



# SUMMIT

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## LEADERSHIP ACADEMY

200 S. Wilcox St. #243  
Castle Rock, CO 80104  
www.summitleadershipacademy.com  
summitleadershipacademy@hotmail.com

## Application

Summit Leadership Academy is an intense discipleship training program that produces students who are successful wherever God has called them. We do this by instilling in them the highest qualities of placing God first in everything, serving others, character, discipline, camaraderie, and excellence in everything they do. Our graduates will have a solid foundation from which they can make an impact for Christ in their generation and those to come.

Take time to gather information and pray about whether this is the course that God has for your life. The application process is designed to give us an understanding of each student and then prayerfully consider each student based on the information provided. If you have any questions you can email us at *summitleadershipacademy@hotmail.com*

## Things To Do:

- Application form
- Transcripts (college or high school, whichever is more recent)
- Recommendations
- Written confirmation of a vehicle safety inspection from a licensed mechanic
- \$40 application fee
- Two recent photos (will not be returned)

## Deadlines

The program will begin January 4, 2008 and finish June 1, 2008. The deadline for applying to the 2008 program is December 1, 2007. Once accepted to the program there will be a down payment of \$300 due by December 15. The full amount of Tuition, \$3,000, must be paid by February 1, 2008. Ask about our payment plans. We will do everything to work with you as we do not want money to hold you back from all that God has for you.



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## Letter from the Director

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Greetings!

I am so excited that you are interested in the Summit Leadership Academy. At Summit Leadership Academy you will gain a raw, unfiltered experience with God, create friendships that will last a lifetime, get real ministry experience, be set up to succeed wherever God has called you, take the gospel message to the farthest ends of the earth, and become the man or woman that God has intended you to be. The programs level of intensity is high as you will face new challenges that will allow you to grow in many ways. The beginning step to this amazing journey is found in praying and finding out if God has this program in store for you. I challenge you to find out as much about the program as you can. We are happy to answer any questions that you or your family may have. Every step that follows will be preparing you for the adventure of a lifetime. Together we can make this next year the best of your life thus far! I hope to see you soon and remember that nothing is impossible with God!

Jon Hutchison  
Founder and Director  
Summit Leadership Academy



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## A Word from Pastor Wayne Hanson

Summit Leadership Academy (SLA) is designed to be the next level in leadership training for young adults interested in pursuing God's call for their lives. With the new partnership we have with Lee University's Globe School of Ministry ([www.GSOM.org](http://www.GSOM.org)) we are excited to offer accredited ministry course work as well as practical ministry experience in all areas of local church work and world missions. The credits earned from these certificates may be transferred to other colleges and universities (Lee University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award Bachelor's degrees and Master's degrees). In addition to working on the entire person, body, mind and spirit; Summit Leadership Academy will give our students practical experience in worship, evangelism, mission's, children and youth ministry with weekly lectures taught by the talented and qualified leaders of Summit Church of Castle Rock, CO. If you are still considering enrollment please look no further. You won't find a more intensely practical, relational and powerful program available today for young adults seeking God's plan for life than Summit Leadership Academy.

Pastor Wayne Hanson  
Senior Pastor  
Summit Church



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## Application for Admission

Full Name \_\_\_\_\_ Gender  Male  Female  
Last First Middle

Preferred Name \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date \_\_\_\_\_

Current Address \_\_\_\_\_  
Number and Street City State Zip

Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Number and Street City State Zip

Are you a U.S. Citizen?  Yes  No If no, what is your current U.S. immigration status \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

*Providing information about race/ethnicity is voluntary. The information is not used in a discriminatory manner.*

Select One (optional):

- Latino(a)/Hispanic
- African American
- Asian American
- Caucasian
- American Indian or Alaskan Native
- Pacific Islander
- Other

Name of Church/Christian Organization \_\_\_\_\_

Denomination Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number and Street City State Zip

Name of Senior Pastor, Youth Pastor, or Youth Worker: \_\_\_\_\_

How long have you been involved in this church? \_\_\_\_\_

If less than one year, what church were you involved with previously? \_\_\_\_\_

Age/year when you accepted Jesus Christ as your personal Lord and Savior Water baptized \_\_\_\_\_

Have you received the baptism of the Holy Spirit? \_\_\_\_\_

Please list any ministry experiences/positions you have held both inside and outside the Church. \_\_\_\_\_

Is there anything in your life that might come up as a questionable issue?  Yes  No (if yes, please explain.) \_\_\_\_\_



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## Application for Admission

### FINANCIAL

How will you pay for your tuition? \_\_\_\_\_

Do you see any reason why you would not have the required tuition fees by the required dates?  Yes  No

If yes, please explain why and how you plan to make your tuition payment. \_\_\_\_\_

List the total amount of current debts, loans, or payments owed. \_\_\_\_\_

Will these be paid off by the time you enter **SUMMIT**?  Yes  No

If not, how do you plan to make these payments? \_\_\_\_\_

Do you currently own a vehicle? (required upon entrance)  Yes  No

Is your vehicle in good working condition?  Yes  No

Do you currently have automobile insurance for your vehicle? (required upon entrance)  Yes  No

Name of Insurance Company Phone (\_\_\_\_\_) \_\_\_\_\_

Policy Number \_\_\_\_\_ Agent's Name \_\_\_\_\_

### EMPLOYMENT

Are you currently employed?  Full-time  Part-time Place of Employment \_\_\_\_\_

How long have you been working there? \_\_\_\_\_ Describe your job responsibilities \_\_\_\_\_

Describe your relationship with your supervisor and coworkers. \_\_\_\_\_

Please list your past employment, including military service and periods of unemployment.

Position	Start Date	End Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



## Application for Admission

### LIFESTYLE

Do you or have you ever smoked?  Yes  No (If yes, explain.) \_\_\_\_\_

Do you or have you ever consumed alcoholic beverages?  Yes  No (If yes, explain.) \_\_\_\_\_

\_\_\_\_\_

Do you or have you ever used any illegal drugs?  Yes  No (If yes, explain.) \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No (If yes, please attach an explanation.)

### EDUCATION

Check all that apply regarding your current educational status.

Not a student  Part-time  Full-time  Senior-High School  Freshman-College

Sophomore-College  Junior-College  Senior-College

List, in chronological order, all educational schools that you are attending or have attended.

Institution	City, State, Zip	Dates of Attendance (mo/yr)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of High School Graduation (mo/yr) \_\_\_\_\_ Date of College Graduation (mo/yr) \_\_\_\_\_

High School GPA \_\_\_\_\_ College GPA \_\_\_\_\_ Act Score \_\_\_\_\_ SAT Score \_\_\_\_\_

Are you under any disciplinary suspension, probation, or similar action at any institution?  Yes  No

(If yes, please attach an explanation to this application.)

If you have not yet attended college, do you plan to earn an undergraduate degree?  Yes  No

What is your attended major? \_\_\_\_\_

What are your career goals? \_\_\_\_\_

\_\_\_\_\_

Colleges or universities to which you are currently applying (if applicable) \_\_\_\_\_

\_\_\_\_\_



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### ACTIVITIES

Activity (List any that you have participated in)

Offices Held/Awards Received

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

### FAMILY BACKGROUND

Father's Name \_\_\_\_\_  Living  Deceased

Fathers Address \_\_\_\_\_  
Last First Middle

Hone Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Number and Street City State Zip

Email Address \_\_\_\_\_

Occupation Employer \_\_\_\_\_

College(s) Attended by Father \_\_\_\_\_ Degree(s) Earned \_\_\_\_\_

Mother's Name \_\_\_\_\_  Living  Deceased

Mothers Address \_\_\_\_\_  
Number and Street City State Zip

Hone Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation Employer \_\_\_\_\_

College(s) Attended by Mother \_\_\_\_\_ Degree(s) Earned \_\_\_\_\_

I live with (check all that apply)  My Mother  My Father  A Stepparent  
 A Guardian  On my own  Other: \_\_\_\_\_

If you live with a guardian, stepparent, or other, please complete their information below.

Name \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State Zip

Hone Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_



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## Application for Admission

### EMERGENCY INFORMATION

Person to contact in case of emergency: \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Briefly describe your family environment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your family feel about you entering **SUMMIT**? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SPIRITUAL PERSPECTIVES

How did you hear about **SUMMIT**? \_\_\_\_\_

\_\_\_\_\_

Why are you applying to be part of this Academy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you believe God has called you to do with your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your definition of a servant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your definition of ministry? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What qualities do you think are necessary for a spiritual leader to have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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If you are accepted in **SUMMIT**, are you willing to make a six-month commitment?  Yes  No

Please check any activities that you are interested in participating with at **SUMMIT**:

- Pastoral       Children’s ministry     Worship Band       Other
- Youth Ministry     Evangelism               Drama/Theater

Please give three references (may not be a family member) of people who are well acquainted with you. These must be different from your recommendation sources.

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

## ESSAY QUESTIONS

Please respond to both question as you would to a senior-level English class or college-level composition assignment. Each response should be 750-1000 words, typed and double spaced.

### Questions

1. Please give your testimony and describe your personal relationship with Jesus Christ. What does it mean to you to be a follower of Christ?
2. Reflect on the scripture passage below. What does this mean to you? How does this passage connect to a recent event or circumstance in your life?

“Therefore I urge you, brothers, in view of God’s mercy, to offer your bodies as living sacrifices, holy and pleasing to God—this is your spiritual act of worship. Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God’s will is—His good, pleasing and perfect will.” — *Romans 12:1-2 (NIV)*



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## Medical History

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<b>Name:</b>	<b>Date Of Birth:</b>
<b>Street Address:</b>	<b>SSN:</b>
<b>City, State, Zip:</b>	<b>Blood Type:</b> <b>Current Weight:</b> <b>Height:</b>

The **SUMMIT** Leadership Academy is a physically demanding program with regular physical fitness training at high altitudes and outdoor activities that include trekking, hiking, repelling, camping, ropes training, swimming, bicycling, rowing/canoeing and running in extreme weather. You will also participate in periods of fasting.

In order for us to help ensure your ability to endure the physical rigors of the program, we need you to complete the following health form, provide a record of your immunizations, and have a physical examination performed by your physician prior to entering the program. Additional immunization and medication may be required at a later time for foreign travel. Also, please attach a copy of your medical insurance/prescription card. All medical information will be kept strictly confidential and will only be used by **SUMMIT** staff and any relevant insurance providers.

*This information is needed for your health and safety. Please be accurate and complete.*

## Past Medical History

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List any serious medical illness/injuries both current and past. \_\_\_\_\_

\_\_\_\_\_

List any operations. \_\_\_\_\_

\_\_\_\_\_

List any serious allergies. \_\_\_\_\_

\_\_\_\_\_



## Medical History

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### MEDICATIONS

List medications taken regularly. \_\_\_\_\_

Are you allergic or sensitive to any medicines? If so, please list. \_\_\_\_\_

### IMMUNIZATIONS

Name:	Yes	No	Date
Tetanus			
Polio			
Measles/Mumps/Rubella			
Pneumovax			
Influenza			
Hepatitis A			
Hepatitis B			

Condition	Yes	No	If "Yes," Explain
High Blood Pressure			
Heart Disease			
Diabetes			
Cancer			
Kidney Failure			
Mental Illness			
Alcoholism			
Tuberculosis			

### FAMILY HISTORY

Please rate your current health:  Excellent  Good  Fair  Poor

Describe your overall physical condition. \_\_\_\_\_

Do you have any physical limitations?  Yes  No (If yes, explain.) \_\_\_\_\_

Are there any other illnesses that run in your family? \_\_\_\_\_



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## Summit Church

### **REQUEST & AUTHORIZATION FOR CRIMINAL & BACKGROUND RECORDS**

I hereby authorize Summit Church to conduct a criminal and backgrounds records check through the appropriate national, state, and county agencies and for such agencies to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether state, local, or national. I hereby release said agency from any liability resulting from disclosure of this information.

---

Signature

Date

---

PRINT Full Name

---

PRINT All Aliases (Last Name Only)

---

Date of Birth

---

Place of Birth

---

Social Security Number

---

Date Moved to Colorado

### **CURRENT LOCAL ADDRESS:**

---

Street

---

City

State

Zip

( )

---

Home Phone Number

*Please fill out the information on the next page.*

Submitted By:

Summit Church

200 S. Wilcox St. #243

Castle Rock, CO 80104



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If you have lived in states other than Colorado since the age of 18, please fill in the following, beginning with the most recent period of time, and list your address and your last name at that time.

From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Your Last Name during this time \_\_\_\_\_

---

From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Your Last Name during this time \_\_\_\_\_

---

From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Your Last Name during this time \_\_\_\_\_

---

From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Your Last Name during this time \_\_\_\_\_

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## Statement of Agreement

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The **SUMMIT** Leadership Academy seeks students who are hungry for the Lord and committed to pursuing Him with all their heart, mind, and strength. We believe God has purposes and plans that He longs to fulfill through His body. Our desire is to train students to know the Lord and His Word deeply, to understand how to serve the Kingdom of God effectively, to develop healthy, lasting relationships and to grow in their leadership skills. Tremendous opportunity lies at our doorstep, our passion is equipping others to give themselves wholeheartedly to achieving God's purpose for their lives.

The *Honor Code* and *Core Values* embody the essence of who we choose to be and how we choose to live. These statements are based on the biblical principles of integrity, love for God, and respect for social and spiritual laws. Our goal is to help you honor God in every area of your life and to grow spiritually, academically, physically, and socially. As a **SUMMIT** student, you will be required to abide by these established standards. We take them seriously and expect you to do the same.

### THE HONOR CODE

*“As of student of SUMMIT I commit to live honorably and do what is right in the sight of God”*

### THE POINTS OF HONOR

1. I will obey God, respect authority, and regard others over myself.
2. I will work to discipline my body and maintain a healthy lifestyle.
3. I will develop healthy social relationships with others.
4. I will commit to a lifestyle of learning.
5. I will not participate in or tolerate lying, cheating, or stealing.
6. I will take responsibility for my actions.
7. I will live according to the moral and ethical principles of the Bible.
8. I will strive to deepen my relationship with God and actively hear His voice.
9. I will attend all required events and activities with an optimistic and energetic attitude.
10. I will submit to those in authority and live by the policies set forth by SUMMIT Leadership Academy and Summit Church.



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## Statement of Agreement

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### THE CORE VALUES

- >> **God First:** I commit to a lifestyle of regular Bible reading, prayer, obedience and seeking the Lord
- >> **Others Before Self:** I commit to a lifestyle of servant hood and honoring others before myself.
- >> **Character:** I commit to a lifestyle of integrity and honesty in which my words, beliefs and actions are in agreement.
- >> **Discipline:** I commit to a lifestyle of physical, mental and spiritual discipline including exercise, learning and fasting.
- >> **Camaraderie:** I commit to a lifestyle of accountability, trust, commitment, and unity in my relationships.
- >> **Excellence In All We Do:** I commit to a lifestyle of excellence evidenced through a life-giving attitude, attention to my physical appearance, following through on tasks and taking opportunities to the best of my ability.

I understand that my signature represents my agreement with and support of **SUMMIT**'s vision and purpose. I certify that the information provided in this application is complete and accurate to the best of my knowledge.

I understand that failure to provide accurate and complete information will result in denial of admission.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_



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## Pastor Recommendation

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Number and Street

City

State

Zip

Check one  I waive my right to review this completed document.

I do not waive my right to review this completed document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(NOTE: The admission process requires your insight regarding this applicant. If the applicant does not waive his/her right to review this document, he or she has permission to read this recommendation.)

Thank you in advance for your help. Each **SUMMIT** applicant must submit a pastor's recommendation. We are interested in your assessment of this student's spiritual development. Serious consideration will be given to your comments; therefore, we ask you to complete this form carefully. Please comment on the student's level of commitment to spiritual growth, participation in a church or organization and potential to contribute to a Christian community, keeping the following community lifestyle expectations in mind:

The **SUMMIT** Leadership Academy seeks to admit students who will thrive in a distinctly Christian learning community. Members of **SUMMIT** are committed to Christian values and actively participate in the integration of faith and learning. **SUMMIT** students commit to specific standards. Students are required to refrain from the possession and use or being under the influence of alcohol, tobacco and non-prescriptive drugs during their time as a student in the Academy. **SUMMIT** students commit to specific standards and are required to refrain from immoral sexual behavior and from the possession and use of obscene or pornographic images or literature and will strive for an attitude of purity. Students will be coached and counseled if they struggle with these matters. These standards are established in order to provide a healthy environment for growth and learning.

Name \_\_\_\_\_ Church Phone (\_\_\_\_) \_\_\_\_\_

Church Name \_\_\_\_\_ Email Address \_\_\_\_\_

Church Address \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?  Very Well  Well  Casually

Do you feel the applicant possesses the necessary qualities to succeed in **SUMMIT**?  Yes  No

Do you believe the applicant has a personal relationship with Jesus Christ?  Yes  No Explain

To your knowledge, is the applicant's present conduct consistent with the lifestyle described above?  Yes  No

What evidence have you observed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Pastor Recommendation

Briefly identify the applicant as either an active, average or indifferent participant in the church/organization.

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Based on your knowledge of the applicant, would he/she likely profit from the **SUMMIT** Leadership Academy Experience? \_\_\_\_\_

Based on the applicant's God-given talents and gifts, how do you see him/her specifically contributing to the **SUMMIT** Leadership Academy experience? \_\_\_\_\_

---

Rank the applicant in the following areas:

	Excellent	Above Average	Average	Below Average
<b>Emotional Stability</b>				
<b>Leadership Ability</b>				
<b>Peer Relationship</b>				
<b>Spiritual Maturity</b>				
<b>Social Skills</b>				

Comments \_\_\_\_\_

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Based on the above information, I support the following recommendation regarding the applicant's admission into **SUMMIT** Leadership Academy.  Strongly Recommend  Recommend  Do Not Recommend

Are you familiar with **SUMMIT**?  Yes  No

Would you like to discuss the applicant with our staff?  No  Yes, you can reach me at (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

After completing this recommendation, please return to:

**SUMMIT**  
 Office of Admission  
 200 S. Wilcox St. #243  
 Castle Rock, CO 80104

**SUMMIT** reserves the right to select students on the basis of academic performance and personal qualification. **SUMMIT** does not discriminate on the basis of race, gender or national or ethnic origin in its programs and activities.



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## Academic Recommendation

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_  
Number and Street City State Zip

Check one  I waive my right to review this completed document.  
 I do not waive my right to review this completed document

Signature \_\_\_\_\_ Date \_\_\_\_\_

(NOTE: The admission process requires your insight regarding this applicant. If the applicant does not waive his/her right to review this document, he or she has permission to read this recommendation.)

Thank you in advance for your help. We are particularly interested in your assessment of the student's academic ability and potential. Please comment, to the best of your ability, on the student's level of participation in the classroom, analytical ability, communication skills, level of motivation, study habits, ability to grasp material and academic interests.

Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Is your school  Public  Private Is your school accredited?  Yes  No

If accredited, by which agency or agencies? \_\_\_\_\_

Is the student's course selection:  Most Demanding  Demanding  Average  Below Average

How well do you know the applicant?  Very Well  Well  Casually

How long have you been acquainted with the applicant? \_\_\_\_\_

Is the academic record of this student an accurate indication of the student's ability?  Yes  No

If not, please describe the circumstances. \_\_\_\_\_



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## Academic Recommendation

The **SUMMIT** Leadership Academy seeks to admit students who will thrive in a distinctly Christian learning community. Members of the **SUMMIT** community are committed to Christian values and actively participate in the integration of faith and learning.

Based on your knowledge of the applicant, would he or she likely profit from and contribute to the **SUMMIT** Leadership Academy experience?  Yes  No

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Considering all qualifications, I believe at **SUMMIT** the applicant will:

- Do superior work       Do above average work       Do average work
- Encounter some difficulty       Have significant difficulty

Based on the above information, I support the following recommendation regarding the applicant’s admission into **SUMMIT** Leadership Academy.  Strongly Recommend  Recommend  Do Not Recommend

Would you like to discuss the applicant with our staff?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

After completing this recommendation, please return to:

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