

APPLICATION FOR ADMISSION

*The Steelman Scholarship for Timothy Christian Schools, Elmhurst, IL, USA
Administered by the Bible school in Martin, Slovakia*

STUDENT APPLICATION FOR ADMISSION

Name of Applicant:

Home City: Country of Citizenship:

Sex: Male Female Country of Birth:

Applying for School Year 20 - 20

Applying for Grade:

10

11

Student Photo

Bible School in Martin (BSMT)
M. R. Štefánika 17
036 01 Martin, Slovakia

Date application received by BSMT

Application Procedure & Timetable

STEP 1

The following documents must be submitted to the Bible school office by the deadline

- Complete Application
 - Including Principal/Headmaster Recommendation
 - Including Class Teacher Recommendation
 - Including Súhlas so spracovaním údajov
- Motivation letter
- Transcripts (Copies in Slovak)

STEP 2

IF THE STUDENT IS ACCEPTED, Timothy Christian will send the following:

- An Acceptance Letter
- A Letter of Support
- The I-20 Form from Timothy Christian Schools
- International Student Handbook (some forms to be signed by natural parents) and guardianship letter for medical (TED)
- Field Trip Form

STEP 3

VISA APPLICATION. The documents needed at the American Embassy are:

- A Passport
- The Acceptance Letter and Letter of Support
- The I-20 Form issued from Timothy Christian Schools
- The receipts for any payments made

STEP 4

WHEN THE VISA IS GRANTED:

- Inform the Admissions Department of Timothy Christian Schools and the Steelmans
- Inform the Admissions Department of Flight and Arrival Arrangements*

****International Students must arrive 7-10 days prior to the first week of school.***

STEP 5

Departure for Chicago

Application Checklist

- APPLICATION FORM:**
Submit the completed form
- MOTIVATION LETTER.**
- TRANSCRIPTS:**
A transcript of your courses, credits, and grades from LAMS (all previous high-school level) are very important to our review process. Transcripts may be in Slovak
- RECOMMENDATIONS (Included in the Application Form):**
Information from your principal and your class teachers will be used for admissions. All forms must be returned with your application. **Recommendations must be completed in English.**
- SÚHLAS SO SPRACOVANÍM OSOBNÝCH ÚDAJOV (Included in the Application Form)**

Send Completed Application to: Bible school in Martin
M. R. Štefánika 17
036 01 Martin

Personal Information

Please fill in ALL spaces in English unless directed otherwise.

Name of Applicant:

Family name (as appears on passport)

Family name (in native language)

First name (as appears on passport)

First name (in native language)

Middle name (as appears on passport)

Middle name (in native language)

Address: State/Province/Territory:

City: Country: Postal Code:

Address in Native Language (if different than English):

English nickname (if applicable): Applicant's Telephone:

Applicant's E-mail: Age: Date of Birth:

Height (in inches): Weight (in pounds): Eye Color:

Native Language Religion:

Sex: Male Female Passport Number: Type of Visa held (if any or applying for):

Do you have any health problems?

Family Information

Please fill in ALL spaces in English unless directed otherwise.

FATHER:

Father's Name: (in native language)

Address (if different from applicant's):

Address (in native language):

Telephone: Fax: Work Telephone:

E-mail: Age:

Occupation and Title: Company Name:

MOTHER:

Mother's Name:

Address (if different from applicant's):

Address (in native language):

Telephone: Fax: Work Telephone:

E-mail: Age:

Occupation and Title: Company Name:

SIBLINGS:

Brother/Sister Name: Age:

Brother/Sister Name: Age:

Brother/Sister Name: Age:

School Information

Please fill in ALL spaces in English unless directed otherwise.

Applicant's Current School:

School Address: State/Province/Territory:

City: Country: Postal Code:

Telephone Number: Date entered: Is school: public? private?.....

Current Grade Level: Out of Total Number of Grades:

Current GPA*: Last Year's GPA:

***GPA = Grade Point Average**

In 3-5 sentences, please answer the following scenarios:

- You decide one day you want to study/do something your parents do not want you to do. You are very passionate about doing this but they disagree. Explain how you deal with this conflict with your parents.
- After studying at Timothy Christian for one month, you realize that you don't seem to understand the subject material, your English is not as good as you where hoping it was, and your grades begin to drop. Explain what you would do to better your situation.
- What do you plan to be doing 3 years from now? What are your goals and how do you plan to achieve them? Be specific.

Interviews (In-person with the Bible school representatives and Skype On-Line with the Timothy Christian representatives and Will and Amanda Steelmann)

The purpose of the interviews is to give us an opportunity to evaluate your English speaking and listening comprehension skills, evaluate your motivation and get you acquainted with the host family. The procedure for the interviews is as follows:

- Upon receipt of the student's application, the Bible school Coordinator will review your application and will contact the applicant by e-mail or by telephone to set up a mutually convenient time for the in-person interview with the Bible school representatives. The interview will take about 20-30 minutes
- Once the applicant is shortlisted, the Bible school coordinator will set up set up a mutually convenient time for Skype On-Line interview with the Bible school representatives, Timothy Christian representative, and Will and Amanda Steelmann. The interview will take about 20-30 minutes.
- If you have any questions regarding the procedure of this interview, please e-mail Adrian Kacian, at adrian.kacian@gmail.com

In order to facilitate this process, please provide the following contact information:

Telephone number where you can be reached:.....

Time of day when you can be reached based on CET:.....

Your e-mail address:

Your Skype screen name:

To set up Skype, visit www.skype.com.

HEADMASTER OR PRINCIPAL RECOMMENDATION

Please enclose reference in envelope and secure with school seal.
The Recommendation form must be included with the student application.

The following student is a candidate for admission to Timothy Christian School in the United States. Your careful consideration and evaluation of this student would be greatly appreciated. Please include any observations you believe would be helpful to the admissions committee. Thank you for your time and cooperation.

PLEASE RESPOND IN ENGLISH

Name of Applicant

1. How long have you known this student?

2. Briefly describe the applicant's behavior and attitude.

3. To your knowledge, has the applicant ever been suspended, dismissed or involved in any serious disciplinary action? If yes, please explain.

4. Are you aware of any areas in which this student may need assistance: academic or social? If yes, please explain.

5. Please check one of the following:

I recommend the applicant.

I recommend the applicant with reservation for the following reasons:

.....

I do not recommend the applicant for the following reasons.

.....

Signature Title

School Date

Address FAX

CLASS TEACHER RECOMMENDATION

Please enclose the reference in an envelope and secure with school seal.
The Recommendation form must be included with the student application.

The following student is a candidate for admission to Timothy Christian School in the United States. Your careful consideration and evaluation of this student would be greatly appreciated. Please include any observations you believe would be helpful to the admissions committee. Thank you for your time and cooperation.

PLEASE RESPOND IN ENGLISH

Name of Applicant

How long have you known this student?

Number of years the student has studied English.

Please rate the applicant. **1=Unacceptable 2=Below Average 3=Average 4=Good 5=Superior**

ACADEMIC ACCOUNTABILITY

Achievement	1	2	3	4	5	Attitude	1	2	3	4	5
Accountability	1	2	3	4	5	Effort	1	2	3	4	5
Motivation	1	2	3	4	5	Conduct	1	2	3	4	5
Responsibility	1	2	3	4	5	Creativity	1	2	3	4	5

ENGLISH LANGUAGE ABILITY

Proficiency	1	2	3	4	5	Reading	1	2	3	4	5
Writing	1	2	3	4	5	Speaking	1	2	3	4	5
Grammar	1	2	3	4	5	Comprehension	1	2	3	4	5

GENERAL CHARACTER

Integrity	1	2	3	4	5	Honesty	1	2	3	4	5
Ambition	1	2	3	4	5	Leadership	1	2	3	4	5
Confidence	1	2	3	4	5	Sociability	1	2	3	4	5
Compassion	1	2	3	4	5	Cooperation	1	2	3	4	5
Maturity	1	2	3	4	5						

COMMENTS

Please share your observations or evaluation of the applicant, in and outside of the classroom. Include comments about the applicant's attendance record, study habits, general attitude, personality strengths and weaknesses. (Please attach separate letter if additional space is needed.)

Signature Title

School Date

To be filled out in English. All information is confidential and will not affect acceptance into program.

MEDICAL INFORMATION

YEAR

Name Grade Sex: M or F

Address (home country)

.....

.....

Phone

EMERGENCY: Does student have a health problem which could result in an emergency while at school (insect sting, seizure, diabetes, bleeding problems, heart condition, other)? Yes No If yes, please describe:

.....

MEDICATIONS taken regularly at home and/or school and reason:

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.....

If medication needs to be administered by the host family, the parent must complete a school consent form and have it signed by the licensed prescriber.

ORTHODONTIST/TEETH CONCERNS

VISION: glasses or contacts

HEARING:

ALLERGIES (i.e., pets, foods, medications, etc.):

.....

ASTHMA: need emergency medication (Inhaler or EpiPen)?.....

HEART PROBLEMS?

SPEECH/LANGUAGE CONCERNS:

ATTENTION DEFICIT/HYPERACTIVITY DISORDER? When diagnosed?.....

NUTRITION (special diet, food allergies, diabetes, etc.):

EMOTIONAL PROBLEMS (recent death, depression or other):

.....

PHYSICAL PROBLEMS OR DISABILITIES:

NERVOUS SYSTEM (seizures, weakness, other):

CHICKEN POX? Yes No Date of last Tetanus

OTHER (skim problems, headaches or other concerns the host family should be aware of):

.....

DO YOU SMOKE? Yes No If yes, please be aware Timothy Christian will not accept students for enrollment who smoke as it is illegal for anyone to smoke under the age of 18 in the U.S.

I HEREBY GIVE PERMISSION TO AN AUTHORIZED TIMOTHY CHRISTIAN SCHOOL OFFICIAL TO OBTAIN MEDICAL ATTENTION FOR MY CHILD IN CASE OF INJURY OR ILLNESS.

Parent/Guardian signature:

We authorize Timothy Christian nurse/administration to assist in the dispensing of:

Tylenol or cough drops under the instruction of the school nurse and/or administration.

I do not want any medication administered to my student.

- In consideration of this authorization made at our request, we do hereby agree to indemnify and save harmless the Board of Regents, the individual members thereof and any officials or employees in charge of dispensing medication from any claims or liability for injury or damages caused or claimed to be caused or to result from the dispensing of "over the counter" medication.

Parent/Guardian signature:

Student HEALTH FORM

Name School Year
 Grade DOB Sex

Student's physician/clinic..... Phone.....
 Student's dentist Phone.....
 Does the student have medical insurance? YES NO

HEALTH HISTORY

[Y=currenty under treatment | N=no history | R=problem in the past but currently resolved]

ADD/ADHD	Y	N	R
Asthma	Y	N	R
Bone/Joint Problems	Y	N	R
Diabetes	Y	N	R
Chronic Ear Infections	Y	N	R
Emotional/Behavioral	Y	N	R
Hearing Loss/Issue	Y	N	R
Chronic Headache/Migraine	Y	N	R

Allergies (if yes, see below)	Y	N	R
Heart Condition	Y	N	R
Seizure Disorder	Y	N	R
Head Injury	Y	N	R
Glasses/Contacs	Y	N	R
Weight Concerns	Y	N	R
Nosebleed (freq or severe)	Y	N	R
Skin Problems (chronic or severe)	Y	N	R

Other concerns which may affect student?

ALLERGIES *Please list and describe any allergies below. Indicate mild, moderate, or severe:*

Bee/Wasp Stings
Medicines/Drugs
Food/Plants/other
Pollen/Dust/Hay Fever
Recommended the treatment student currently receives, or has received in the past: <i>antihistamines:</i> <i>inhalers:</i> <i>EpiPen:</i> <i>other:</i>

INJURIES & ILLNESSES *Please list any severe injuries or illnesses in the student's history.*

Injury/Illness	Age of Child	Hospitalized?

Please complete the emergency contact information on reverse.

MEDICATIONS

What medications are given daily? Reason?.....
What medications are given frequently, but not daily? Reason?
Will your student need to receive medications during the school day?.....

I authorize Timothy Christian nurse/school to dispense* to my student:

**Dosage given will be determined by student's weight.*

Indicate with
YES or NO

Tylenol	
Ibuprofen	
Antacid	

**EMERGENCY PHONE NUMBERS and PERSON TO BE CONTACTED
WHEN PARENTS/GUARDIAN CANNOT BE REACHED**

..... Mother's Name Home # Work # Cell#
..... Father's Name Home # Work # Cell#
..... Other Contact/Relationship Home # Work # Cell#

Please read the following provisions and sign where provided:

- In consideration of this authorization made by my request, the school and individual dispensing medication, prescription or non-prescription, are not liable for any injury or damages caused by medication.
- The information on this form is true to the best of my knowledge. I hereby give permission in an emergency situation, when I cannot be contacted, to take my child to the closest medical facility and its medical staff has my authority to provide treatment that a physician deems necessary for the well-being of my child
- This form will be utilized for overnight trips, choir tours, mission trips, etc.
- Information on this form may be shared with appropriate personnel for health and educational purposes.

Parent/Guardian Signature Date

Date & Medication &/or Treatment (school use only)

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Temporary Guardianship Agreement

I, the undersigned parent of hereafter referred to as
Student's Name
....., who is a student at Timothy Christian Schools in Elmhurst, Illinois, do hereby grant
Student's First Name
..... of the authority to take
Host Parent Name(s) Host Family City of Residence
temporary care of the minor child,, the grant of which shall be given on
Student's First Name
..... and continue until terminated by the undersigned or as such time as
Date of Arrival in U.S.
..... attains the age of 18, whichever may come first.
Student's First Name

The above named named Temporary Guardian shall have full authority to make routine healthcare decisions
for
Student's First Name

Dated:

Parent/Guardian Name (Printed):

Parent/Guardian Signature:

Witnessed by: