

# Student Training Application



## Student Information

Name: \_\_\_\_\_  
Last First Middle

Name as it appears in passport: \_\_\_\_\_

Please underline one you want before your name: Pastor, Rev., Brother, Mr., Mrs., Dr., other

Address: \_\_\_\_\_

Street, Rural Route, Post Office Box.

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: \_\_\_\_\_

Preferred US embassy in your country (if more than One): \_\_\_\_\_

Church Name and Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Education: (Please list all education to present) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of current employment and description of work you do: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment Experience:**

Name	Occupation	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	Address	Occupation	Fax	E-Mail

**Applicant Questionnaire:**

1. What are your long-term goals?

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

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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. )

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

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

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6. What are your hobbies and interest?

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7. How did you learn about SIFAT? If from a person, please list his or her name 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)

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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.

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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?

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

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

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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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# **BEFORE FILING**

# Part I Application for Scholarship

(to be completed by applicant)

**Applicants 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](mailto: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. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Part I - Page 2**

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.

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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?

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

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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.

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*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**



**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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date

## 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](mailto: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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

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**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.

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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](mailto: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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

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**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.

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# 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](mailto: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. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

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**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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