

Quest 2012 STUDENT APPLICATION

Thank you for your desire to attend Quest this summer. Quest is open for all young men ages 14 and up, takes place on our Big Sandy, TX, campus from July 9 through August 3, 2012, and costs \$1,395. We invite you to complete this application packet and return it to us along with a \$25 non-refundable application processing fee. We will then contact you with further information and instructions.

Completion Checklist

- Student Application
- Parent's questionnaire
- Medical History form
- Liability release form
- Personal photograph taken within the last 6 months.
- \$25 non-refundable processing fee

Return the above to us at:

Quest - Attn: Student Application
One Academy Blvd.
Big Sandy, TX 75755

Or fax it in at:

(903) 636-2013

If you have any questions, please call us at **(903) 636-2000 ext. 2777** or email us at quest@alertacademy.com. Your information will be kept confidential.

Personal Information

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home phone: _____ Cell phone: _____

Email: _____

Date of birth: _____ Age: _____ Spiritual Gift: _____

Shirt Size (adult sizes): XS S M L XL

Background

Parent's Names: _____

Siblings (names and ages): _____

Family Email: _____

Church: _____ Denomination: _____

Pastor's name: _____ Pastor's phone: _____

School: _____

Is your family enrolled in ATI? Yes Not now, but in the past. No

Personal Character

When did you become a believer? _____

What do you base your hope of salvation on? _____

How often do you have a regular time of prayer and Bible reading?

Outside of school, work, and sleep, what three things take up the most of your time? _____

What is your biggest struggle in your Christian walk? _____

Have you ever been abused? (i.e. sexually, physically, etc.) _____

Personality

What kind of personality do you have? _____

Who are your heroes? Why? _____

In each row, pick the word that most describes you: (you should have 12 words picked):

Forceful	Lively	Modest	Tactful
Aggressive	Emotional	Accommodating	Consistent
Direct	Animated	Agreeable	Accurate
Strong-willed	People-oriented	Gentle	Perfectionist
Daring	Impulsive	Kind	Cautious
Competitive	Expressive	Supportive	Precise
Risk taker	Talkative	Cooperative	Factual
Argumentative	Fun-loving	Patient	Logical
Bold	Spontaneous	Stable	Organized
Take Charge	Optimistic	Peaceful	Conscientious
Candid	Cheerful	Loyal	Serious
Independent	Enthusiastic	Good Listener	High Standards

What kind of music do you listen to (give some examples of artists): _____

What movies have you watched recently? _____

Personal Vision

What is your goal in life? _____

In your opinion, what is your greatest weakness or need? _____

How does Quest fit into God's plan for your life? _____

Why did you decide to come to Quest? Was it your choice? _____

What do you dream of doing: _____

IAA does not discriminate in its admissions or educational policies and programs on the basis of race, color, or national and ethnic origin.

Quest 2012 STUDENT APPLICATION

Parent's Questionnaire

We request that the father fill out this questionnaire. The information that you as parents provide is vital for our being able to effectively work with your son. Please take time to share as much as you can, and use extra paper if necessary. Thank you.

Describe your son: _____

What are your goals for your son? _____

How do you see Quest helping your son achieve your goals for him? _____

What are your son's greatest strengths? _____

What are your son's greatest weaknesses? _____

Please describe your relationship with your son: _____

Is your son out from under your authority in any areas? Yes No

Please explain _____

Any other information you think might be helpful: _____

Medical History Form

Name: _____

HOME ADDRESS:

Street: _____ City: _____ State: ____ ZIP: _____

Home phone: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relationship to you: _____

Daytime Phone: _____ Evening Phone: _____

INSURANCE INFORMATION None (Please attach a photocopy of the insurance card).

Company: _____ Policy # _____

Street: _____ City: _____ State: ____ ZIP: _____

Phone: _____ Fax: _____

Father's name: _____ Father's date of birth: _____

Mother's name: _____ Mother's date of birth: _____

PERSONAL PHYSICIAN OR HEALTH-CARE PROVIDER:

Name: _____ Phone: _____

Street: _____ City: _____ State: ____ ZIP: _____

MEDICAL HISTORY

(Please explain any checked boxes on a separate piece of paper)

- | Past | Present | Past | Present | Past | Present |
|--------------------------|---------------------------------------|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Appendectomy | <input type="checkbox"/> | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> | <input type="checkbox"/> Heat-related illness |
| <input type="checkbox"/> | <input type="checkbox"/> Hypertension | <input type="checkbox"/> | <input type="checkbox"/> Medication allergies | <input type="checkbox"/> | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> | <input type="checkbox"/> Asthma | <input type="checkbox"/> | <input type="checkbox"/> Diabetes | <input type="checkbox"/> | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> | <input type="checkbox"/> Seizures | <input type="checkbox"/> | <input type="checkbox"/> Food allergies | <input type="checkbox"/> | <input type="checkbox"/> Serious injuries |
| <input type="checkbox"/> | <input type="checkbox"/> Broken bones | <input type="checkbox"/> | <input type="checkbox"/> Eye problems | <input type="checkbox"/> | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> | <input type="checkbox"/> STDs | <input type="checkbox"/> | <input type="checkbox"/> Other allergies | <input type="checkbox"/> | <input type="checkbox"/> Recurring injuries |

Weight: _____ Height: _____

Current Medications: _____

Dietary Restrictions: _____

Other Allergies: _____

