



SCOTTSDALE MASTER'S COMMISSION
2ND YEAR APPLICATION 2011 - 2012

PART I - PERSONAL INFORMATION
PLEASE TYPE OR PRINT CLEARLY

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ BIRTHDATE: _____

PART II MEDICAL - INFORMATION

HOW WOULD YOU DESCRIBE YOUR HEALTH? EXCELLENT GOOD FAIR POOR

LIST ANY ALLERGIES: _____

LIST ANY MEDICATIONS YOU ARE CURRENTLY USING: _____

WILL YOU HAVE HEALTH INSURANCE WHILE ENROLLED? YES NO

PART III - EMERGENCY INFORMATION

NAME OF FATHER OR GUARDIAN: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

NAME OF MOTHER OR GUARDIAN: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

PART IV - FINANCIAL INFORMATION

WILL YOU HAVE THE TOTAL AMOUNT OF TUITION BY THE START DATE? _____

IF NO, PLEASE EXPLAIN: _____

WILL YOU HAVE A VEHICLE WHILE ENROLLED? YES NO MAKE/MODEL/YEAR: _____

DO YOU HAVE CAR INSURANCE? YES NO DOES YOUR INSURANCE COVER PASSENGERS? YES NO

PART V – QUESTIONNAIRE

1. WHAT DO YOU FEEL CALLED TO DO IN YOUR FUTURE?

2. HOW WILL A SECOND YEAR OF MASTER’S COMMISSION PREPARE YOU FOR THAT CALLING?

3. LIST 3 SPECIFIC AREAS IN MASTER’S THAT WOULD HELP DEVELOP YOUR CALLING.

4. LIST 3 THINGS THAT CHALLENGED YOU TO GROW DURING YOUR FIRST YEAR?

5. IN YOUR OPINION, WHAT IS THE GREATEST QUALITY A LEADER SHOULD POSSESS?

6. WHAT ARE 5 THINGS THAT YOU CAN OFFER SCOTTSDALE MASTER’S COMMISSION?

7. DEFINE INTEGRITY.

8. DID YOU GIVE 100% IN YOUR FIRST YEAR? EXPLAIN.

9. WHAT SIZE OF T-SHIRT DO YOU WEAR? _____

PART VI – FINAL INSTRUCTIONS

SEND OR FAX YOUR APPLICATION TO US AT:

**SCOTTSDALE MASTER’S COMMISSION
28700 N. PIMA ROAD
SCOTTSDALE, AZ 85266
FAX: 480-348-7984
EMAIL: LARAE@SCOTTSDALEMC.COM
ATTENTION: ADMISSIONS**