



INTENSIVE CHINESE PROGRAM APPLICATION

LANGUAGE & CULTURE
TRAINING INTERNATIONAL

SEMESTER: SPRING SUMMER FALL YEAR: _____

COURSE LEVEL: BASIC INTERMEDIATE* ADVANCED*

*Pending receipt of oral proficiency exam

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 CHINESE? YES NO IF YES, FOR HOW LONG? _____

INSTITUTION OR METHOD _____ DEGREE OF FLUENCY: Poor Fair Good Fluent

OTHER LANGUAGE(S) STUDIED: _____

PLEASE DESCRIBE ANY OTHER RELATED EDUCATIONAL OR CROSS-CULTURAL EXPERIENCE:

GOALS RELATED TO LEARNING CHINESE:

ARE YOU CONSIDERING CROSS-CULTURAL SERVICE OR MINISTRY AT THIS TIME? _____

IF SO, WHERE AND WITH WHICH AGENCY OR CHURCH, IF ANY?

WHICH SPECIFIC WORK OR MINISTRY OR OTHER WORK WITH CHINESE SPEAKERS DO YOU FEEL CALLED TO?

RELIGIOUS BACKGROUND:

HOW WOULD YOU DESCRIBE YOUR SPIRITUAL BELIEFS? _____

DO YOU CURRENTLY ATTEND A CHURCH? _____

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 \$75 *REGISTRATION FEE TO:

Language and Culture Training International • P.O. Box 282, Valleyford, WA 99036
(800)799-7976 • (803)333-9119 • E-mail: islcoffice@strategiclanguages.org • www.strategiclanguages.org
* Registration fee is applied toward tuition

Signature

Date

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