



# Gatekeepers University

## Application for Admission

### ENROLLMENT INFORMATION

Anticipated date of entrance: \_\_\_\_\_ Fall Year \_\_\_\_\_ Spring Year

Have you ever applied to a Ministry/Training Institute before? \_\_\_\_ Yes \_\_\_\_ No If yes,  
when? \_\_\_\_\_

Are you enrolling as a: \_\_\_\_ Degree \_\_\_\_ Non-Degree \_\_\_\_ Certificate \_\_\_\_ Training

Circle intended major:

Diploma Program

Certificate Program

Ministry Training

### PERSONAL INFORMATION

Name: \_\_\_\_\_

First

Middle

Last

Preferred First Name

Home Address: \_\_\_\_\_

Number and Street City State Zip Code (Area Code) Phone Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

STATISTICAL REPORTING DATA: The information contained within the boxed area is used for institutional statistical reporting. None of these items are related to admissions qualification, nor do they impact acceptance to GKIU.

Sex: \_\_\_\_ M \_\_\_\_ F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Marital status: \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Married

Spouse's Name \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Native American \_\_\_\_\_

Nation of Citizenship: \_\_\_\_\_

If a permanent resident of the United States, give Alien Registration Number: \_\_\_\_\_

Date of Issuance: Attach a Photocopy of Visa or both sides of permanent registration card.

Denomination Affiliation: \_\_\_\_\_

Licensed Minister? \_\_\_\_\_ Local \_\_\_\_\_ General \_\_\_\_\_ Ordained

Military Service \_\_\_\_\_ Yes \_\_\_\_\_ No Dates: \_\_\_\_\_ to \_\_\_\_\_

Are you eligible for Veteran's Benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently a member of the Reserves or National Guard unit? \_\_\_\_\_ Yes \_\_\_\_\_ No

REFERENCES: List the name and contact information of requested references. GKIU may contact these references as a standard part of the admissions qualification process. Please inform references of this possibility.

References Name, Title and Address Relationship Years Known Phone Number(s) Please List Three

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#### EDUCATIONAL INFORMATION

Year of High School Graduation: \_\_\_\_\_ Type of School: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Home School \_\_\_\_\_ GED

Last High School Attended: Name City State Zip Code \_\_\_\_\_

List all colleges you have attended, are currently attending or plan to attend before enrolling at GKIU.

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Dates of Attendance Name of College/University City, State Degree/Date

Enrolled \_\_\_\_\_ to \_\_\_\_\_

#### AUTOBIOGRAPHICAL INFORMATION

In case of emergency we should contact: Name Relationship \_\_\_\_\_

Number and Street City State Zip Code (Area Code) Phone

Number \_\_\_\_\_

Home church: \_\_\_\_\_

Name Number and Street City State Zip Code \_\_\_\_\_

Pastor's Name Number and Street City State Zip Code (Area Code) Phone

Number \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Have you been Baptized in Jesus Name (Acts 2:38)? Date:

\_\_\_\_ Yes \_\_\_\_ No Have you received the Holy Ghost evidenced by speaking in tongues (Acts 2:4)?

\_\_\_\_Yes \_\_\_\_No Have you ever received counseling for a chemical dependency or mental/emotional condition?

\_\_\_\_\_Yes \_\_\_\_\_No      Do you currently smoke?

\_\_\_\_Yes\_\_\_\_No      Do you currently use non-medicinal drugs?

Physical Disability \_\_\_\_\_ Special Needs \_\_\_\_\_

## FINANCIAL INFORMATION

Funds available for education: \$ \_\_\_\_\_

Assistance available? Parents? Church? \_\_\_\_\_

I approve of this person submitting this application to Gatekeepers University.

Date of conversion \_\_\_\_\_

CHRISTIAN EXPERIENCE ESSAY OR EVIDENCE OF CALLING (please use this space to provide a short explanation of either Christian experience/conversion or evidence of calling (five-fold ministry))

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Extra Essay Space if needed