



SCORE International

APPLICATION FOR 2017-18 GAP YEAR

(Please check)

Costa Rica

Dominican Republic

Name (as it appears on passport): _____

Passport # _____ Date of Issue: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____ T-shirt Size: _____

Marital Status: Single Engaged Married

Parents' Names: _____

Parents' Address: _____

City: _____ State: _____ Zip: _____

Parents' Home Phone: _____

Mother's Cell: _____ Email: _____

Father's Cell: _____ Email: _____

Non-relative Emergency Contact Name: _____

Relationship: _____ Phone: _____

Current Church You Attend:

Pastor's Name: _____ Church Phone: _____

Church Address: _____

City: _____ State: _____ Zip: _____

How many years have you attended the church? _____

Education:

High School: _____ Graduation Year: _____

College/Univ: _____ Graduation Year: _____

Other School: _____ Graduation Year: _____

Work Experience:

Most Recent Employer: _____ Dates: _____

Position: _____ Reason for Leaving: _____

Previous Employer: _____ Dates: _____

Position: _____ Reason for Leaving: _____

Ministries in your church you have served in:

1. _____ How Long _____

2. _____ How Long _____

3. _____ How Long _____

Briefly describe your salvation experience: _____

Any Special Gifts or Talents? _____

As a student in the GAP Year Program, what would be your biggest asset? _____

What would be your biggest weakness? _____

Personality Questions: (Helps us select compatible roommates)

Please mark the mark on the scale what bests describes you.

Extremely shy Very Outgoing

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10

Explain: _____

How would you describe yourself to potential roommates?

Extremely unorganized/messy Very Organized/Neat

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10

Explain: _____

How would you describe yourself academically?

Hate to study Love to study

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10

Explain: _____

How do you like to spend your free time?

Alone With a crowd of people

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10

Explain: _____

What are your sleep habits

Early to bed/early to rise Night Owl

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10

Explain: _____

Do you have any previous experience in missions?

Country: _____ Length of Time: _____ Year _____

Experience There: _____

Country: _____ Length of Time: _____ Year _____

Experience There: _____

Country: _____ Length of Time: _____ Year _____

Experience There: _____

What are you expecting from this program? _____

Are you considering missions as a career choice? _____

Explain how you feel the Lord is leading in your life: _____

Anything else you would like us to know about you? _____

Applicant's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

(If Applicant is under age 19)

Please make sure to enclose your (non-refundable) \$100 deposit with this application

Please mail your completed application with deposit to:

SCORE INTERNATIONAL

P.O. Box 9994, Chattanooga, TN 37412

Contact us: 423.894.7111



How did you hear about GAP?

- Johnny Condrey Jeff Hackett John Zeller
 Website Brochure My Pastor Other _____



Pastor's Reference Questionnaire

Student Name: _____ has applied to SCORE International to participate in our GAP Year Program. Score International would like for you to submit a reference for the student named above. Any information given by you will be kept in the strictest confidence. **Please mail / fax / email to our office: P.O. Box 9994, Chattanooga, TN 37412, Fax: 423-894-7303. email: info@scoreinternational.org**

1. Are you well acquainted with the applicant? _____

2. Under what circumstances and for how long did you know him (her)? _____

3. How would you describe his (her) spiritual qualifications? _____

4. Do you know any tendency which might hinder his (her) service for God? _____

5. Have you observed the applicant to have a consistent Christian walk? _____ Explain _____

6. Is the applicant diligent in work and will he (she) accept responsibility? _____

7. Does he (she) work well with others? _____

8. Does he (she) respect and respond well to authority? _____

9. We are not suggesting support from you, but if you were going to support a missionary, is this the kind of a person you would support? _____
10. Is there anything which you could tell us that might help us to make a more accurate decision before the Lord regarding the applicant? (Use reverse side of sheet, please.) _____

Signature: _____ **Phone:** _____

Church: _____ **Date:** _____



Medical Report

Name of applicant: _____ Date: _____

DOCTOR: Please give a general (not detailed) examination for the following:

1.	Heart	
2.	Eyes / Ears / Nose	
3.	Throat	
4.	Reflexes	
5.	Mentality	
6.	Nervous System	
7.	Mental Health	
8.	Emotional Problems	
9.	Respiratory System	
10.	Teeth: Good / Fair / Poor	
11.	Dietary Problems	
12.	Allergies	
13.	Epilepsy	
14.	Is applicant capable of strenuous physical work?	
15.	Is applicant physically able to engage in normal school life?	
16.	Is applicant capable of participation in sports?	
19.	Additional Comments	

Signature of M. D. _____ Phone: _____

Address: _____

City _____ State: _____ Zip _____



GAP YEAR - ADULT MEDICAL RELEASE AFFIDAVIT

I _____ will travel overseas as a part of the GAP YEAR program from September – May. SCORE International has permission to make any decisions regarding medical emergencies on my behalf if I am unable to do so. I will not hold SCORE International responsible for sickness and accidents that may occur while part of this program. I realize that I am responsible for providing medical insurance.

Please answer the following questions:

1. Please indicate any pertinent information we should have concerning any medical problems you may have: _____

2. Are you allergic to any form of medication or food? NO YES, what kind: _____

3. Please give us the following information concerning your insurance protection:

A. Insurance Company _____

B. Group Number: _____ Policy Number: _____

4. Do you have any history of:

Heart Problems NO YES, describe: _____

Kidney Problems NO YES, describe: _____

Lung Problems NO YES, describe: _____

5. Please give names and telephone numbers of two people to contact in case of emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Participant's Signature: _____

Date: _____