birth Date: _____ Age: _____

Phone: _____

Cell: _____

E-mail: _____

FAMILY INFORMATION

Father: _____ Living Deceased Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother: _____ Living Deceased Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____



EDUCATION AND WORK EXPERIENCE

1. What is the highest level of schooling that you have completed?

2. Please list any certificates and job training that you have received.

3. What work experience do you have?

4. Are you currently employed? If so, who is your employer? May we contact them?

PERSONAL FINANCES

1. Please provide a brief response to the following questions: Do you have any outstanding debt? If so, approximately how much? What is the cause?

PERSONAL EVALUATION

1. What would you consider to be your talents, gifts and strengths?

2. What would you consider to be your weaknesses?



3: Please assess yourself in the following:

	Uncertain	Weak	Good	Outstanding
Spiritual Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity and Honesty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Openness to Correction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to Serve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working without Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work with Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADDITIONAL COMMENTS OR EXPLANATIONS

1. How did you hear about CrossWalk Discipleship Program?

2. Why are you applying to be a part of CW?

3. How do you plan on paying for the full amount of the program fee?

4. CW program fee includes dorm style housing; beyond tuition, how do you plan on supporting yourself for additional expenses, i.e. food, travel, etc.?

5. Do you plan on bringing a vehicle to the program? Yes No



TESTIMONY AND MINISTRY BACKGROUND

1. When did you accept Christ?

2. Are you currently involved in a local church? Yes No If no, please explain:

2a: Church Name/Denomination _____

Church City/State: _____

Senior Pastor's Name: _____

2b: How long have you attended? _____

How often do you attend? _____

3. Describe any previous ministry involvement.



PERSONAL TESTIMONY:

Please write your personal testimony. Include the following points:

- 1) A summary of your personal journey in Christ
- 2) Describe any past or present life-controlling (mental, emotional, relational) issues
- 3) Your goals for the future
- 4) Expectations for your time in CW



HEALTH INFORMATION:

Please check if you have had any occurrences (from mild to severe) of the following:

- | | |
|--|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Mild Depression | <input type="checkbox"/> Drug Abuse (including cigarettes and prescription drugs) |
| <input type="checkbox"/> Chronic Depression | <input type="checkbox"/> Long-Term Medication |
| <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Eating Disorders (Bulimia, Anorexia, Diet Obsessive) |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Insomnia (Or other Sleeping Disorders) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> HIV | |
| <input type="checkbox"/> Communicable Diseases: (Please List): _____ | |
| <input type="checkbox"/> Allergies: (Please List): _____ | |
| <input type="checkbox"/> Other: (Please List): _____ | |

If any of the previous items were checked, please explain.

1. Do you have any physical disabilities or conditions that require special care?..... Yes No
If yes, please explain.

2. Do you have any substance abuse problems or addictions..... Yes No
If yes, please explain.



3. Do you have or have you ever had any life-controlling mental, sexual, emotional or relational issues?

If yes, please explain.

Yes No

4. Have you ever been convicted of any crime, either as a misdemeanor or felony?..... Yes No

If yes, please explain.

5. Are you currently on probation or fulfilling community service obligations?..... Yes No

If yes, please explain.

6. Have you ever attempted or considered suicide?..... Yes No

If yes, please explain and include when and how you were treated for it.

7. Do you currently wrestle with suicidal thoughts?..... Yes No

If yes, please describe.

8. Are you, or have you ever been, on medication related to psychological problems?..... Yes No

If yes, please explain.



9. Do you have Health Insurance?..... Yes No

If yes, please fill out the following information:

Insurance Carrier: _____

Policy Number: _____

Expiration Date _____

10. Are you currently on any medications?..... Yes No

If yes, please fill out the following Disclosure of Medications

DISCLOSURE OF MEDICATIONS

	#1	#2	#3	#4	#5
Name of Medication(s):	_____	_____	_____	_____	_____
Reason for Medication(s):	_____	_____	_____	_____	_____
Dates:	_____	_____	_____	_____	_____
Doctor Name and Phone:	_____	_____	_____	_____	_____

I, _____ agree to continue with the aforementioned medications, throughout my time at the CrossWalk Discipleship Program, as prescribed by my doctor. I realize that failure to keep up with my medications, as prescribed by my doctor, may be grounds for my dismissal.



LEGAL RELEASE *(Please initial after reading each point)*

1. It is hereby understood that CW cannot be held responsible for any personal property left, lost or stolen while I am in the Discipleship Program. When leaving the program I will take all personal property with me. I understand that I will not steal any property that does not belong to me.
2. I understand that I must provide my own health insurance coverage. CW will not be responsible to cover hospitalization, visits to the doctor or medications. I release CW from all responsibility, both physical and financial, in the case of accident, injury, illness or other misfortune.
3. I understand that if I damage any property, it is my responsibility to pay the repair or replacement costs for the damaged property.
4. I give permission to the CW staff and match mentors to divulge pertinent information to the Pastors, Program Directors and/or any other staff if he/she feels the information is needed for the health and well-being of the participant as well as the other participants in the program. Please make certain you understand this agreement before signing it, as some confidential information may be revealed for your benefit.

ACKNOWLEDGEMENT OF AGREEMENT

Please acknowledge your agreement with the following by checking each box and signing your name.

- I acknowledge that on my integrity all of the above questions have been answered honestly and completely.
- I have read and agree to comply with the CW Housing Guidelines.
- I have read and agree with the CW Statement of Faith.
- I understand that part of CW will include practical ministry training and service to others.
- I understand that I must secure funds sufficient to cover all of my fees before and during my stay at CW.
- I understand that I must secure funds sufficient to cover all of my personal expenses.
- I declare that I have provided true, correct, and complete information on my application.

Full Name: _____

Date: _____