## Early Childhood Education Certificate Program

**Application for Admission** 





## **ECE Certificate Program Application**

Please check the appropriate box for the program you are applying for. (지원하는 해당 항목에 표시해 주십시오.) PHOTO □ Early Childhood Education-Preschool Teacher (ECE / 유아교육 교사 수료증 과정) 2 in x 2 in Early Childhood Education-Preschool Director (ECE / 유아교육 원장 수료증 과정) (51 mm x 51 mm) Office Use Only \* Term/ Semester (지원하는 학기와 연도를 표시해 주십시오.) \*Year: ☐ Fall Semester ☐ Spring Semester ☐ Winter Term ☐ Summer Term Student ID # ☐ **I-2**0 □ F/A ■ Audit Visiting  $\square$ C  $\square$ N  $\square$ R  $\square$ T  $\square$ TC e-mail: Advisor: Personal Information (인적사항) 1. Full Legal Name (영어 성명): 2. Name in Korean (한글 성명): 3. Gender (성별): Male 4. Address (주소): 5. Phone Number (전화번호): 6. e-mail Address (이메일): 7. Date of Birth (생년월일): 8. Citizenship: U.S. Citizen U.S. Permanent Resident Social Security Number: 10. Are you an international student? Yes ■ No If yes, Country of Citizenship: Family Information (가족사항) 11. Marital Status (결혼여부): Single Married Other: 12. If Married, Name of Spouse (배우자 성명): Date of Birth 13. Emergency Contact (비상 연락처) Relationship: Middle Phone Number:



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14. Do you have health insurance? (건강 보험) Ures	☐ No (If yes, provide insurance information)
Insurance Company:	Policy Number:
15. Church Information (출석 교회 사항)	
Church Name:	Year Attended:
Address (주소):	State Zip Country
Phone Number (전화번호):	
Name of the Senior Pastor:	
16. Are you baptized? (세례 역부) Ures (If yes, Date: ) Ures (If yes,	
17. Position at Church (교회 직분)	
□ Senior Pastor (담임 목사) □ Associate Pastor (부목사) □ EM Pastor (영어 목회 목사) □ Youth Pastor (청소년 목회) □ Intern Pastor (전도사) □ Pastor's Wife (목사 사모) □ Missionary (선교사) □ Elder (장로) □ Kwonsa (권사) □ Ordained Deacon/Deaconess (안수집사) □ Deacon/Deaconess (서리 집사) □ Laity (평신도) □ Other (기타):	
18. Ministry / Volunteer Information (사역/봉사 현황)	
Church Name:	Period:
Briefly describe your ministry:	
19. Education History (학력사항: 최종 학력을 기입하십시오.)	
School Name:	Location:
Year Entered: Year of Graduation:	Diploma / Degree Received:
I certify that the information I have provided throughout this application is complete and correct.	
Signature:	Date:
OFFICIAL USE ONLY	
☐ Accepted ☐ Conditiona	lly Accepted   Not Accepted
Faculty Signature:	Date: