



**APPLICATION FOR
ADMISSION**

ENTRY TERM AUGUST 2016
 AUGUST 2017
 AUGUST 2018

PROGRAM APPLYING FOR PRIMARY/ELEMENTARY EDUCATION ENGLISH SECONDARY EDUCATION

NAME AS IT APPEARS ON YOUR PASSPORT _____ PREFERRED NAME _____

HOME ADDRESS FOR MAIL DELIVERY _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

HAND PHONE _____ HOME PHONE _____ EMAIL ADDRESS _____

DATE OF BIRTH _____ GENDER MALE FEMALE

CITIZENSHIP _____

MARITAL STATUS SINGLE MARRIED

HOME CHURCH NAME _____ PHONE _____

CITY _____ STATE _____

DENOMINATION _____

PASTOR'S NAME _____

IS JESUS CHRIST YOUR LORD AND SAVIOR? YES NO FOR HOW LONG HAVE YOU PURSUED A RELATIONSHIP WITH HIM? _____

HOW DID YOU HEAR ABOUT ITC @ UPH? _____

DO YOU PLAN TO APPLY FOR A SCHOLARSHIP? YES NO _____

EDUCATIONAL BACKGROUND (PLEASE INCLUDE ALL SCHOOLS YOU HAVE ATTENDED)

HIGH SCHOOL (SECONDARY) NAME _____ CITY _____ STATE _____ ENTRANCE DATE _____ EXIT DATE _____

HIGH SCHOOL (SECONDARY) NAME _____ CITY _____ STATE _____ ENTRANCE DATE _____ EXIT DATE _____

WILL/HAVE YOU RECEIVE(D) A DIPLOMA? YES NO

HAVE YOU EVER BEEN HOMESCHOOLED (IN-HOME, CO-OP AND/OR UMBRELLA ORGANIZATION)? YES NO

IF YES, LIST WHICH GRADES _____ GRADUATION DATE _____



TEST INFORMATION (RESULTS OF AT LEAST ONE OF THESE TESTS MUST BE SUBMITTED)

TOEFL/IELTS _____ SAT/ACT _____
HAVE TAKEN ON DATE(S) _____ WILL TAKE ON DATE(S) _____ HAVE TAKEN ON DATE(S) _____ WILL TAKEN ON DATE(S) _____

HAVE YOU EVER ATTENDED A UNIVERSITY, OR OTHER POST-SECONDARY INSTITUTION? YES NO
IF YES, PROVIDE NAME(S), LOCATION(S), AND DATES OF ATTENDANCE FOR EACH. USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY.

INSTITUTION NAME _____ CITY _____ STATE/PROVINCE _____ ENTRANCE DATE _____ EXIT DATE _____

FAMILY INFORMATION

PRIMARY PARENT/GUARDIAN FULL LEGAL NAME _____

HOME ADDRESS FOR MAIL DELIVERY _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

CELL PHONE _____ HOME PHONE _____ EMAIL ADDRESS _____

SECOND PARENT/GUARDIAN FULL LEGAL NAME _____

HOME ADDRESS FOR MAIL DELIVERY _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

CELL PHONE _____ HOME PHONE _____ EMAIL ADDRESS _____

IF YOU HAVE HIGH SCHOOL OR COLLEGE-AGED BROTHERS OR SISTERS OR OTHER ACQUAINTANCES WHO MAY BE INTERESTED IN ITC @ UPH,
PLEASE LIST THEIR NAME(S) AND POSSIBLE COHORT YEAR

"I HEREBY SUBMIT MY APPLICATION FOR ADMISSION TO ITC @ UPH. I HAVE READ AND UNDERSTAND THE STANDARDS OF CONDUCT AND MY SIGNATURE BELOW SERVES AS MY CONTRACT TO ABIDE BY THEMWHILE I AM A STUDENT AT ITC @ UPH."

SIGNATURE _____ DATE _____



REFERENCE SHOULD NOT BE RELATED TO THE APPLICANT. REFERENCE LETTERS DO NOT REPLACE THIS FORM.

PART I: TO BE COMPLETED BY THE APPLICANT

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CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

CELL PHONE _____ HOME PHONE _____ EMAIL ADDRESS _____

I, _____, give ITC @ UPH permission to contact this reference and waive my right to review any
APPLICANT'S SIGNATURE _____
comments made by the reference.

PART II: TO BE COMPLETED BY THE TEACHER OR GUIDANCE COUNSELOR

We greatly appreciate your help in the admission process. Your thoughtful evaluation and recommendation will be valuable to the admissions committee in our appraisal of this applicant. Please note **that the applicant cannot be considered for acceptance or scholarship until we have received this completed form. Reference should not be related to the applicant.**

DATE: _____

INSTRUCTOR'S NAME _____ INSTRUCTOR'S TITLE _____

DAYTIME PHONE _____ EVENING PHONE _____ EMAIL ADDRESS _____

SCHOOL NAME _____ PHONE NUMBER OF SCHOOL _____

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? 0-6 MONTHS 7-12 MONTHS 1-2 YEARS 3-5 YEARS 6-10 YEARS OVER 10 YEARS

2. IN WHAT CAPACITY (OR HOW WELL) DO YOU KNOW THE APPLICANT? _____

3. PLEASE CHECK THE STATEMENT THAT BEST DESCRIBES THE STUDENT'S INTERACTION WITH YOU AND OTHER FACULTY MEMBERS IN THE CLASSROOM:

- THIS STUDENT ENTHUASTICALLY INITIATES DISCUSSION AND INTERACTION
- THIS STUDENT WILLINGLY PARTICIPATES IN DISCUSSION AND INTERACTION
- THIS STUDENT SELDOM INITIATES DISCUSSION AND INTERACTION

4. PLEASE COMMENT ON THE APPLICANT'S CHARACTER. _____



5. WHAT DO YOU BELIEVE TO BE THE APPLICANT’S GREATEST STRENGTH? _____

6. WHAT DO YOU BELIEVE TO BE THE APPLICANT’S GREATEST WEAKNESS? _____

7. PLEASE LIST ANY CIRCUMSTANCES OF WHICH ITC @ UPH SHOULD BE AWARE BEFORE DECIDING ON THE APPLICANT’S ADMISSION.

8. ACADEMICALLY, WHERE WOULD THIS APPLICANT STAND COMPARED TO THE OTHER STUDENTS IN HIS/HER GRADUATING CLASS?

- TOP 10% TOP 20% TOP 30% UPPER 50% LOWER 50% LOWER 20%

9. WHAT IS YOUR RECOMMENDATION IN RESPECT TO THIS APPLICANT’S ADMISSION?

- STRONGLY RECOMMEND RECOMMEND RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND

10. CAREFULLY RATE THE APPLICANT BY CHECKING THE APPROPRIATE RATING FOR EACH CHARACTERISTIC. ON A SCALE OF 1-5, 5 INDICATES THAT THE STUDENT EXCELS IN THAT CHARACTERISTIC AND 1 INDICATES THAT THE STUDENT DOES NOT DEMONSTRATE THAT CHARACTERISTIC. IT IS IMPORTANT THAT YOU RATE THE STUDENT TO THE BEST OF YOUR KNOWLEDGE FOR EACH CHARACTERISTIC.

	5	4	3	2	1
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENSIVITY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION/TIME MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH WRITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH READING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH SPEAKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU HAVE ANY ADDITIONAL COMMENTS, PLEASE USE A SEPARATE SHEET OF PAPER. PLEASE RETURN THIS COMPLETED FORM TO THE ADDRESS LISTED BELOW.

ITC @ UPH PROVIDES EQUAL OPPORTUNITY IN EDUCATION WITHOUT REGARD TO RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, GENDER, AGE OR HANDICAP.



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1. HOW LONG HAVE YOU KNOWN THE APPLICANT? 0-6 MONTHS 7-12 MONTHS 1-2 YEARS 3-5 YEARS 6-10 YEARS OVER 10 YEARS

2. IN WHAT CAPACITY (OR HOW WELL) DO YOU KNOW THE APPLICANT? _____

3. PLEASE COMMENT ON THE APPLICANT'S CHRISTIAN COMMITMENT. _____

4. PLEASE COMMENT ON THE APPLICANT'S CHARACTER. _____



5. WHAT DO YOU BELIEVE TO BE THE APPLICANT’S GREATEST STRENGTH? _____

6. WHAT DO YOU BELIEVE TO BE THE APPLICANT’S GREATEST WEAKNESS? _____

7. PLEASE LIST ANY CIRCUMSTANCES OF WHICH ITC @ UPH SHOULD BE AWARE BEFORE DECIDING ON THE APPLICANT’S ADMISSION.

8. HOW WOULD YOU DESCRIBE THIS STUDENT’S LEVEL OF AWARENESS OF HIS/HER CALLING AS A CHRISTIAN AND OF HIS/HER RESPONSE TO THAT CALLING?
 VERY SOLID/MATURE STRONG/THRIVING AVERAGE/GROWING PROBABLE/DEVELOPING POSSIBLE/VAGUE NOT APPARENT

9. WHAT IS YOUR RECOMMENDATION IN RESPECT TO THIS APPLICANT’S ADMISSION?
 STRONGLY RECOMMEND RECOMMEND RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND

10. CAREFULLY RATE THE APPLICANT BY CHECKING THE APPROPRIATE RATING FOR EACH CHARACTERISTIC. ON A SCALE OF 1-5, 5 INDICATES THAT THE STUDENT EXCELS IN THAT CHARACTERISTIC AND 1 INDICATES THAT THE STUDENT DOES NOT DEMONSTRATE THAT CHARACTERISTIC. IT IS IMPORTANT THAT YOU RATE THE STUDENT TO THE BEST OF YOUR KNOWLEDGE FOR EACH CHARACTERISTIC.

	5	4	3	2	1
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CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENSIVITY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION/TIME MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH WRITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH READING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH SPEAKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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DATE OF BIRTH _____ GENDER MALE FEMALE

FAMILY DATA (IF APPLICABLE)

FATHER _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

MOTHER _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

SPOUSE _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

SIBLING _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

SIBLING _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

SIBLING _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

SIBLING _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

OTHERS _____
LAST NAME FIRST NAME AGE PROFESSION CURRENT JOB

WERE YOU UNDER ANY SCHOLARSHIP/SUPPORT IN HIGH SCHOOL? YES NO

HAVE YOU BEEN PREVIOUSLY EMPLOYED? YES NO

PLEASE LIST BELOW (IF APPLICABLE):

COMPANY _____ JOB TITLE _____ HOURS PER MONTH _____



BRIEFLY EXPLAINED WHY YOU ARE APPLYING FOR THIS NEED-BASED SCHOLARSHIP (USE ADDITIONAL PAGES IF REQUIRED):

PLEASE EXPLAIN ANY OTHER CIRCUMSTANCES REGARDING FINANCIAL NEED THAT YOU WOULD LIKE THE SCHOLARSHIP COMMITTEE TO KNOW (USE ADDITIONAL PAGES IF REQUIRED):

PLEASE EXPLAIN YOUR FAMILY FINANCIAL BACKGROUND (USE ADDITIONAL PAGES IF REQUIRED):

ADDITIONAL SUPPORTING DOCUMENTS:

- IF YOU HAVE ANY PEOPLE YOU WOULD LIKE US TO CONTACT FOR REFERENCE, PLEASE LIST THEM BELOW:

“BY SIGNING THIS APPLICATION, I CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN IT IS TRUE. I ALSO UNDERSTAND THAT BY APPLYING FOR SCHOLARSHIP ASSISTANCE FROM THE PELITA HARAPAN FOUNDATION, I AM AGREEING TO ALL OF THE CONDITIONS LISTED IN THE SCHOLARSHIP AGREEMENT, INCLUDING BUT NOT LIMITED TO, A TERM OF RECIPROCAL TEACHING IN A SCHOOL CHOSEN BY THE PELITA HARAPAN FOUNDATION.”

SIGNATURE DATE