

International Empowerment Cohort

APPLICATION FORM

Name _____

Age _____ Date of Birth _____

Address _____

City, State Zip _____

E-mail _____ Phone _____

School _____ Grade _____

Church _____

Parents/Guardians:

Name _____ Name _____

Phone _____ Phone _____

E-mail _____ E-mail _____

References

Please list TWO references who you believe understand your relationship with the Lord well.

Reference #1

Name _____

Relationship _____

E-mail _____ Contact Phone _____

Reference #2

Name _____

Relationship _____

E-mail _____ Contact Phone _____

My signature below affirms that I fully support the mission and vision of As Our Own, and if appointed to the IEC board I agree to serve in a way that glorifies God.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Be sure to submit answers to questions, visual expression, and reference letters with your application.