



The COLLEGE
OF HEALTH
EVANGELISM

PO Box 129 Wildwood GA 30757
(706) 820-1493 ext. 412
www.healththevangelism.com
info@healththevangelism.com

FOR OFFICE USE:		
App Rec	_____	
App Fee	_____	
Ref Rec	_____	
Accepted	_____	
Notified	_____	
Fin Arr	C	WS
Visa Pap	_____	
Proj Arr	_____	
Arr. Date	_____	
Terminated	_____	

STUDENT APPLICATION

Please print clearly and answer in detail:

Name (as it appears on passport): _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone (country code+city code+local): _____ Email: _____

Height: _____ Weight: _____ Sex: _____ SS#: _____

Marital Status: Married Never Married Separated Divorced Spouse Deceased

Occupation: _____ U.S. Citizen: Yes No Visa Type: _____

Notify in Case of Emergency: _____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Dependents:	Name	Relationship	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will dependents be accompanying you while you are a student? _____

CHURCH AFFILIATION

Seventh Day Adventist? Yes No Other: _____

Home Church: _____ Address: _____

Present Pastor: _____ Telephone #: _____

How long have you been a Christian? _____

Which Spirit of Prophecy books have you read through completely? _____

Which evangelistic activities do you enjoy? _____

In which church offices, if any, have you served? _____

GENERAL INFORMATION

Are there any significant past or present problems or disabilities (dyslexia, ADHD, etc.) that would limit your performance at our College? Yes No if yes, explain: _____

Have you ever been convicted of a crime other than a traffic offense or been involved in gang activities? Yes No If yes, explain: _____

Have you, or do you partake in any of the following? (When was the last time?)

Alcohol: _____ Tobacco: _____ Drugs: _____
Coffee: _____ Meat: _____

Do you have any special dietary needs? _____

Give the name, address and phone number of three people who know you well, are not related to you, and who are not previous employers:

1. _____
2. _____
3. _____

EDUCATIONAL BACKGROUND

	Elementary	High School	University/College	Advanced/Other
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
Year/Time Period				

What subjects do you enjoy the most? _____

Were you ever dismissed? Yes No if yes, explain: _____

How well do you understand spoken English: Fluent Intermediate Beginner

How well can you read and write English: Fluent Intermediate Beginner

Please furnish a transcript of all past educational achievements if possible.

EMPLOYMENT EXPERIENCE

Please list your last three jobs, beginning with your most recent:

Name of Company	Job Description	Start Date	End Date	Reason For Leaving

Please list the names and telephone numbers of two individuals under whom you have worked:

1. _____
2. _____

Have you ever been asked to resign? Yes No if yes, explain: _____

Please summarize any special skills and qualifications acquired: _____

Can you type? Yes No if yes, WPM: _____

MISCELLANEOUS INFORMATION

Other hobbies and interests: _____

Do you have musical abilities? Yes No if yes, describe: _____

Have you ever been involved in overseas missionary service? Yes No

If yes, please explain: _____

Have you ever been a worker or a student in at a Self-Supporting Institution? Yes No

If yes, describe: _____

How did you learn about our program? _____

Have you filed an application at Wildwood before as a student or worker? If so, when: _____

Have you ever been to Wildwood? If so, when and what capacity? _____

Work Scholarship students work six months prior to our Health Evangelism course to pay for their tuition. Do you wish to be considered for our work scholarship program and why?

What are the beginning and ending dates for the program you wish to attend? (Courses begin every six months with one starting every January and every July) _____

VISA INFORMATION

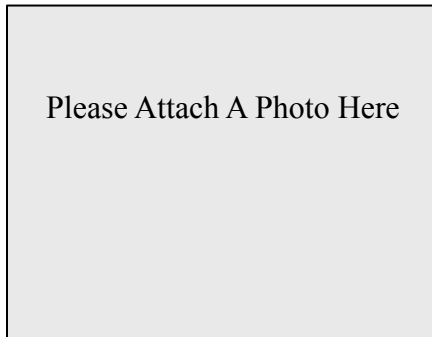
If you are a foreign applicant, you will need a VISA. If so, please fill out the following information:

- 1. Place of Birth: _____
- 2. Date of Birth: _____
- 3. Baptism Date: _____
- 4. Address: _____
- 5. Passport Name: _____
- 6. Passport #: _____

Please note *applications will not be processed without a photograph of the applicant, and the application fee.*

Fees are as follows:

- \$20 U.S./Canada Applicants
- \$50 Foreign/All Others



Please respond on a separate sheet of paper to the following **essay** questions *in detail*:

1. When did you accept Christ as your personal Savior and yield your life fully to Him?
(Share your conversion story)
2. Please tell in your own words what Jesus means to you practically?
3. Please state your philosophy regarding Christian education and how it has influenced your life?
4. What role does the Bible take in your life? What do the Scriptures mean to you and how do you use them?
5. What do you understand conversion to be?
6. Do you believe that Ellen White received the prophetic gift?
7. What do you hope to gain from your experience at Wildwood?
8. What are your long-range goals after leaving Wildwood?

Because of the necessity of maintaining service during the Sabbath hours for the sick in the Wildwood Lifestyle Center and Hospital, we ask our staff to participate in this special ministry. This helps relieve those personnel who serve during the week in patient care and who need suitable periodic relief from their duties.

Our personnel prepare a monthly schedule in which staff and students serve usually one weekend per month in some capacity for a portion of Friday afternoon or during the Sabbath hours. This ministry is done only in the departments essential for care of the sick.

Jesus himself lived among men "as he that serveth", and indicated it was lawful to do good on the Sabbath.

I have read the above and I am willing to share in Sabbath Ministry.

Signature: _____ Date: _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein as may be necessary in processing this application. If I am accepted, I understand that false or misleading information given herein may result in dismissal.

I prayerfully believe God has called me to attend Wildwood, and I choose to bring my life into harmony with God's principles as outlined in the Bible and Spirit of Prophecy.

I have read the guidelines in the student handbook and should I be accepted I will follow and support the principles of Wildwood Institution.

Signature: _____ Date: _____

Please submit applications by September if applying for the January course or by March if applying for the July course.

The College of Health Evangelism welcomes applicants regardless of race, color, or national origin whose principles are in harmony with the ideals and traditions of the College as expressed in its handbook and policies.

To view our handbook, please visit www.healthevangelism.com

Please mail this finished application with your photo and application fee to:

**Registrar
College of Health Evangelism
PO Box 129
Wildwood GA
30757-0129**

COLLEGE of HEALTH EVANGELISM

MEDICAL HISTORY & EXAMINATION FORMS

Medical Examination (To be completed by the Student)

1. Name _____ Sex _____ Age _____
(Last Name First)

2. Race _____ Birthplace _____ Country of Parents _____

3. Smoking history: Have you ever smoked? Yes No If yes, how many packs/day? _____
How long did you smoke? _____ When did you quit? _____
(Month) (Year)

4. Alcohol history: Did you ever drink? Yes No If yes, how much/week? _____
How long did you drink? _____ Years I quit drinking _____
(Month) (Year)

5. Drug history: Have you ever taken drugs? Yes No Names of drugs: _____
How much/week? _____ How long? _____ Yrs. I quit _____
(Month) (Year)

6. Are you a vegetarian? Yes No How long? _____ Months or _____ Yrs.

7. Do you get regular exercise? Yes No Hrs./Wk _____

What kind of exercise? _____

8. Insert the year of occurrence for any of the following conditions you have had. Insert family relationships for any of the following conditions a family member has had.

Alcoholism -	Emotional prob. -	Kidney disease -	Rheumatic fever -
Arthritis -	Emphysema -	Nervous prob. -	Stroke -
Asthma -	Epilepsy -	Parasites -	Tuberculosis -
Bronchitis -	Heart disease -	Peptic ulcer -	Venereal Disease -
Cancer -	Hernia -	Pneumonia -	Other -
Diabetes -	Jaundice -	Poliomyelitis -	

9. List operations, accidents, and major illnesses for which a doctor's care was required and the year of each:

Report of Physical Examination
(To be completed by Student's Physician)

1. Height _____ Ft. _____ In. _____ Weight _____ Lbs. Blood Pressure _____ MmHg.
2. Vision: Uncorrected RE 20/ _____ LE 20/ _____ Corrected RE 20/ _____ LE 20/ _____
3. Pulse rate: Resting _____ After exercise _____ Three minutes after exercise _____

Normal	Clinical Evaluation	Abnormal	Comments
	4. Head, face, neck & scalp		
	5. Nose & sinuses		
	6. Mouth & throat		
	7. Teeth		
	8. Ears (+ drums)		
	9. Eyes		
	10. Lungs & chest		
	11. Heart & vascular system		
	12. Abdomen & viscera		
	13. Anus & rectum		
	14. Endocrine system		
	15. GU system		
	16. Extremities		
	17. Feet		
	18. Musculo - skeletal		
	19. Skin & lymphatic		
	20. Neurologic		
	21. Emotional		

22. Urinalysis : Sp.Gr. _____ Albumen _____ Sugar _____ Microscopic _____
23. Hemoglobin _____ PPD skin test : Date _____ Result _____
24. I attest that this individual is in overall good health and is free of any communicable diseases.

Name of student: _____ Signed _____, M.D.

Print name of physician _____ Dated _____ 20__

Mailing address: _____

