



# **Pre-field Prep & L.A.S.T. PROGRAM APPLICATION**

DESIRED PROGRAM(S): \_\_\_\_\_ (Culture prep, LAST, or Both)

PROGRAM MONTH:  AUGUST  JANUARY  MAY YEAR: \_\_\_\_\_

LANGUAGE & CULTURE  
TRAINING INTERNATIONAL

## **PERSONAL INFORMATION:**

\_\_\_\_\_  
Name (Last) (First) (Middle Initial) (Preferred Name)

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone (Home) (Work) E-mail Address

PERMANENT ADDRESS (If different from above)

\_\_\_\_\_  
Address City State Zip Code

DATE OF BIRTH \_\_\_\_\_ AMERICAN CITIZEN:  Yes  No \_\_\_\_\_  
(If not, which country)?

MARITAL STATUS:  Single  Married  Engaged  Divorced  Separated  Widowed

NO. OF CHILDREN: \_\_\_\_\_ AGE(S): \_\_\_\_\_ PERCENTAGE OF SUPPORT CURRENTLY RECEIVING: \_\_\_\_\_

## **EDUCATIONAL BACKGROUND:**

\_\_\_\_\_  
High School City/State Date of Graduation

\_\_\_\_\_  
College/University City/State Date of Graduation Degree

\_\_\_\_\_  
College/University City/State Date of Graduation Degree

HAVE YOU PREVIOUSLY STUDIED A FOREIGN LANGUAGE?  YES  NO IF YES, FOR HOW LONG? \_\_\_\_\_

INSTITUTION OR METHOD \_\_\_\_\_ DEGREE OF FLUENCY:  Poor  Fair  Good  Fluent

OTHER LANGUAGE(S) STUDIED: \_\_\_\_\_

PLEASE DESCRIBE YOUR PREVIOUS CROSS-CULTURAL EXPERIENCE:

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

**GOALS RELATED TO LEARNING YOUR CHOSEN LANGUAGE:**

WHERE ARE YOU PLANNING CROSS-CULTURAL MINISTRY OR WORK? \_\_\_\_\_

IF SO, WITH WHICH ORGANIZATION OR NGO, IF ANY?

PLEASE DESCRIBE HOW YOU CAME TO THIS DECISION: \_\_\_\_\_

WHICH SPECIFIC AREAS OF CROSS-CULTURAL WORK ARE YOU PLANNING FOR?

**SPECIAL NEEDS:**

PLEASE DESCRIBE ANY SPECIAL HEALTH CONCERNS YOU HAVE: \_\_\_\_\_

DO YOU HAVE ANY DIETARY RESTRICTIONS? BRIEFLY LIST THEM: \_\_\_\_\_

DO YOU PERCEIVE ANY PROBLEMS IN AN INTENSIVE GROUP LEARNING ENVIRONMENT? PLEASE EXPLAIN:

ARE THERE ANY OTHER CONCERNS YOU WISH US TO KNOW ABOUT? \_\_\_\_\_

**REFERENCES:**

PLEASE PROVIDE TWO REFERENCES WHOM YOU HAVE KNOWN FOR AT LEAST TWO YEARS. TO ENSURE CONFIDENTIALITY, HAVE THE REFERENCE LETTERS SENT DIRECTLY TO LCTI.

**RETURN THIS APPLICATION WITH A \$100 REGISTRATION FEE TO:**  
LCTI • P.O. Box 282, Valleyford, WA 99036  
(800)799-7976 • E-mail: office@lctinternational.org • www.lctinternational.org

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date