



APPLICATION FOR ADMISSION

Please send completed application to:

R.S.U.M. Admissions Office
c/o The Richmond Outreach Center
6255 Warwick Road
Richmond, VA 23225

PHONE: (804) 675-4101
FAX: (804) 675-4103

WWW.ROCSCHOOL.COM

OFFICIAL USE ONLY

Date App. Received:

Approved: Yes No

Notes: _____

Please complete all information legibly and clearly.

GENERAL INFORMATION

Date Application Submitted _____

Full Name _____
(first) (Middle) (Last) (Maiden)

Name Usually Called _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth _____ Age _____
Area Code

Social Security Number _____ - _____ - _____ Gender: Male Female

Are you presently married? Yes No If yes, name of spouse _____

Parents or Gaurdian: Name _____

Address _____

_____ Phone (_____) _____
Area Code

Church that you attend: Name _____

Address _____

_____ Phone (_____) _____
Area Code

How long have you been saved? _____

How long have you been attending this church? _____

EDUCATIONAL INFORMATION

Traditional High School. Name _____

City _____ State _____

Years Attended: 9th 10th 11th 12th

Home School. Name of program/curriculum used _____

Who will issue your diploma _____ Phone (_____) _____
Area Code

Years Attended: 9th 10th 11th 12th

Please list any colleges or Bible institutes you have attended previously. (Use additional paper if necessary.)

Name of college	City/State	Dates attended	Major	Degree Obtained

How did you first hear of the **ROC SCHOOL OF URBAN MINISTRY** _____

What prompted you to apply to the **ROC SCHOOL OF URBAN MINISTRY** _____

What plans do you have after graduating from the **ROC SCHOOL OF URBAN MINISTRY** _____

PERSONAL INFORMATION

What practical Christian experience do you have? _____

Marital Status: Single Married Divorced Separated Annulment Widow(er)

Do you have any children? Yes No If yes, how many? _____ Ages of children _____

What is the general condition of your health? _____

Please list any health concerns we should know about: _____

Do you use tobacco? Yes No

Do you drink alcoholic beverages? Yes No

Have you ever used illegal drugs? Yes No

Are there any side effects? Yes No If yes, please explain. _____

Do you have a court record? Yes No *If yes, please enclose a statement concerning offenses and dates.*

Have you ever sought or received psychiatric counsel? Yes No

If yes, please enclose a statement concerning circumstances, dates, and medications given.

Is there anything in your past about which we should know? Yes No If yes, please explain. _____

Are you prepared to handle your first year's expenses or are you willing to work to meet them? Yes No

STATEMENT

Please write a short resume on this page about (1) your salvation experience, (2) your reasons for attending the **ROC** SCHOOL OF URBAN MINISTRY, and (3) your call of service.

I hereby certify that this application is true and complete with no omissions in any area. I also understand that any untrue statement will make me subject to immediate dismissal from the R.S.U.M. Upon registration I agree to comply with the doctrines, rules, regulations, and financial obligations of the institution and to maintain standards of conduct in accordance with the aims and objectives of the R.S.U.M.

Signature of Applicant _____ Date Signed _____

804.675.4101
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3000 CHAMBERLAYNE AVE
RICHMOND, VA 23227



EMERGENCY PERMIT

Name _____

Date of Birth _____ Age _____ Social Security Number _____

In the event that an emergency should arise, I hereby give The **ROC** School of Urban Ministry permission to authorize emergency anesthesia, surgery, and/or procedures deemed necessary.

NOTE: This permit is required of every student. If the student will be 18 years of age before registration, the person legally responsible for him must sign.

SIGN HERE ➡

Signature

Relationship to Student

Date

Home Address of Signer: _____

City

State

Zip

(Area Code) Phone Number

PASTORAL REFERENCE FORM

CONFIDENTIAL

For Admission to

CONFIDENTIAL



Applicant's Name _____

Christian Character	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
Dependability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
Cooperation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
General Intelligence	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
Ability to Get Along with Others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown

In considering this applicant, would you recommend him/her?

With enthusiasm Yes With caution* No* * Please state reason on the back of the sheet.

NOTE: Applicants recommended "With caution" MAY still be considered for admission.

How long have you known this applicant? _____

Would you hire this applicant to work for you? Yes No If no, please explain _____

Is this applicant the kind of person with whom you would want your son or daughter to be close friends?

Yes No If no, please explain _____

Do you believe that this applicant is able to handle the normal school workload, activities, and requirements?

Yes No If no, please explain _____

Name of Reference _____ Your Position in the Church _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____
Area Code

Signature _____ Date _____

ROC SCHOOL OF URBAN MINISTRY

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