



CONFIDENTIAL INFORMATION

Cover Letter

Dear Applicant,

This is an important part of your application process. Please respond briefly and honestly to the questions in the attached questionnaire. Your answers will be held in strict confidence. Moreover, they will not be held against you or be the sole basis for a disqualification for admission.

The information you give will help us understand your situation better. It will also help the Office of Student Affairs (OSA) match you with the appropriate Iron Sharpening Group (ISG) leader so he/she can intentionally mentor you in areas needing help.

You may use the back page of the questionnaire or an additional piece of paper for every item where you answered "yes." Do the same on any of the issues where you would like to clarify and explain your statements.

After answering the questionnaire, staple or put it in an envelope, seal it, then include it with the other forms that you need to turn in to the Office of Admissions.

Thank you very much for your cooperation.

Admissions Committee



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Questionnaire

Name: _____ Date: _____

1. Do you have an unresolved conflict with anyone? Yes No
If yes, describe the nature of the conflict.

What are your plans toward a resolution?

2. On a regular basis, what do you struggle with the most? Check what applies.

- | | |
|--|---|
| <input type="checkbox"/> Relating with a family member | <input type="checkbox"/> Envy |
| <input type="checkbox"/> Relating with an authority figure or superior | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Relating with the opposite sex | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Forgiving others |

If you checked any of the items above, describe the *nature* of this struggle and what *stimulates* it.

How do you try to deal with it?

How successful are you in overcoming it?

Have you ever had, or are you currently seeing a professional counselor, or a similar person to address this issue? Yes No What changes have you seen?

3. Have you ever had any form of addiction in your life? Yes No

If yes, please check the appropriate box, which represents the type of addiction.

- Substance abuse (drugs, alcohol, cigarettes, etc.)
 Sexual addiction (fornication, extramarital, or homosexual relations, masturbation, pornography)
 Other form of addiction(s):

What steps have you taken or are taking to overcome this addiction? _____



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What kind of help have you received to overcome this addiction? _____

Which worked best for you? _____

4. Have you been involved in an illicit, illegitimate, or immoral sexual relationship? Yes No.

If yes, has this relationship been discontinued? Yes No

If yes, how did you discontinue this relationship? _____

If no, why has this not been discontinued? _____

5. Are you a victim of sexual, physical, or emotional abuse in the past? Yes No

If yes, identify and explain how much of this is still affecting you. _____

6. Was there an occasion when your integrity was questioned on account of financial resources entrusted to you? Yes No

If yes, how did this get resolved? _____

7. Have you been abusive (physically or verbally) towards your spouse and/ or children? Yes No

If yes, explain the *nature* of this abuse and the *steps* that you have taken to correct this problem.

8. Have you ever been convicted of a crime? Yes No

If yes, explain. _____
