EDUCATIONAL ASSISTANCE QUESTIONNAIRE

PLEASE PRINT

PERSONAL INFORMATION	PASTOR/SCHOOL INFORMATION	
Name:	Pastor's Name:	
Address:	Church Name:	
City: St.: ZIP:	Address:	
Email Address:	City/State:	
Tel: (H) (W)	ZIP: Telephone:	
(C)	School Name:	
Age: Height: Weight:	Address:	
Birth Date: Male _ or Female _	City/State:	
Country of Citizenship:	ZIP: Telephone:	
CURRENT POSITION:	MARITAL STATUS:	
☐ Pastor	Married	
Staff Title:	_	
Student, will graduate(year)	Divorced	
Other, please explain:	_	
MEDICAL PROBLEMS OR PHYSICAL LIMITATIONS:	YEARS OF A.C.E. EXPERIENCE:	
Yes (please attach explanation)	Administrator	(months/years
□ No	Supervisor	•
	Monitor	` -
	Student	
GENERAL: Dependants: (include names and ages of spouse and children)		(monulo, y curb
Name: Age:	Name:	Age:
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 revers	se side.)	
☐ Music ☐ Drama ☐ Art ☐ Comput	ter 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:		

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@acem.org, or fax to 615-612-6069

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