

Application

This form can be completed online at **owu.edu/EXPLORE** or mailed to the address below. Data collected in this form will be used to facilitate the EXPLORE program and will be kept confidential.

| | olicant: Last | First | Middle | |
|------------------|---------------------------------------|---------------------------|---|--|
| Gender: | | | Class rank fall of 2018: | |
| | | | | |
| | | | Zip: | |
| | | Cell Phone: | | |
| | o email: Yes No | | | |
| | o: bo | oth | | |
| | n hear about EXPLORE? | | | |
| <u>Involveme</u> | e <u>nt</u> | | | |
| High School N | lame: | | | |
| How Long Ha | ve You Identified as Christian? | 0-1 years 1-5 yea | ars 5-10 years 10+ years | |
| Do you attend | d a church or religious community? | Yes No | | |
| If so, Name o | f Church / Local Religious Communit | :y: | | |
| Address of Ch | nurch or Local Religious Community: | | | |
| Denomination | n (e.g. UMC, Catholic, Lutheran, etc. | | | |
| Please share | with us any church, school, or com | munity groups you have pa | rticipated with, and any leadership you | |
| might have he | eld in those groups. | | | |
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Other Information

| Parent / Legal Guardian Name: | | | | | |
|--|--------|-------|--|--|--|
| Parent / Legal Guardian Address: | | | | | |
| City: | State: | _Zip: | | | |
| Parent / Guardian Email Address: | | | | | |
| Permission to email: Yes No | | | | | |
| Parent / Guardian Cell Phone Number: | | | | | |
| Permission to: call text both | | | | | |
| Parent/ Legal Guardian Work Number: | | | | | |
| Name of 2nd Parent/ Legal Guardian (if applicable): | | | | | |
| 2 nd Parent / Legal Guardian Name: | | | | | |
| 2 nd Parent / Legal Guardian Address: | | | | | |
| City: | State: | Zip: | | | |
| 2 nd Parent / Guardian Email Address: | | | | | |
| Permission to email: Yes No | | | | | |
| Parent / Guardian Cell Phone Number: | | | | | |
| Permission to: call text both | | | | | |
| 2 nd Parent / Legal Guardian Work Number: | | | | | |

Essay Questions: Please attach your responses to these essay questions with a maximum of 200 words per question on a separate page.

- **1.** What are some of the things you care about in life? What makes you excited and passionate? What skills and talents might you have?
- **2**. What in your life has drawn you closer to God? Who, if anyone, has mentored you in your faith and how has this impacted you?
- 3. What makes you want to participate in EXPLORE? What do you hope to learn? How do you hope to grow?
- 4. What important things would you like us to know about you that we haven't already asked?

Recommendation Form:

To complete your application, you must have an adult who knows you personally, and has influenced you spiritually, fill out the recommendation form. This person could be a clergy person, youth leader, teacher, etc., but should not be a relative. This form can be completed online at owu.edu/EXPLORE or downloaded and mailed to one of the addresses below.

Ohio Wesleyan University Chaplain's Office Attn: Mary Jeffries 40 Rowland Ave Delaware, Ohio 43015 or Email: explore@owu.edu

Subject line: EXPLORE Recommendation for (students name)