



Wave Leadership College Application for Admission

Desired entrance date: ___ Fall ___ Spring 20___

Personal Information

Name _____
Last First Middle

Present Address _____
Number and Street

_____ City State Zip

Permanent Address _____
Number and Street

_____ City State Zip

Telephone () _____

Email _____

Date of Birth _____ Place _____

Ethnic Origin (In compliance with federal guidelines; not used to determine admission status.)

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Multiple |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Non-resident Alien |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic/Latino | |

U.S. Citizen? Yes No If No, list country of citizenship _____

Are you permanently a U.S. resident? Yes No

Social Security # _____

Marital Status Single Married Separated Divorced
 Widowed Divorced & Remarried

Name of Spouse _____

Has your spouse been previously married? Yes No

If "yes", is former companion living? Yes No

Children's names and ages _____

Are you a veteran of the armed services? Yes No

Application for Admission continued

Family Information

Parents' Marital Status: Married Separated Divorced Widowed Divorced & Remarried

Father's Name _____

Address _____

Number and Street

City

State

Zip

Telephone _____

Christian? Yes No

Living? Yes No

Mother's Name _____

Address _____

Number and Street

City

State

Zip

Telephone _____

Christian? Yes No

Living? Yes No

If not living with both parents, with whom do you reside? _____

Relationship to you: Mother Father Spouse Legal Guardian Self Other _____

Behavior History

If you answer "YES" to any of the following questions, explain on separate sheet to be attached to the application.

Have you ever been convicted of a crime other than a traffic related offense? Yes No

If on parole/probation, please give the officer badge number and name: _____

Have you used tobacco, alcohol, or illegal drugs within the last 12 months? Yes No

Have you been involved in immoral sexual activity within the last 12 months? Yes No

Have you been involved in pornography within the last 12 months? Yes No

Employment

What employment or business experience have you had? Present occupation?

Educational Background

Last high school attended _____
Name City State

Type of high school Public Private School Private Christian School Home School

Did you graduate high school? Yes No

If not, do you have a GED? Yes No

If currently attending high school, what is the anticipated graduation date? _____

Have you attended any educational institutions (i.e. colleges, technical schools, trade schools) beyond the high school level? Yes No

If "yes", list below all institutions attended.

Name _____
Name

_____ Degree Dates Attended

Name _____
Name

_____ Degree Dates Attended

Name _____
Name

_____ Degree Dates Attended

**Request official copies of high school and all college transcripts be sent directly to Wave Leadership College.

Christian Experience

When were you converted? _____

Have you backslidden since conversion? Yes No Date of rededication? _____

Have you received the Baptism of the Holy Spirit, according to Acts 2:41? Yes No

If "yes", when? _____

What church do you attend? _____

Church Address _____
Number and Street

_____ City State Zip

Senior Pastor's Name _____

Autobiography

In your own words, please provide a one page, typed autobiography that includes:

- a. The story of your conversion.
- b. The journey of your growth in Christ.
- c. Your involvement in Christian leadership and service.
- d. Your expectations and goals as a WLC student.

Required for Acceptance Decision:

- a. Sign and mail to WLC the completed application, including the autobiography, with a non-refundable \$25 application fee (payable to Wave Leadership College) and a recent photo of yourself.
- b. Request that your pastor complete and forward your Pastoral Reference to WLC.
- c. Request that your educator/counselor complete and forward your Academic Reference to WLC.
- d. Request that your high school and all college transcripts be forwarded to WLC.
- e. Provide WLC with your ACT and/or SAT scores and send all updated scores as you retake the tests.

By signing this application, I am certifying that the information supplied is true and complete. Any falsification or omission of information may be grounds for denial of admission or for dismissal. If I am accepted for admission and enroll as a student at Wave Leadership College, I agree to abide by the standards and rules of the college.

_____ Date _____
Student Signature

Send to:

Wave Leadership College
1000 N. Great Neck Rd.
Virginia Beach, VA 23454
TEL. (757) 481-5005
FAX (757) 496-6697

Pastor Reference

TO THE APPLICANT:

This reference form should be completed by your pastor and mailed directly to Wave Leadership College. References should not be completed by a family member. Please complete the following information and forward this form to your pastor.

Name of Applicant _____

Address of Applicant _____

I willingly waive the right of access to confidential statements made on this reference form knowing that this waiver is not required as a condition of admission.

Signature Date _____

TO THE PASTOR:

The person named about has applied for admission to WLC. In order to learn more about the applicant, your comments would be greatly appreciated.

1. How long have you known the applicant? _____
2. How well do you know the applicant? Well Fairly Well Casually Name or sight
3. Please check the following areas which represent your opinion of the applicant's behavior and attitudes.

	Excellent	Good	Average	Poor	Very Poor	Unknown
Mental Ability						
Initiative						
Persistence						
Financial Integrity						
Group Cooperation						
Potential Leadership						
Flexibility						
Accepts Instruction						
Christian Character						
Emotional Disposition						
Personal Habits						
Dress						
Personal Grooming						
Speech Patterns						
Health						

4. If known, comment briefly on the family and social background of the applicant.

5. Please comment on the applicant's church involvement.

6. Would you recommend the applicant's admission to WLC? Yes With Reservation No

7. Do you have any additional information you would like to convey by telephone? Yes No
If "yes", please indicate telephone number () _____

Your Name _____ Date _____

Occupation _____

Address _____

City _____ State _____ Zip _____

Signature _____

When completed, please return this form to:

Wave Leadership College
1000 N. Great Neck Rd.
Virginia Beach, VA 23454
TEL. (757) 481-5005
FAX (757) 496-6697

Educator Reference

TO THE APPLICANT:

This reference form should be completed by an educator and mailed directly to Wave Leadership College. References should not be completed by a family member. Please complete the following information and forward this form to an educator.

Name of Applicant _____

Address of Applicant _____

I willingly waive the right of access to confidential statements made on this reference form knowing that this waiver is not required as a condition of admission.

Signature

Date _____

TO THE EDUCATOR:

The person named about has applied for admission to WLC. As part of the application process, each applicant is asked to secure a reference from a former high school or college teacher or counselor. In order to learn more about the applicant, your comments would be greatly appreciated.

1. How long have you known the applicant? _____
2. How well do you know the applicant? Well Fairly Well Casually Name or sight
3. Please check the following areas which represent your opinion of the applicant's behavior and attitudes.

	Excellent	Good	Average	Poor	Very Poor	Unknown
Mental Ability						
Initiative						
Persistence						
Financial Integrity						
Group Cooperation						
Potential Leadership						
Flexibility						
Accepts Instruction						
Christian Character						
Emotional Disposition						
Personal Habits						
Dress						
Personal Grooming						
Speech Patterns						
Health						

Employer/Friend Reference

TO THE APPLICANT:

This reference form should be completed by an employer/friend and mailed directly to Wave Leadership College. References should not be completed by a family member. Please complete the following information and forward this form to an employer or friend.

Name of Applicant _____

Address of Applicant _____

I willingly waive the right of access to confidential statements made on this reference form knowing that this waiver is not required as a condition of admission.

Signature

Date _____

TO THE EMPLOYER OR FRIEND:

The person named about has applied for admission to WLC. In order to learn more about the applicant, your comments would be greatly appreciated.

1. How long have you known the applicant? _____
2. How well do you know the applicant? Well Fairly Well Casually Name or sight
3. Please check the following areas which represent your opinion of the applicant's behavior and attitudes.

	Excellent	Good	Average	Poor	Very Poor	Unknown
Mental Ability						
Initiative						
Persistence						
Financial Integrity						
Group Cooperation						
Potential Leadership						
Flexibility						
Accepts Instruction						
Christian Character						
Emotional Disposition						
Personal Habits						
Dress						
Personal Grooming						
Speech Patterns						
Health						

4. If known, comment briefly on the family and social background of the applicant.

5. Please comment on the adaptability and interpersonal relations of the applicant.

6. Would you recommend the applicant's admission to WLC? Yes With Reservation No

7. Do you have any additional information you would like to convey by telephone? Yes No
If "yes", please indicate telephone number () _____

Your Name _____ Date _____

Occupation _____

Address _____

City _____ State _____ Zip _____

Signature _____

When completed, please return this form to:

Wave Leadership College
1000 N. Great Neck Rd.
Virginia Beach, VA 23454
TEL. (757) 481-5005
FAX (757) 496-6697



High School Transcript Request Form

_____ Name _____
 Name of High School Last First Middle

Please mail an official copy of my transcript to: Present Address _____
 Number and Street

Wave Leadership College
 1000 N. Great Neck Rd.
 Virginia Beach, VA 23454
 TEL. (757) 481-5005
 FAX (757) 496-6697

_____ City State Zip
 Social Security # _____

Date of Birth _____

Student Signature _____

Date _____



College Transcript Request Form

_____ Name _____
 Name of College Last First Middle

Please mail an official copy of my transcript to: Present Address _____
 Number and Street

Wave Leadership College
 1000 N. Great Neck Rd.
 Virginia Beach, VA 23454
 TEL. (757) 481-5005
 FAX (757) 496-6697

_____ City State Zip
 Social Security # _____

Date of Birth _____

Student Signature _____

Date _____



Transcript Request Form

_____ Name _____
 Name of High School Last First Middle

Please mail an official copy of my transcript to: Present Address _____
 Number and Street

Wave Leadership College
 1000 N. Great Neck Rd.
 Virginia Beach, VA 23454
 TEL. (757) 481-5005
 FAX (757) 496-6697

_____ City State Zip
 Social Security # _____

Date of Birth _____

Student Signature _____

Date _____