



Student Training Application

2012 Fall Practicum: August 27 – November 2

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): _____

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

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.

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?

BERKLEY

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**

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 award 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

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

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. _____

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.

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

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_____ 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.

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. _____

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.

