



SHILOH UNIVERSITY

PERSONAL ENRICHMENT APPLICATION

100 Shiloh Drive
 Kalona, IA 52247
 (319) 656-2447 – Phone
 (319) 656-2448 – Fax
 admissions@shilohuniversity.edu

Date of Application (mm/dd/yyyy):

I request admission for... Term:

Year:

BIOGRAPHICAL INFORMATION

Legal name... Last name: First name:

Middle name:

Former last name:

Name you go by:

Mailing address... Street: City:

State: Postal code: Country:

Shipping address... Street: City:
(If different from above)

State: Postal code: Country:

Phone Numbers... Home: Cell: Work:

Social Security number: - - **Date of birth** (mm/dd/yyyy):

Sex... Male Female **Marital status...** Single Married

E-mail:

Country of citizenship: **Language 1:**

If not U.S. citizen, are you a permanent U.S. resident? Yes No **Language 2:**

Where did you hear about us? (The following information is used only for statistical purposes)

Church Announcement	Pastor Recommendation	Web Search
Student/Alumni	Teacher/Staff	SU Blog/Article
Digital Advertisement	Social Media	

This information will not be used in considering your admission. Please only select one.

EDUCATIONAL BACKGROUND

List high school, college, seminary, and graduate school education. If currently enrolled, include expected date of graduation and expected degree. Please also include GED or GRE tests you have taken.

Degree	Date (mm/yyyy)	Institution	Location
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RELIGIOUS MINISTRY

What Religious Denomination or Affiliation do you most associate with?

Name of your church:

Church address:

Church phone: **Name of pastor:**

Are you currently ordained? Yes No **By what organization?**

Date of ordination (mm/yyyy):

PERSONAL STATEMENT

Please type a brief response to the prompt below. It does not need to be longer than the space provided below, although you can attach an additional page if you wish.

Describe your Christian experience and what you hope to gain from taking Personal Enrichment courses with us.

ACKNOWLEDGEMENTS AND SIGNATURE

Code of Conduct

Shiloh University is a Christian school, and all courses are taught from this perspective. In keeping with this Christian mission, students must agree to abide by the University's **Code of Conduct**.

I have read and agree to abide by the University Code of Conduct.

Disability Statement

I have no physical limitations that would prevent success in my chosen program. i.e. I am physically able to operate a computer for extended periods of time.

By signing below, I hereby witness that the information I have provided in the above application is accurate and not misleading, and I acknowledge that I have read and understand the accreditation statement.

Signature of applicant

Date

Please email your scanned application (must be signed) to admissions@shilohuniversity.edu or mail to Admissions, Shiloh University, 100 Shiloh Drive, Kalona, IA 52247

Shiloh University admits qualified students without regard to race, color, gender, national or ethnic origin, age, marital status, or disability. See Family Educational Rights and Privacy Act statement on Web site regarding confidentiality of student information.