



INTERNSHIP TRANSFER APPLICATION

Interns who have completed an internship within the last two years may transfer credit for the first semester to FSM, TCI, FMA, or FMI. Intro to IHOP and FITN interns are required to complete Tracks 1 and 2.

Transfer Application includes:

1. **Application form**
2. **Application fee form**
3. **Intern Leader Recommendation form**

Application Process:

1. **Submit complete application including photograph, *updated* testimony and Intern Leader Recommendation.**
2. **Submit high school and college transcripts (official or unofficial), or copy of your GED.**
3. **Include your \$15 non-refundable application fee in the form of a check or credit card.**
4. **Complete applications will be forwarded to the review committee. The committee will contact applicants to schedule interviews. The Admissions office will notify applicants of acceptance decisions within thirty days of interview.**

If you have any questions, please contact our office.

Office of Admissions

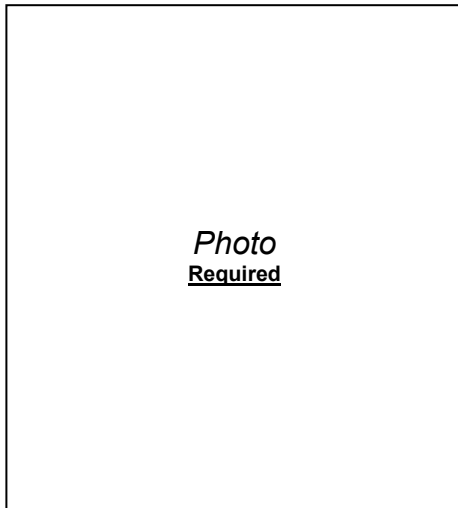
12901 S. US Hwy 71
Grandview, MO 64030
816-763-0200 ext 7150
816-763-0439 (fax)
admissions@ihopu.org

Internship Transfer Application

Date _____ Application for: FSM TCI FMA FMI

Fall Spring Summer Year _____

Internship _____ Date Completed _____



Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Phone (____) _____ SS# _____

E-mail _____
please print

Birth date ____/____/____ Age _____ Male Female

International? Yes No

PERSONAL / FAMILY INFORMATION

1. Father or Guardian: _____ Living Deceased

Address _____ Phone (____) _____

City _____ State/Province _____ Zip/Postal Code _____

Email _____ Cell (____) _____

2. Mother or Guardian: _____ Living Deceased

Address _____ Phone (____) _____

City _____ State/Province _____ Zip/Postal Code _____

Email _____ Cell (____) _____

Are your parents supportive of your desire to attend IHOPU? _____

3. Attach an **updated** testimony. (1-2 pages typed)

4. Marital Status: Single Engaged Married Separated/Divorced

Spouse's Name: _____ Birth date: ____/____/____

Children: Names/ages: _____

Is your spouse attending IHOPU? ____ If **yes**, they must fill out a separate application. If **not**, please include a letter from your spouse that describes their Christian experience, their feelings about your time at IHOPU, and their feelings about your potential position on staff.

5. Please assess yourself in the following areas:

	<u>Uncertain</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Outstanding</u>
<i>Spiritual Maturity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Devotion to Christ</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Personal Integrity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Self-Discipline</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to Serve</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to Learn</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Interpersonal Relationships</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family Life</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ability to Work with Others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Leadership Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reliability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Physical Health</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

HEALTH INFORMATION

6. Emergency contact: _____

(____) _____
Phone Number

please print
_____ *Relation of Emergency Contact to Applicant*

7. Do you have any physical disabilities or conditions that require special care? (If yes, please explain)

8. Have you in the past or do you currently have life-controlling issues.

9. Have you ever sought help for psychological problems? (sexual, emotional, relational) _____

Year

Professional Caregiver(s)

Identified Problem

10. Are you currently, or have you ever been, on medication related to psychological problems?

11. Have you ever attempted suicide? _____

If so, please describe: (When, how treated, etc.)

12. Do you currently struggle with suicidal thoughts? _____

13. Do you have health insurance? If so, please describe coverage: _____

Financial Information

14. How will you pay for school? _____

15. How will you pay for living expenses? _____

16. Are you currently in debt? (Credit cards, home mortgage, student loans, car loan) _____

If so, please explain _____

14c. Do you own a car? _____ If yes, will you be bringing it with you to KC? _____

14d. Do you own a laptop? _____ If no, will you be purchasing one prior to school? _____

I certify that the information on this application is accurate and complete.

Signature _____

Date _____

Application Fee

All internship transfer applications must include a **\$15 non-refundable fee**.

Applicant Name _____
please print

School _____ Semester _____

Payment methods:

- 1. Enclose a check payable to IHOPU. Write applicant's name in the memo.
- 2. Complete the credit card information below.

Visa Master Card Discover

Cardholder's Name (as it appears on the card) _____
please print

Credit Card number _____

Expiration Date _____ Security code (3-digit code on back of card) _____

Signature _____ Date _____

Internship Leader Recommendation

TO BE COMPLETED BY THE APPLICANT

Date _____

Last name _____ First name _____

Address _____

City _____ State: _____ Zip: _____

Phone _____ Email: _____

Internship _____ Track(s) Completed _____

You may waive your right to see this reference with the understanding that none of the information within will be disclosed to you. Check the appropriate box below. This will not affect the decision of the Admissions Committee. Please note: Failure to indicate a choice is the same as checking the "I do not waive" box.

- I waive my right to see this character reference.
 I do not waive my right to see this character reference.

TO BE COMPLETED BY THE PERSONAL REFEREE

Please return this form to the applicant in a sealed envelope with your signature across the seal. If you have any questions, please contact admissions@ihopu.org.

Your Name _____ Phone (____) _____

Leadership position _____ E-mail _____

1. How long have you known the applicant? Years _____
How well? Very well fairly well casually by name/sight

2. What are the strengths and spiritual gifts of the applicant according to your observations?

3. What is your assessment of the applicant's weaknesses?

4. Are there any complex family factors which might affect the applicant's studies?

5. Please assess the applicant in the following areas:

	<u>Uncertain</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Outstanding</u>
<i>Spiritual Maturity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Devotion to Christ</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<i>Self-Discipline</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to Serve</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to Learn</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Interpersonal Relationships</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<i>Ability to Work with Others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Leadership Skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reliability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Physical Health</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

6. I recommend this applicant for: FSM TCI FMA

Highly recommend Recommend Recommend with reservations Do not recommend

Comments or concerns:

7. Has the applicant paid all internship fees? _____

Signature _____ **Date** _____