



# APPLICATION FOR ADMISSION

PLEASE PRINT IN INK OR TYPE.

The Burn seeks students who want to grow spiritually, who have the potential to be successful academically, and who are willing and able to undergo rigorous physical training. With that in mind, please answer the following questions as carefully and honestly as possible.

I plan to enter The Burn: September \_\_\_\_\_ (year)

Full Name: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F  
Last First Middle

Preferred Name: \_\_\_\_\_ SS# \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Month Day Year

Current Address: \_\_\_\_\_  
Number & Street City State ZIP

Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Number & Street City State ZIP

Are you a US citizen? \_\_\_ Yes \_\_\_ No If no, what is your current US immigration status? \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Name of Church/Christian organization: \_\_\_\_\_

Denomination: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number & Street City State ZIP

Name of Senior Pastor, Youth Pastor, or Youth Worker: \_\_\_\_\_

How long have you been involved in this church? \_\_\_\_\_

If less than one year, what church were you involved in previously? \_\_\_\_\_

Age/year when you accepted Jesus Christ as your personal Lord and Savior: \_\_\_\_\_

Water Baptized: \_\_\_\_\_ Have you received the baptism of the Holy Spirit? \_\_\_\_\_

Please list any ministry experiences/positions you have held both inside and outside the Church: \_\_\_\_\_

Is there anything in your life that might come up as a questionable issue? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_



**FINANCIAL**

How will you pay for your tuition? \_\_\_\_\_

Do you see any reason why you would not have the required tuition fees by the required dates? \_\_\_Yes \_\_\_ No

If yes, please explain why and how you plan to make your tuition payment: \_\_\_\_\_

List the total amount of current debts, loans, or payments owed: \_\_\_\_\_

Will these be paid off by the time you enter **The Burn**? \_\_\_Yes \_\_\_ No

If not, how do you plan to make these payments? \_\_\_\_\_

Do you currently own a vehicle? (Required upon entrance.) \_\_\_Yes \_\_\_ No

Is your vehicle in good working condition? \_\_\_Yes \_\_\_ No

Do you currently have automobile insurance for your vehicle? (Required upon entrance.) \_\_\_Yes \_\_\_ No

Name of Insurance Company: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Policy Number: \_\_\_\_\_ Agent's Name: \_\_\_\_\_

**EMPLOYMENT**

Are you currently employed? \_\_\_ Full-time \_\_\_ Part-time Place of employment: \_\_\_\_\_

Position: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

Describe your job responsibilities: \_\_\_\_\_

Describe your relationship with your supervisor and co-workers: \_\_\_\_\_

Please list your past and current employment, include military service and periods of unemployment:

<u>Position</u>	<u>Start Date</u>	<u>End Date</u>



**LIFESTYLE**

Do you or have you ever smoked?  Yes  No If yes, explain: \_\_\_\_\_

Do you or have you ever consumed alcoholic beverages?  Yes  No If yes, explain: \_\_\_\_\_

Do you or have you ever used any illegal drugs?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please attach an explanation to this application.

**EDUCATION**

Check all that apply regarding your current educational status:

- Not a student                       Senior-High School                       Junior-College
- Full-time                               Freshmen-College                       Senior-College
- Part-time                               Sophomore-College

Please list in chronological order, all High Schools, colleges, or professional schools that you are attending or have attended:

<u>Institution</u>	<u>City, State, ZIP</u>	<u>Dates of Attendance (Mo/Yr.)</u>
		to
		to
		to
		to

Date of High School Graduation (Mo./Yr.) \_\_\_\_\_ Date of College Graduation (Mo./Yr.) \_\_\_\_\_

Please list any school, church or community activities you have been involved in. You may attach a resume or separate list.

**ACTIVITIES**

<u>Activity</u>	<u>Offices Held/Awards Received</u>



**FAMILY BACKGROUND**

Father's Name \_\_\_\_\_ Living \_\_\_\_ Deceased  
Last First Middle

Father's Address \_\_\_\_\_  
Number & Street City State ZIP

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

College(s) Attended by Father: \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living \_\_\_\_ Deceased  
Last First Middle

Mother's Address \_\_\_\_\_  
Number & Street City State ZIP

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

I live with (check all that apply)  My Mother  My Father  A Stepparent  
 A Guardian  On my own  Other: \_\_\_\_\_

If you live with a guardian, stepparent or other, please complete their information below:

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State ZIP

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Person to contact in case of an emergency:

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

Relationship: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Briefly describe your family environment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



How does your family feel about you entering **The Burn**? \_\_\_\_\_

\_\_\_\_\_

How did you hear about **The Burn**? \_\_\_\_\_

Why are you applying to be a part of **The Burn**? \_\_\_\_\_

\_\_\_\_\_

What do you believe God has called you to do with your life? \_\_\_\_\_

\_\_\_\_\_

What is your definition of a servant? \_\_\_\_\_

\_\_\_\_\_

What is your definition of ministry? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What qualities do you think are necessary for a spiritual leader to have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are accepted into **The Burn**, are you willing to make an eleven (11) month commitment? \_\_\_\_ Yes \_\_\_\_ No

Please check any activities that you are interested in participating with at **The Burn**:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Pastoral             | <input type="checkbox"/> Children's Ministry    | <input type="checkbox"/> Worship Band |
| <input type="checkbox"/> High School Ministry | <input type="checkbox"/> Special Needs Ministry | <input type="checkbox"/> Evangelism   |
| <input type="checkbox"/> Junior High Ministry | <input type="checkbox"/> Drama/Theater          | <input type="checkbox"/> Other: _____ |

Please give three references (may not be a family member) of people who are well acquainted with you. These must be different from your recommendation sources.

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_



## ESSAY QUESTIONS

**The Burn** Discipleship Program is seeking students who are committed to growing spiritually, are well prepared academically, and want to contribute to their community. We recognize that each applicant is a uniquely gifted child of God. Your essays help the admissions staff become better acquainted with you.

**Each response should be typed and double-spaced.**

### **QUESTIONS:**

Please give your testimony and describe your personal relationship with Jesus Christ. What does it mean to you to be a follower of Christ?

Reflect on the scripture passage below. What does this mean to you? How does this passage connect to a recent event or circumstances in your life?

***“Therefore, I urge you, brothers, in view of God’s mercy, to offer your bodies as living sacrifices, holy and pleasing to God—this is your spiritual act of worship. Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God’s will is—His good, pleasing and perfect will.”*** Romans 12:1, 2 (NIV)



## MEDICAL INFORMATION & HISTORY

**Please complete the entire form, sign, and return with:  
A copy of your insurance card—front and back  
Your current immunization records**

**The Burn** Discipleship Program is a physically demanding program with regular physical fitness training and outdoor activities that include trekking, hiking, repelling, camping, swimming, bicycling, rowing/canoeing and running in extreme weather. You will also participate in periods of fasting.

In order for us to help ensure your ability to endure the physical rigors of the program, we need you to complete the following health form, provide a record of your immunizations, and have a physical examination performed by your physician prior to entering the program. Additional immunizations and medication may be required at a later time for foreign travel. Also, please attach a copy of your medical insurance/prescription card. All medical information will be kept strictly confidential and will only be used by **The Burn** staff and any relevant insurance providers.

This information is needed for your health and safety. Please be accurate and complete.

### 1. GENERAL INFORMATION:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State ZIP

SSN: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Current Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State ZIP

#### Phone Numbers:

Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_

### INSURANCE:

Insurance Carrier: \_\_\_\_\_ Insurance Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Policy Number: \_\_\_\_\_ Coverage Type: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Holder's Social Security Number: \_\_\_\_\_



**HEALTH:**

Have you ever received treatment or counseling for alcohol or chemical abuse? \_\_\_ Yes \_\_\_ No

If so, please explain: \_\_\_\_\_

Are you presently under a physician's care for any illness? \_\_\_ Yes \_\_\_ No

If so, please explain: \_\_\_\_\_

Doctor's name and last physical exam (see page for more information): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAST MEDICAL HISTORY:**

List any serious medical illnesses/injuries both current and past: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any operations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any serious allergies: \_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS:**

List medications taken regularly: \_\_\_\_\_

\_\_\_\_\_

Are you allergic or sensitive to any medications? If so, please list: \_\_\_\_\_

\_\_\_\_\_



**MEDICAL INFORMATION & HISTORY  
IMMUNIZATIONS**

<b>NAME</b>	<b>YES</b>	<b>NO</b>	<b>DATE</b>
Tetanus			
Polio			
Measles/Mumps/Rubella			
Pneumovax			
Influenza			
Hepatitis A			
Hepatitis B			

**FAMILY HISTORY**

<b>CONDITION</b>	<b>YES</b>	<b>NO</b>	<b>IF "YES", EXPLAIN</b>
High Blood Pressure			
Heart Disease			
Diabetes			
Cancer			
Kidney Failure			
Mental Illness			
Alcoholism			
Tuberculosis			

Rate your current health: \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor

Describe your overall physical condition: \_\_\_\_\_

Are there any other illnesses that run in your family? \_\_\_\_\_



# DOCTOR'S RELEASE FORM

NOTE: This form is required only if the following conditions exist:

- You checked "yes" to any of the questions in the "Medical Information" Form (page )
  - You were required to do so by the Medical Release Form (page )

**\*The participants will be involved in challenging physical activities, such as challenge courses, obstacle courses, regular intensive exercise, and extended periods of walking and hiking. Please be considerate of these factors.**

## 1. DOCTOR

Doctor's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

## 2. PARTICIPANT

The Burn participant's name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_\_) \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Male Female

Social Security Number: \_\_\_\_\_

Blood Pressure (optional): \_\_\_\_\_

Age \_\_\_\_\_ Birth Date: \_\_\_\_\_

## 3. DOCTOR'S REVIEW

I have reviewed this participant's Medical Information, Checklist Form, and Medical History, and I have performed a physical exam.

Please check the appropriate choice:

\_\_\_\_\_ I find him/her to be in adequate condition for international travel and participation in high-intensity activities.

\_\_\_\_\_ I have prescribed a medical plan of action for him/her to meet prior to their internship in order to participate in the daily itinerary during the mission trip.

\_\_\_\_\_ I do not recommend this person to participate at this time.

\_\_\_\_\_ I recommend this person to participate at this time with the following restrictions:

\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Physician: If you prefer, you may fax this form to: 715-468-2891

Any questions concerning this release form may be addressed to: The Burn; P.O. Box 575; Shell Lake, WI 54871



# MEDICAL RELEASE FORM

Whereas, I, \_\_\_\_\_ wish to be a member of The Burn ministries program whereas certain circumstances and situations may occur resulting in my need for medical/dental care and treatment.

THEREFORE,

1. In consideration of permission for myself to participate in said, **The Burn**, I, \_\_\_\_\_ being of legal age, authorize any agent of **The Burn** ministries or any agent of any medical facility, to act in my behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic tests, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for my medical well being for the duration of the program.
2. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in my behalf.
3. Any consent by **The Burn** ministries or any agent of **The Burn**, shall have the same force and effect as if I had personally given consent. I certify that I have personal health insurance for a minimum of 6 months with:

\_\_\_\_\_  
Parent/Policy Holder's Name

\_\_\_\_\_  
Policy Holder's Social Security Number

\_\_\_\_\_  
Insurance Company's Name, Address & Phone Number

\_\_\_\_\_  
Policy Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Expiration Date

\*With no territorial limitations, which will provide coverage for me during the duration of the said **The Burn**. I understand that no health plan is provided by **The Burn** ministries. I understand that in any event, the parent or legal guardian as referenced herein is responsible for any medical expenses incurred while attending **The Burn** ministries, including all charges to students without state Medicaid.

4. I understand that all copies required by my insurance company will be due to my health care provider at the time of treatment or office visit. If copy is not presented at the time of visit, Indianhead Medical Center and other health care facilities reserves the right to refuse treatment for non-urgent visits.

5. I hereby release and hold harmless **The Burn** ministries, its officers, employees, and representatives/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my participation in this program.

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Participant Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**TO BE COMPLETED BY A NOTARY PUBLIC:**

State/Province of \_\_\_\_\_

County of \_\_\_\_\_

Before me, the undersigned, a Notary Public in and for said county and state on \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ the identical person who executed the within and forgoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth.

Given under my hand and seal of office the day and year above written.

\_\_\_\_\_  
Notary Public

Notary Stamp

My commission expires: \_\_\_\_\_

**Emergency Contact Information**

\_\_\_\_\_  
Name of Contact

(\_\_\_\_) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relation

\_\_\_\_\_  
Name of Contact

(\_\_\_\_) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relation



## SHELL LAKE FULL GOSPEL CHURCH

### Request and Authorization for Criminal & Background Records

I hereby authorize Shell Lake Full Gospel Church to conduct a criminal and background records check through the appropriate national, state, and county agencies and for such agencies to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether state, local, or national. I hereby release said agency from any liability resulting from disclosure of this information.

---

Signature

Date

---

PRINT Full Name

---

PRINT Maiden Name

---

PRINT All Aliases (Last Name Only)

---

Date of Birth

---

Place of Birth

---

Social Security Number

---

Date Moved to Wisconsin

**Current Local Address:**

---

Street

---

City

State

ZIP

---

(\_\_\_\_\_) Home Phone Number

Submitted By:  
Shell Lake Full Gospel Church  
P.O. Box 575  
Shell Lake, WI 54871



## STATEMENT OF AGREEMENT

**The Burn** Discipleship Program seeks students who are hungry for the Lord and committed to pursuing Him with all their heart, mind, and strength. We believe God has purposes and plans that He longs to fulfill through His body. Our desire is to train students to know the Lord and His Word deeply, to understand how to serve the Kingdom of God effectively, to develop healthy, lasting relationships and to grow in their leadership skills. Tremendous opportunity lies at our doorstep, our passion is equipping others to give themselves wholeheartedly to achieving God's purposes for their lives.

THE CODE embodies the essence of who we choose to be and how we choose to live. These statements are based on the biblical principles of integrity, love for God, and respect for social and spiritual laws. Our goal is to help you honor God in every area of your life and to grow spiritually, academically, physically and socially. As a student of **The Burn**, you will be required to abide by these established standards. We take them seriously and expect you to do the same.

- **GOD FIRST:** I commit to a lifestyle of regular Bible reading, prayer, obedience and seeking the Lord.
- **OTHERS BEFORE SELF:** I commit to a lifestyle of servanthood and honoring others before myself.
- **CHARACTER:** I commit to a lifestyle of integrity and honesty in which my words, beliefs and actions are in agreement.
- **DISCIPLINE:** I commit to a lifestyle of physical, mental and spiritual discipline including exercise, learning and fasting.
- **CAMARADERIE:** I commit to a lifestyle of accountability, trust, commitment and unity in my relationships.
- **EXCELLENCE IN ALL WE DO:** I commit to a lifestyle of excellence, evidenced through a life-giving attitude, attention to my physical appearance, and following through on tasks and opportunities to the best of my ability.

I understand that my signature represents my agreement with and support of **The Burn's** vision and purpose. I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that failure to provide accurate and complete information will result in denial of admission.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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



# FINANCIAL AGREEMENT

I, \_\_\_\_\_, agree to the following:

1. I understand that while I am a member of **The Burn**, I will raise support payments according to the donation schedule below:

Arrival / Month 1	\$2600.00
Month 2	\$ 290.00
Month 3	\$ 290.00
Month 4	\$ 290.00
Month 5	\$ 290.00
Month 6	\$ 290.00
Month 7	\$ 290.00
Month 8	\$ 290.00
Month 9	\$ 290.00
Month 10	\$ 290.00

**TOTAL: \$5200.00**

2. I agree to pay the \$200 deposit at the time of acceptance. I understand that this deposit is non-refundable and can in no way be returned to me. I also understand that failure to submit this deposit may forfeit my enrollment in the program.

3. I agree to the payment schedule as listed above. I understand that if this requirement is not met, **The Burn** reserves the right to defer my enrollment until a later date.

4. I understand that if I leave the program for any reason, including but not limited to dismissal or resignation due to health conditions or personal situations/election, any funds contributed to my account cannot be refunded to me or any donors as determined by the Internal Revenue Service.

5. In the event that I do not attend **The Burn**, I understand that any funds contributed to my account cannot be refunded to me or any donors as determined by the Internal Revenue Service. I also understand that funds are non-transferable.

The signature(s) below signifies that the participant and parent/guardian have read the above material and agree to the conditions stated therein. Parent/Guardian signature is required if the participant is under the age of eighteen.

\_\_\_\_\_  
Signature of Parent/Guardian (if participant is 17 years of age or under)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



# COMMITMENT FORM

Students are expected to complete certain requirements in order to graduate from **The Burn**. These requirements are designed to challenge you to achieve a new level of spiritual, emotional, physical, and mental maturity.

I \_\_\_\_\_ *understand and commit...*

print first and last name

Initial

\_\_\_\_\_

to pursue a healthy lifestyle. I understand that I will be required to participate in a regular exercise regiment.

\_\_\_\_\_

to live in dormitory style housing.

\_\_\_\_\_

to attend classes approximately 10 hours per week that will help me develop my ability to study, learn effectively, and process information.

\_\_\_\_\_

to be part of a working discipleship in which I will serve several hours per week in a ministry placement assigned to me. I understand that I will need office dress attire.

\_\_\_\_\_

to refrain from romantic contact or dating relationships of any kind during the course of my year of training.

\_\_\_\_\_

to be responsible for raising financial support according to a weighted donation schedule for my selected program (see financial agreement.) I understand that failure to raise sufficient support will result in my dismissal from the program.

\_\_\_\_\_  
Signature of Parent/Guardian (*if participant is 17 years of age or under*)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date





# PASTOR RECOMMENDATION

## Section 1: To be filled out by the applicant.

Applicant's Name \_\_\_\_\_  
Last First Middle

Applicant's Address: \_\_\_\_\_  
Number & Street City State ZIP

Check One:  I waive my right to review this completed document.  
 I do not waive my right to review this completed document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2: To be filled out by the Pastor.

(NOTE: The admission process requires your insight regarding this applicant. If the applicant does not waive his or her right to review this document, he or she has permission to read this recommendation.)

Thank you in advance for your help. Each applicant must submit a pastor's recommendation. We are interested in your assessment of this student's spiritual development. Serious consideration will be given to your comments; therefore, we ask you to complete this form carefully. Please comment on the student's level of commitment to spiritual growth, participation in a church or organization and potential to contribute to a Christian community, keeping the following community lifestyle expectations in mind.

**The Burn** seeks to admit students who will thrive in a distinctly Christian learning community. Members of **The Burn** are committed to Christian values and actively participate in the integration of faith and learning. **The Burn** students commit to specific standards. Students are required to refrain from the possession and use or being under the influence of alcohol, tobacco and non-prescriptive drugs during their time as a student in **The Burn**. Students commit to specific standards and are required to refrain from immoral sexual behavior and from the possession and use of obscene or pornographic images or literature and will strive for an attitude of purity. Students will be coached and counseled if they struggle with these matters. These standards are established in order to provide a healthy environment for growth and learning.

Name: \_\_\_\_\_ Church Phone: (\_\_\_\_) \_\_\_\_\_

Church Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Church Address \_\_\_\_\_  
Street & No. City State ZIP

How long have you known this applicant? \_\_\_\_\_

How well do you know the applicant?  Very Well  Well  Casually

Do you feel the applicant possesses the necessary qualities to succeed at **The Burn**?  Yes  No

Do you believe the applicant has a personal relationship with Jesus Christ?  Yes  No

Explain: \_\_\_\_\_

To your knowledge, is the applicant's present conduct consistent with the lifestyle described above?  Yes  No

What evidence have you observed? \_\_\_\_\_

\_\_\_\_\_



## PASTOR RECOMMENDATION

Briefly identify the applicant as either an active, average or indifferent participant in the activities of the church/organization. \_\_\_\_\_

Based on your knowledge of the applicant, would he or she likely profit from **The Burn** Discipleship Program experience? \_\_\_\_\_

From your perspective, please identify several of the applicant's strengths and weaknesses: \_\_\_\_\_

Based on the applicant's God-given talents and gifts, how do you see him or her specifically contributing to **The Burn** Discipleship Program experience? \_\_\_\_\_

Rank the applicant in the following areas:

	Excellent	Above Average	Average	Below Average
Emotional Stability				
Leadership Ability				
Peer Relationships				
Spiritual Maturity				
Social Skills				

Comments: \_\_\_\_\_

Based on the above information, I support the following recommendation regarding the applicant's admission into **The Burn**:

\_\_\_\_ Strongly Recommend      \_\_\_\_ Recommend      \_\_\_\_ Do not Recommend

Are you familiar with **The Burn**? \_\_\_\_ Yes      \_\_\_\_ No

Would you like to discuss the applicant with our staff? \_\_\_\_ No      \_\_\_\_ Yes, you can reach me at: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After completing this recommendation, please return to:

  
Office of Admission  
P.O. Box 575  
Shell Lake, WI 54871

If you wish to make additional comments about the applicant, please contact an admission staff member at 715-468-2895 or [discovertheburn.com](http://discovertheburn.com). The Burn reserves the right to select students on the basis of academic performance and personal qualifications. **The Burn** does not discriminate on the basis of race, gender or national or ethnic origin in its programs and activities.