Student Training Application

2011 Fall Practicum: August 24 – November 4

Student Information

Name:_____

Last First Middle

Name as it appears in passport: _____

Please circle preferred title: Mr., Mrs., Miss, Ms., Dr., Pastor, Rev., other_____

Address: _____

City: _____ State: _____ Country: _____Postal Code:_____

Phone: _____ Fax No:_____ E-Mail: _____

Citizenship: _____ Passport Number and Expiration _____

Date of Birth: _____ Male_____ Female_____ Marital Status: _____

Name of Spouse:_____ Ages of Children: _____

Language/s spoken: _____

Preferred US Embassy in your country (if more than one): _____

Church Name and Address: _____

_____

_____

Education: (Please list all education and schools attended to present): _____

_____

_____

_____

_____

Mail Forms To: SIFAT•Director of Training•2944 County Road 113•Lineville, AL 36266

Receive completed applications all year round.

Name of current employment and description of work you do: _____

_____

_____

_____

Employment Experience:

Name	Occupation	Organization/Address	Dates Employed

Personal References: Please provide the names of three personal references and the correct information listed below. We ask that the references not be relatives but a pastor, past employer and / or faculty member(s) that have taught you and know you well. SIFAT will be sending a reference form to the individuals listed below to be filled out and sent back to us.

Name	Occupation	Organization/Address	Phone	E-Mail

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Applicant Questionnaire:

1. What are your long-term goals?

_____

_____

_____

_____

2. How would the training at SIFAT benefit the goals you stated in your first question?

_____

_____

_____

_____

3. What are your intentions upon completion of the 10-week training session? (Further education in the United States? Application for an internship at SIFAT? Travel around until your visa expires? Seek out a sending agency? Return to your country (if international student) to implement the training you received, etc.)

_____

_____

_____

4. What specific skills do you hope to learn at SIFAT?

_____

5. What skills or special abilities are you able to share while at SIFAT?

_____

_____

6. What are your hobbies and interest?

_____

_____

7. How did you learn about SIFAT? Please list their names and contact information.

_____

_____

_____

_____

_____

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8. Name of the mission board or agency you are actively associated with? (This information is required to be considered for the training program)

_____

_____

9. International applications are encouraged to have a sponsoring agency, church, or mission board, which can help with the cost of travel and tuition. It is also helpful in obtaining a visa. If you have a sponsoring organization please provide the name and address.

_____

_____

_____

10. SIFAT provides a few partial scholarships each training. These are awarded to the applicants with the most need. Will you be making application for financial assistance? If so, how do you intend to justify the need to our scholarship board?

_____

_____

_____

11. Please list avenues you have explored for funding your studies at SIFAT.

_____

_____

_____

12. Please describe your personal philosophy of: (a) Christian community development and service to others (b) appropriate technology.

_____

_____

_____

_____

_____

13. In order to keep the tuition cost low SIFAT operates with a minimum number of support staff. Students are asked to work on the SIFAT campus or farm 2 hours a day. Are you willing to be a part of the work-study program during your stay at SIFAT?

_____

_____

_____

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Training Practicum Application Essay

Please share on the spaces provided below what has influenced your present ideas and values, what religious and spiritual experiences have helped you come to your present views and lifestyle and what vision and goals you have for your near future.

Please paste Photograph of yourself in this box

_____

Applicant Signature Date

Only completed applications with $25.00 application fee will be considered for the 2010 training program. Applications are accepted year round. However, space is limited. Scholarship funds may be available to early applicants.

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Mail Forms To: SIFAT•Director of Training•2944 County Road 113•Lineville, AL 36266

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Part I Application for Scholarship
(to be completed by applicant)

Applicant's Name:_____

If you are applying for a SIFAT scholarship please note the following:

(a) SIFAT can consider you for a scholarship only if you submit the following:
- a completed Student Application and $25 registration fee.
- a completed Sponsoring Organization Information form.
- three Reference forms filled out and sent to SIFAT by the reference persons.
- a completed Application for Scholarship both parts I and II.

(b) SIFAT funds for financial aid are limited, and therefore awarded only after students have sought several other sources of financial assistance.

(c) SIFAT scholarships are available for tuition, room and board. These scholarships are partial rather than for the full amount.

(d) SIFAT does not award scholarships for transportation.

(e) SIFAT welcomes your involvement in the application process via mail service, by telephone (no collect calls) at 256-396-2017, fax 256-396-2501 or e-mail info@sifat.org

Please fill out the questionnaire below. It is important that all the information is correct and we have a way to verify it.

1. Name, Address and telephone number of your sponsor(s) and/or sponsoring organization(s).

_____

_____

_____

2. Write the amount of your monthly income from all sources.(translate to U.S. Dollars)

_____

_____

3. You are responsible for your travel fare. How will you finance your travel?

_____

_____

4. Have you looked into other programs in your country which could fulfill your needs? If so, which programs have you inquired about? If no, would you like information about other organizations in your country which has a similar program as SIFAT? Please explain. _____

_____

_____

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5. Please list all the other avenues you have explored for funding your studies at SIFAT. Include names, telephone numbers and fax numbers of all the funding sources you explored.

6. The cost for the 10-week training practicum is $3750. The cost covers tuition, food, lodging and educational materials. what amount will you and your sponsoring organization be contributing toward the total cost of the session?

7. Please share on the lines below why you feel this training is important to you.

8. We have many applications for financial assistance and therefore must award only partial scholarships. It is also necessary for us to select only those of defined need and who will be using the training in their country. Briefly explain why you feel you should receive a partial scholarship.

I hereby acknowledge that all the information provided on this application for scholarship funding is correct and has been completed by me.

Applicant's Signature Date

No scholarship will be considered until all the forms listed below are completed and received:

- **Application for admission**
- **Scholarship Applications Part I and II**
- **Sponsoring Agency Form**
- **3 Reference Forms (Encourage your references to send their completed forms immediately)**
- **$25 non-refundable application fee**

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PART II APPLICATION FOR SCHOLARSHIP

(to be completed by applicant's work supervisor and/or sponsoring organization)

Applicants Name:_____

Please complete the following correctly. It is important that we have all the facts in order to determine the scale of need. We ward only partial scholarships so it will be important that the applicant be able to show that he/she will be able to secure other funds for travel and the balance of the tuition cost. Thank you for your time and provision of the information below.

1. Amount of applicant's monthly salary_____
2. Amount of your organization's (company's) total budget this past year._____
3. Sources from which your organization/company receives income or funding.
   _____
   _____
4. Number of workers your organization/company employs in your country.
   Full time workers_____ Part time workers_____
5. Number of workers who are: Paid Workers_____ Volunteer Workers_____
6. Are you willing to employ the applicant again upon returning from training? If yes, explain how the SIFAT training in Christian Community Development and Appropriate Technology will benefit your organization/company.
7. What specific skills would you like the applicant to obtain in the training at SIFAT?
   _____
   _____
8. What amount will your organization be contributing toward the tuition cost of $3750.?
   _____
9. How do you envision the applicant will fund his/her travel to the United States? SIFAT does not provide any assistance for travel. _____
   _____
10. Could this type training be obtained in your country? Would you like a list of similar trainings in your country? Explain briefly_____
    _____
    _____

_____ _____

Name & Signature Your Professional Title Date

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SPONSORING ORGANIZATION INFORMATION

It is required that all SIFAT trainees be actively involved in some capacity with an organization whose primary goal is to help the poor.

(to be completed by director of the applicants sponsoring organization)

Applicants Name _____

Please complete the following information in detail. This is part of the student file so it is important that all information is correct and complete.

1. Name and Address of your organization/agency:_____
_____

2. Description of your organization's work (please be specific):_____
_____
_____

3. Number of years the applicant has worked for your organization or that you have been associated with the applicant:_____

4. Number of hours the applicant works or volunteers for you per month:_____

5. Position held and responsibilities performed by applicant for your organization in the community. (please be detailed and specific):_____
_____
_____
_____
_____

6. Number of years applicant has lived in his/her present community:_____

7. What skills do you desire the applicant to learn at SIFAT?_____
_____
_____
_____

_____ _____

Name & Signature Position/Title

_____

Date

Mail Forms To: SIFAT•Director of Training•2944 County Road 113•Lineville, AL 36266

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Reference Form

SIFAT (Servants in Faith and Technology)
2944 country Road 113
Lineville, Alabama USA 36266
Telephone: 256/396-2015 Fax: 256/396-2501 Email: info@sifat.org

To Be Completed by Applicant

Name of Applicant (Please print) _____

Address _____

_____

_____

Social Security Number _____ Telephone Number_____

According to the Family Education Rights and Privacy Act of 1974, students have the right to inspect and review their educational records, including recommendations, unless those students have waived rights of inspection and review.

_____ _____
Applicant Signature Date

To Be Completed by Applicant's Reference

The above named person is applying for admission to SIFAT, an organization that trains missionaries, development workers, indigenous leaders and potential leaders from other countries. Your cooperation in answering the following questions with the utmost honesty would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our training program. Please send the completed form directly to the Director of Training at SIFAT. If you are related to the applicant, this evaluation should come from another responsible person. Thank you for your assistance.

1. How long have you known the applicant? _____ In what capacity? _____

2. How well do you know the applicant? ____Slightly ____Casually ____Well ____Very Well

3. To what extent is the applicant involved in the church and in the community?

   _____ No involvement _____Slightly involved _____Involved _____Deeply involved

4. Please explain how the applicant has been engaged in Christian service._____

   _____

   _____

   _____

Mail Forms To: SIFAT•Director of Training•2944 County Road 113•Lineville, AL 36266

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Part 2 – Reference Form

Knowing the applicant as you do, what recommendation would you make?

_____ Strongly recommend (top 10% of candidates in your experience)

_____ Recommend

_____ Recommend with reservation (may encounter some difficulty)

_____ Do not recommend

_____ Prefer not to make a recommendation

Comments:

_____

_____

_____

_____

_____

Reference Information

Print Full Name _____

Street Address _____

City / State _____ Postal Code _____Country _____

FAX Number _____Email Address_____

Name of Workplace _____

Position / Title _____Phone Number _____

_____ _____

Signature Date

Thank you for the time and effort you have given in completing this reference form. Your comments will receive full consideration!

_____

Please include names and addresses of other students who may be interested in receiving information about the training programs at SIFAT.

_____ _____

_____ _____

Mail Forms To: SIFAT•Director of Training•2944 County Road 113•Lineville, AL 36266

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Reference Form

SIFAT (Servants in Faith and Technology)
2944 country Road 113
Lineville, Alabama USA 36266
Telephone: 256/396-2015 Fax: 256/396-2501 Email: info@sifat.org

To Be Completed by Applicant

Name of Applicant (Please print) _____

Address _____

_____

_____

Social Security Number _____ Telephone Number_____

According to the Family Education Rights and Privacy Act of 1974, students have the right to inspect and review their educational records, including recommendations, unless those students have waived rights of inspection and review.

_____ _____
Applicant Signature Date

To Be Completed by Applicant's Reference

The above named person is applying for admission to SIFAT, an organization that trains missionaries, development workers, indigenous leaders and potential leaders from other countries. Your cooperation in answering the following questions with the utmost honesty would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our training program. Please send the completed form directly to the Director of Training at SIFAT. If you are related to the applicant, this evaluation should come from another responsible person. Thank you for your assistance.

5. How long have you known the applicant? _____ In what capacity? _____

6. How well do you know the applicant? ____Slightly ____Casually ____Well ____Very Well

7. To what extent is the applicant involved in the church and in the community?

   _____ No involvement _____Slightly involved _____Involved _____Deeply involved

8. Please explain how the applicant has been engaged in Christian service._____

   _____

   _____

   _____

   _____

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Part 2 – Reference Form

Knowing the applicant as you do, what recommendation would you make?

_____ Strongly recommend (top 10% of candidates in your experience)

_____ Recommend

_____ Recommend with reservation (may encounter some difficulty)

_____ Do not recommend

_____ Prefer not to make a recommendation

Comments:

_____

_____

_____

_____

_____

Reference Information

Print Full Name _____

Street Address _____

City / State _____ Postal Code _____Country _____

FAX Number _____Email Address_____

Name of Workplace _____

Position / Title _____Phone Number _____

_____ _____

Signature Date

Thank you for the time and effort you have given in completing this reference form. Your comments will receive full consideration!

Please include names and addresses of other students who may be interested in receiving information about the training programs at SIFAT.

_____ _____

_____ _____

_____ _____

Mail Forms To: SIFAT•Director of Training•2944 County Road 113•Lineville, AL 36266

Receive completed applications all year round.

Pastor Reference Form

SIFAT (Servants in Faith and Technology)
2944 country Road 113
Lineville, Alabama USA 36266
Telephone: (256) 396-2015 Fax: (256) 396-2501 Email: info@sifat.org

To Be Completed by Applicant

Name of Applicant (Please print) _____

Address _____

_____

_____

Social Security Number _____ Telephone Number _____

According to the Family Education Rights and Privacy Act of 1974, students have the right to inspect and review their educational records, including recommendations, unless those students have waived rights of inspection and review.

_____ _____
Applicant Signature Date

To Be Completed by Applicant's Pastor

The above named person is applying for admission to SIFAT, an organization that trains missionaries, development workers, indigenous leaders and potential leaders from other countries. Your cooperation in answering the following questions with the upmost honesty would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our training program. Please send the completed form directly to the Director of Training at SIFAT. If you are related to the applicant, this evaluation should come from another responsible person. Thank you for your assistance.

9. How long have you known the applicant? _____ In what capacity? _____

10. How well do you know the applicant? ____Slightly ____Casually ____Well ____Very Well

11. To what extent is the applicant involved in the church and in the community?

_____ No involvement _____Slightly involved _____Involved _____Deeply involved

12. Please explain how the applicant has been engaged in Christian service._____

_____

_____

Mail Forms To: SIFAT•Director of Training•2944 County Road 113•Lineville, AL 36266

Receive completed applications all year round.

Part 2 –Pastor's Reference Form

Knowing the applicant as you do, what recommendation would you make?

_____ Strongly recommend (top 10% of candidates in your experience)

_____ Recommend

_____ Recommend with reservation (may encounter some difficulty)

_____ Do not recommend

_____ Prefer not to make a recommendation

Comments:

_____

_____

_____

_____

_____

Pastor's Information

Print Full Name _____

Street Address _____

City / State _____ Postal Code _____Country _____

FAX Number _____Email Address_____

Name of Church _____

Position / Title _____Phone Number _____

_____ _____

Signature Date

Thank you for the time and effort you have given in completing this reference form. Your comments will receive full consideration!

Please include names and addresses of other students who may be interested in receiving information about the training programs at SIFAT.

_____ _____

_____ _____

_____ _____

_____ _____

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