

Date you wish to begin: _____

Personal Information

Salutation: Mr. Mrs. Miss Ms. Dr.

First Name: _____

S.I.N. (Can.) or S.S.N. (U.S.A.): _____

Family Name: _____

Citizenship: _____

Middle Name: _____

Birth Date (M/D/Y): _____

Maiden or Previous Last Names: _____

Birth Place: _____

Current Occupation: _____

Marital Status: Single Married Engaged Divorced Separated Widowed

Name of Spouse: _____

Names and Ages of Children:

Present Address: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Permanent Address (if different): _____

Home Phone: _____

Until what date will you be at your PRESENT address?

Work Phone: _____

(M/D/Y): _____

Fax: _____

E-mail: _____

Health Record

Do you have any physical or psychological impairment that may adversely affect your ability to do graduate work?

If yes, please explain. _____

Academic Record

List below all colleges, universities and graduate institutions that you have attended since graduation from high school in the order in which they were attended.

School 1: _____

School 2: _____

Province/State/Country: _____

Province/State/Country: _____

Dates Attended: _____

Dates Attended: _____

Degree Earned Major(s): _____

Degree Earned Major(s): _____

Academic Record

School 3: _____

School 4: _____

Province/State/Country: _____

Province/State/Country: _____

Dates Attended: _____

Dates Attended: _____

Degree Earned Major(s): _____

Degree Earned Major(s): _____

Personal References

Each applicant must secure at least three people willing to provide references. You may download the reference form and give it to the referees, or we will send the forms to the people involved. (One referee must be from a Rector.)

Referees:

Name 1: _____

Title or Position: _____

Postal code/Zip: _____

Address: _____

Home Phone: _____

City: _____

Work Home _____

Province/State/Country: _____

Fax: _____

Name 2: _____

Title or Position: _____

Postal code/Zip: _____

Address: _____

Home Phone: _____

City: _____

Work Home _____

Province/State/Country: _____

Fax: _____

Name 3: _____

Title or Position: _____

Postal code/Zip: _____

Address: _____

Home Phone: _____

City: _____

Work Home _____

Province/State/Country: _____

Fax: _____

Religious Background

Church you attend: _____

Address: _____

Name of Minister: _____

Specify the ministry in which you participate: _____

Personal Statement

All Applicants: On a separate sheet, write a brief autobiography, commenting also on how you expect to benefit from your time with the Artizo Institute in light of your current life goals.

There is no formula for writing your personal statement. However, we are interested in learning as much about you as possible. Please share with us something of your faith journey as well as your career and personal goals for the future. Please tell us how you expect you might benefit from the Artizo Institute.

This is also your chance to share anything with us that you would like us to know that does not fit into the structure of the application form. Most of these statements are at least one typed page in length and no longer than three.

Emergency Contact

Name of nearest relative to contact in case of emergency: _____

Relation to you: _____

Country: _____

Address: _____

Home Phone: _____

City: _____

Work Home: _____

Province/State: _____

Cell Phone: _____

Postal code/Zip: _____

Statistical Information

The information requested in this section is voluntary and is used for statistical purposes only.

How did you initially become interested in the Artizo Institute?

Please check boxes below and/or specify names, if known.

- Former Artizo trainee _____
- Pastor _____
- Current Artizo trainee _____
- InterVarsity staff worker _____
- Advertisement in _____
- Artizo webpage _____

- Other _____
- _____
- _____
- _____

I hereby make application for admission to the Artizo Institute training programme. I certify that the information on this application is complete and correct. I understand that all documents submitted for consideration become the property of the Artizo Institute and will not be returned to me for any reason. I also understand that acceptance by the Artizo Institute is subject to verification of final records from all institutions.

Signature of Applicant: x _____

Date: _____

Checklist

- Brief Personal Essay
- Picture attached to front of application
- Reference forms given or sent to referees
- All questions completed; application signed and dated.

Mail this form and applicable items to:

The Artizo Institute
#1490 Nanton Avenue
Vancouver, BC
V6H 2E2
Email: info@artizo.org

General Information

The Artizo Institute will do its best to keep you informed throughout the application process. We encourage you to write or e-mail us if you have any particular concerns or questions about the Institute.