

Victory Outreach
URBAN TRAINING CENTER

APPLICATION FOR ADMISSION

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I. APPLICATION FOR ADMISSION

I hereby apply for admission to the Urban Training Center and certify that to the best of my knowledge the information given in this form is true. I have read the Policies, and, if admitted, will cooperate in observing the regulations and upholding the standards of this Training Center. I understand that I am submitting confidential forms to persons named for reference on this application, and that these forms are to be returned by them directly to the Urban Training Center, Admissions Office. I waive my right to see the completed references. I understand that my file may be made available to appropriate faculty member or administrative officer of the Urban Training Center.

Signature: _____ Date: _____

POLICIES

- **Age**
Minimum age: 18 years
Maximum age: 35 years
- **Single**
- **Commitment:** 6 month, 1 year
- **Holiday:** Christmas Vacation – 4 weeks
- **Dress code is strictly enforced**
- **Dating**
No dating – Expectation is total focus and spiritual commitment to the Training Program.
- **Round Trip Ticket**
- **Medical Insurance**
Personal or Group programs
- **Financial Obligation (NON-REFUNDABLE)**

Application Fee: \$ 25.00 (non-refundable) **New Students Only**

This fee is charged one time only for each student upon application for admission. This fee covers entrance testing and processing of the application. Application fee is due upon submission of application.

A registration fee is charged for each student every year and must be returned with the registration forms to finalize enrollment. This fee covers the administrative costs of enrolling your student, includes the test fees, and enables the center to better plan for director and student needs.

Binder Fee:

Book fees are due by the first tuition payment on the last day of open enrollment and are non-refundable after the start of the term.

Per Enrollment: \$175.00 This fee is charged one time only for each student. This fee covers the UTC Binder.

- Application fee and tuition can be paid online at www.victoryoutreach.org

TUITION: Please see [Financial Commitment Breakdown.](#)

SEMESTER	ENROLMENT PERIOD	TUITION	TUITION DUE DATE	STUDENTS WHO REMAIN FOR CONSECUTIVE SEMESTERS <i>If Payment Is Not Received By The Due Date –You Will Be Automatically Charged on:</i>
FALL	September 10 – November	\$1,350.00/qtr.	Due: August 25 th	Automatic Payment: August 30th
WINTER	December 10 – February	\$1,350.00/qtr.	Due: November 25 th	Automatic Payment: September 30th
SPRING	March 10 – May	\$1,350.00/qtr.	Due: February 25 th	Automatic Payment: February 28th
SUMMER	June 10 – May	\$1,350.00/qtr.	Due: May 25th	Automatic Payment: May 30th

- *For continuing students: Tuition payments are to be received in full by the tuition due date. Failure to do so will result in automatic transaction/transfer of the entire payment from your bank account or credit card you have provided with this application. The full amount due will be automatically deducted 5 days after your payment was due. If the deduction declines then the student will be dismissed.*

Discounts that are applicable for those students who wish to stay consecutive terms.

Students who remain enrolled in the UTC for consecutive semesters and pay their tuition by the due date will qualify for the discount rate. If the student takes a month off (goes home) will not be allowed the discounted rate.

Miscellaneous Fees:

Separate fees will be charged for International Events, Non-related International outings. These fees depend on the desired UTC location. Each UTC may have programmed special field trips or other agendas not listed as part of tuition. Please contact your desired UTC location to inquire of futuristic events.

Financial Policy

“If therefore ye have not been faithful in the unrighteous mammon, who will commit to your trust the true riches.” Luke 16:11

Tuition may be paid in one payment at the start of each year or semester (quarterly installments), the first due during open enrollment and the last and final payment due May 15th. These are no monthly charges, but rather installments on the annual cost. A **10% discount** on tuition will be given for each additional child in a family. You will NOT? Receive a monthly invoice to remind you of your tuition payment. **If an annual tuition is paid in full before admittance, there is a 13.88% (\$750.00) discount given. If a bi-annual (2 consecutive semesters) tuition is paid in full by the due date, there is a 11.11% (\$150.00) discount given.** The first tuition payment must still be made by the last day of the open enrollment period.–Failure to do so will result in loss of placement (All checks should be made payable to Victory Outreach International).

All monthly payments are due on the 25th day of the prior month of each new term (see tuition schedule). Payments that are five days past-due will be automatically withdrawn from the account you have provided on this application. Students who let their accounts become past due should contact the UTC Administration office in Chula Vista, CA. An account past-due by 15 days or more without satisfactory arrangements for payment will result in dismissal.

The Student will be dismissed until all tuition costs and other fees are paid in full. All accounts must be current by the day of each new semester (see tuition schedule). Students not current in tuition payments will be unable to participate in their respective graduations. Accounts must be paid in full before diplomas or transcripts to V.E.T.I. are issued.

A \$25.00 fee will be assessed on all returned checks.

If for some reason a parent or student deems it necessary to withdraw from the UTC, a two week notification in writing is required. In the case of early withdrawal, transfer, or expulsion, there will be no refunds of tuition paid. All payments must be made by the due date (see tuition schedule). There are no exceptions to this rule. By signing the Application Form, if tuition has not been received by the due date and the student is enrolled at the UTC, parents and students are authorizing the school to automatically withdraw the tuition due on the 30th day of the prior month of each new semester (see tuition schedule).

Late Enrollment:

\$100.00 late fee will apply to late registrants. The application, registration and book fees are payable in full upon enrollment, regardless of the time of enrollment. Tuition charges will be prorated based on the portion of the term remaining at the time of enrollment.

Dismissal:

Dismissal will result if the individual fails to come under the authority of the Pastor, Director, or immediate overseer; promiscuous conduct, failure to comply with the Victory Outreach Urban Training Center guidelines and policies; and not meeting timely financial obligations. ***If dismissed, all monies received by the Victory Outreach Urban Training Center will be forfeited.***

I read and understand the policies listed above and agree to comply.

Signature: _____ Date: _____

Pay by cashier's check, money order or online at www.victoryoutreach.org

URBAN TRAINING CENTER

Mail this completed application and your application fee of \$25.00 to:

**Victory Outreach International
Urban Training Center Corporate Headquarters
Admissions Office
P.O. Box 210068
Chula Vista, CA 91921**

Or fax to: (619) 216-7464

UTC Direct Payment Authorization Form

Section A General Information

STUDENT First and Last Name:		STUDENT ID #
Personal Address:	City:	State/Zip:
Phone	Mobile Ph:	E-Mail:
Church Name:	Phone #:	Church E-mail:

Section B CREDIT CARD OR BANKING INFORMATION

CHOOSE 1 METHOD OF PAYMENT- (CREDIT CARD IS PREFERRED)

Tuition will be deducted from CREDIT CARD or BANK ACCOUNT information you provide, on the date(s) specified.
(ONLY PROVIDE THE INFORMATION OF THE ACCOUNT YOU WILL USE – BANK OR CREDIT CARD)

VISA / MASTERCARD DISCOVER (circle one) DEBIT CARD OK - WITH VISA OR MASTERCARD LOGO	FIRST & LAST NAME (As it appears on the card):	Date of Automatic Withdrawal _____ (This will be your recurring date)
		WEEKLY (Any Day) BI-WEEKLY (Every Other Week) MONTHLY (One Time a Month) QUARTERLY (Once Every 3 Months)
Amount to withdraw: \$ _____		

CREDIT CARD #:	EXP. DATE:	SECURITY CVN CODE:
Credit Card Billing Address:	City/ State	ZIP

Bank Account Holders Information FIRST & LAST NAME of Check Signers:		ADDRESS as it appears on your check:
*Bank Name:	Routing #:	Business Checking
*Attach a voided check	Account #:	Personal Checking (circle one)

CHECK SIGNERS DRIVERS LICENSE NUMBER:

Section C Authorization agreement

In the event that my tuition is not received by the due date, I hereby authorize **VICTORY OUTREACH INTERNATIONAL** to make withdrawals from this account on the day, in the amount and at the financial institution named above.

Further, I agree not to hold **VICTORY OUTREACH INTERNATIONAL** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **VICTORY OUTREACH INTERNATIONAL** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct debit form to the UTC Finance Department. I agree that Victory Outreach shall be fully protected in honoring any such draft. I agree that your treatment of each such draft, and your rights in respect to it, shall be the same as if it were signed personally by me.

Section D Signature

Signature:	Date:
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CREDIT CARD INFORMATION

CHECK INFORMATION

APPLICATION FOR ADMISSION

SEMESTER FOR WHICH ENROLLING: Year _____

January 10 March 10 June 10 September 10

EDUCATION GOAL. I PLAN TO COMPLETE THE FOLLOWING PROGRAM:

- 6 MONTHS – Phase I
 1 Year – Phase 2

**Attach
recent
photo
here**

WHICH TRAINING CENTER DO YOU DESIRE TO ATTEND?

- EAST COAST CAMPUS, BRIDGEPORT, CT MEXICO CAMPUS, TIJUANA, MEXICO
 WEST COAST CAMPUS, LOS ANGELES, CA

II. PERSONAL DATA

Full Legal Name Miss Mrs. Mr.

Last _____ First (Legal) _____ Middle Initial _____ Maiden Name _____

First name you prefer to be called if different than above _____

Address _____ City _____ State _____ Zip _____

Telephone () _____ Hours you can be reached at this number _____ E-mail _____

Social Security Number _____ Date of Birth _____ Age _____ Birth Place _____

Country of citizenship _____ if not U.S. citizen, what type of visa do you hold? _____

Date of expiration _____

Persons to contact in case of emergency:

Name _____ Relationship to you: _____

Address _____ City _____ State _____ Zip _____

Telephone () _____

Name _____ Relationship to you: _____

Address _____ City _____ State _____ Zip _____

Telephone () _____

Ethnic Background: (Please check one or more)

- | | |
|---|--|
| <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Hispanic, Spanish origin or Latino |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> African American, Haitian |
| <input type="checkbox"/> Asian. Including Cambodia, Malaysia, Pakistan, | <input type="checkbox"/> Thailand, Vietnam, Philippine Islands |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Other _____ |

Victory Outreach Urban Training Center does not discriminate in its admission policies on the basis of race, color, national origin, gender, age, disability, or any other characteristic protected by law.

Marital Status: Single Engaged Separated Divorced Widowed Married

If engaged: After you have prayed with, and talked at length with your fiancé concerning coming to the U.T.C., please have your fiancé complete this statement: ___ I do ___ I do not - believe my fiancé should attend U.T.C. because

Date _____ Signature of fiancé _____

If separated or divorced: Date _____ Circumstance _____

IF SINGLE AND UNDER THE AGE OF 21:

Father's name (or Guardian) _____ Mother's name _____

Address _____ Address _____

Are your parents Christian? Father YES NO Mother YES NO

Will they help support you financially? YES NO

III. SPIRITUAL DATA

When were you converted? _____ Where? _____

How long have you consistently walked with the Lord? _____ (years) and/or _____ (month)

When were you baptized with the Holy Spirit? _____

If you **have not** received the baptism with the Holy Spirit and spoken in tongues, what is your attitude concerning this experience?

When were you baptized in water? _____

What church do you attend? _____ Denomination: _____

Address _____ City _____ State _____ Zip _____

Phone: () _____ Senior Pastor: _____

How long have you regularly attended this church? _____ (years) and/or _____ (months)

Give full name and address of your pastor or another minister on the staff of your church who knows you well and to whom you can give a Pastor's Reference Form.

Name _____ Position in church _____

Address _____ City _____ State _____ Zip _____

How long has this person known you? _____

IV. CHRISTIAN SERVICE

In what types of Christian ministry have you been involved in during the past five years? _____

Toward what type of Christian ministry do you feel directed after completing your studies at the U.T.C.? _____

Christian Friends: Please give us the names of two Christian friends (**at least 18 years of age**) who have known you for at least one year and to whom you will give reference forms: These forms are to be returned directly to the U.T.C.

Name _____

Address _____ State _____ Zip _____

Name _____ Address _____

City _____ State _____ Zip _____

V. EMPLOYMENT

Employer: Name of most recent employer _____ Type of work _____
Address _____ City _____ State _____ Zip _____
Telephone () _____ How long have you worked for this employer? _____

VI. SPIRITUAL AUTOBIOGRAPHY AND PERSONAL EVALUATION

In your own handwriting, please write a short personal history concerning your:

Family:

Childhood:

Conversion Experience:

Please note that you must have abstained from any of the practices listed below for a period of one year in order to be considered for admission:

1. Have you ever smoked? YES NO – If yes, how long since you last used tobacco? _____
2. Have you ever used alcohol? YES NO – If yes, how long since you last used alcohol? _____
3. Have you ever used illegal drugs? YES NO – If yes, how long since you last used drugs? _____
4. Have you ever been involved in pre-marital sex or adultery? YES NO
If yes, how long since you were last involved? _____
5. Have you ever been involved in homosexuality/lesbianism? YES NO
If yes, how long since you were last involved? _____
6. Were you ever convicted of any crime other than a traffic infraction? YES NO
If yes, please explain _____

VII. TALENTS AND ABILITIES

Please indicate your talents and abilities:

- | | |
|---|---|
| <input type="checkbox"/> Athletic _____ | <input type="checkbox"/> Musical instrument _____ |
| <input type="checkbox"/> Drama _____ | <input type="checkbox"/> Voice _____ |
| <input type="checkbox"/> Art _____ | <input type="checkbox"/> Other _____ |

VIII. EDUCATIONAL DATA

High School last attended _____

Date of graduation _____

Has a relative ever attended the U.T.C. YES NO – If yes, who? _____

How did you first hear about the U.T.C.? _____

List all other colleges attended:

Name of College or University	Dates Attended From – To	Major Field of Study	Earned Diploma or Degree
1.			
2.			
3.			
4.			

Have you ever been expelled or suspended? YES NO

If yes, explain: _____

IX. HEALTH REPORT

What is the state of your physical health? Excellent Good Fair Poor

What type of insurance do you have? _____ Policy Number: _____

Are you handicapped? Yes No If yes, what type? _____

Are you on medication? Yes No If yes, How long? _____

What type of medication? _____

Do you have any of the following diseases? (If yes, please check the box)

- | | | |
|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Aids | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Venereal Disease | |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Syphilis | |

Are you pregnant? Yes No If yes, how many months? _____

Victory Outreach Urban Training Center

Liability Release Form

(Please type or print clearly)

Name of Pastor: _____ Church City: _____

Name of Student: _____ Age: _____ Sex: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Desired UTC:

Educational Goal:

- | | | |
|---|-----------------------------------|---------------------------------|
| <input type="checkbox"/> East Coast Campus, Bridgeport, CT | <input type="checkbox"/> 6 Months | <input type="checkbox"/> 1 Year |
| <input type="checkbox"/> West Coast Campus, Los Angeles, CA | <input type="checkbox"/> 6 Months | <input type="checkbox"/> 1 Year |
| <input type="checkbox"/> Mexico Campus, Tijuana, Mexico | <input type="checkbox"/> 6 Months | <input type="checkbox"/> 1 Year |

Release of all claims

* **IF PARTICIPANT IS 18 YEARS OF AGE OR OLDER:**
In consideration for being accepted by the Victory Outreach Urban Training Center for participation in the Urban Training Center, I do hereby release Victory Outreach Ministries International, its Leaders, Pastors or Staff from any and all liability, claims, or demands for accident, illness or emergency treatment needed, as well as property damage, and expenses of any nature whatsoever which may be incurred.

* **IF THE PARTICIPANT IS 17 YEARS OF AGE OR YOUNGER:**
I, the parent or legal guardian of this participant, hereby grants any permission for him/her to participate fully in the Victory Outreach Urban Training Center. In case of emergency, and after every effort has been made to contact me, I hereby give my permission for medical treatment and assume the responsibility of all medical expenses. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I will assume all transportation costs.

* **ASSUMPTION OF RISK & LIABILITIES:**
*I understand that there are risks of physical injury and damage to property from adventuring in the outdoors. I am therefore willing to assume the risk of and responsibility for any such injury or damage which I (or the minor on whose behalf I am signing the release) may sustain arising out of the trip with Victory Outreach Inc. its employees, agents, other participants within the Urban Training Center, or myself I therefore agree to release, indemnify, and hold harmless Victory Outreach Inc., and its employees and agents, from any liability, claims or causes of action arise out of or relate in any manner to the trip which I take this release on behalf of myself and my heir, executors, administrators and assigns.
 I have informed Victory Outreach Inc., of any physical handicaps or medical problems which I have that may affect my ability to participate in any way in the Urban Training Center.
 I am assuming the above risks and entering this Release on behalf of any minor named below, as well as myself, and I am agreeing to its terms on his or her behalf as well as his or her heirs, executors, administrators and assigns.*

Insurance Company: _____ Policy Number: _____

Family Doctor: _____ Phone Number: _____

Participants Signature
if 18 years of age and over.

Parent/Guardian Signature
if under 18 years of age.

Date

PASTOR'S RECOMMENDATION

Please Print or Type:

Name of Applicant: (Last) _____ (First) _____ (Middle) _____

The person named above is applying for admission to the Victory Outreach Urban Training Center and has given us your name and address as a minister who knows him or her well. The Training Center desires to admit persons of Christian character with ministerial potential, thus we depend upon the pastor's reference as an important aspect of our admission process. Serious consideration is given to this recommendation; therefore, your cooperation in completing this form as candidly as possible will be greatly appreciated. All information provided on this form will be held in the strictest of confidence.

Have you known the applicant for at least one year? Yes No
 How long have you known him or her to have lived a consistent Christian life? _____
 How long has he or she been an active part of your church fellowship? _____
 In what Christian service activities within your fellowship has this person been involved during the past year?

Please circle the number on the following scale which indicates your assessment of the applicant's participation in the live of the church:

	Poor					Superior				
	1	2	3	4	5	6	7	8	9	10
Dependability	1	2	3	4	5	6	7	8	9	10
Cooperation	1	2	3	4	5	6	7	8	9	10
Initiative	1	2	3	4	5	6	7	8	9	10
Leadership	1	2	3	4	5	6	7	8	9	10
Attitude & respect for authority	1	2	3	4	5	6	7	8	9	10
Teachableness	1	2	3	4	5	6	7	8	9	10

Standard for this community are based upon belief that those in training for church leadership must be "above reproach." To you knowledge, has the applicant been involved in any of these practices during the past 12 months?

Comments:

- | | | |
|--|------------------------------|-----------------------------------|
| Using tobacco | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |
| Drinking alcoholic beverages | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |
| Using drugs (except prescription medication) | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |
| Gambling | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |
| Viewing pornographic materials | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |
| Pre-marital sex | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |
| Adultery | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |
| Homosexuality/Lesbianism | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |
| Occult practices | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |

I would consider this person for a position of leadership in my church provided that he or she had the proper training and abilities for the position. Yes No

If no, why not? _____

Please circle the following as appropriate concerning this applicant:

	Poor					Superior				
	1	2	3	4	5	6	7	8	9	10
Mental ability										
Personality										
Financial integrity										
General health										
Personal appearance										
Emotional stability										
Family relationships										
Inter-personal relationships										

In my judgment, this applicant has attained the spiritual maturity necessary to begin preparation for ministry and I recommend him or her without reservation. Yes No

Comments: _____

Signature: _____ Print Name: _____ Date: _____

Your position in the church: _____

Church name and denomination: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

CHRISTIAN FRIEND REFERENCE FORM

Please Print or Type:

Name of Applicant: (Last) _____ (First) _____ (Middle) _____

PLEASE NOTE THAT YOU MUST BE AT LEAST 25 YEARS OF AGE AND HAVE KNOWN THE APPLICANT FOR AT LEAST A YEAR TO COMPLETE THIS FORM.

The person named above is applying for admission to the Victory Outreach Urban Training Center. The following areas of evaluation are appropriate to assess Christian character and ministerial potential. Your candid appraisal of this applicant's qualifications will be appreciated. If you feel your acquaintance has not provided an adequate basis upon which to answer a particular category, you need not respond. The applicant has waived his or her right to see this reference. Thank you.

Please circle the one statement in each category, which best describes the applicant over the past six months.

SPIRITUALITY Consider his/her personal Devotion and testimony to Others.	Relatively superficial	Extreme and overly-emotional	Genuine, but mild	Vital and contagious
MORAL INTEGRITY Consider his/her life-style at home and in the estimation of others.	Questionable	is growing, but has several lingering problem areas	Acceptable	Without question
RELIABILITY Consider dependability, willingness, consistency.	Unreliable	Erratic	Usually reliable	Reliable
COOPERATION Consider his/her willingness To work with people in Various capacities, loyalty.	Unwilling	Indifferent	Usually willing	Outstanding
INITIATIVE AND PERSISTENCE Consider his/her ability to see things to do and to be diligent in accomplishing tasks.	Needs constant prodding	Completes tasks if supervised	Does ordinary assignments	Completes tasks regardless of the difficulty
EMOTIONS Consider the way he or she Reacts in various situations.	Unresponsive	Easily depressed or elated	Fairly well-balanced	Well-balanced
JUDGEMENT AND COMMON SENSE	Lacks ability	Poor results	Fair deductions	Sound decisions
LEADERSHIP Consider his/her leadership potential in relationships with others.	Never leads	Seldom leads	Leads occasionally	consistently is a leader
PERSONALITY AND TACT Consider his/her general impression in relationships.	Rejected by others	Tolerated	Accepted	Well-liked
INTELLIGENCE Consider mental alertness	Never thinks things through	Fails to apply knowledge	Average responses	Intelligent responses
FINANCIAL INTEGRITY Consider his/her Financial responsibilities	Squanders money and fails to pay bills	Barely meets obligations	Satisfactorily meets obligations	Unusual utilization of money.

Do you recommend this applicant to become a student at the Victory Outreach Urban Training Center?

With enthusiasm With no hesitation With some hesitation With much hesitation

COMMENT: _____

How long have you known this applicant? _____ In what connection? _____

Is he or she related to you in any way? Yes No If yes, how? _____

What is your profession or position? _____

Please write additional comments here: _____

Signature: _____ Date: _____

Print Name Here: _____ Phone: _____

Updated 2/3/2010