

REACH Application for Admission

Name: _____
LAST FIRST MIDDLE MAIDEN PREFERRED NAME

Address: _____
STREET ADDRESS CITY/STATE/ZIP

Phones: _____
HOME WORK
FAX EMAIL

Gender: Male Female

Social Security Number: _____ **Birth Date:** ____/____/____
MINIMUM AGE REQUIREMENT IS 23

Citizenship: USA Other SPECIFY COUNTRY AND VISA TYPE: _____

Program:

- | | |
|----------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Christian Ministry Major | <input type="checkbox"/> Illinois Teacher Certification
Elementary Education |
| <input type="checkbox"/> Organizational Leadership Major | <input type="checkbox"/> Illinois Teacher Certification
Secondary Education |
| <input type="checkbox"/> Elementary Education Major | |

When do you plan to enroll? Fall Spring Year _____

At what location do you plan to attend?

Deerfield South Chicago Other: _____

Have you previously attended Trinity? Yes No Applied only. Date: _____

Check box if you plan to apply for the following: Financial Aid Veterans Benefits

Will your employer reimburse you for tuition? Yes No

How did you hear about the REACH Program? _____

List ALL college, university, and military credit.

Request that official transcripts from each institution be sent to the REACH office.

INSTITUTION	CITY/STATE	DATES	DEGREES/# OF HOURS

Have you ever been dismissed from any academic institution? Yes No

If yes, please explain. _____

Is English your native language? Yes No

Employment Information

Current Employer: _____

Address: _____

Position: _____ FULL TIME PART TIME

Length of Time at Current Employer: _____

Previous Employers:

NAME(S)	ADDRESS(ES)	POSITION(S)	FULL/PART TIME	DATES (MO/YR)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Home Church: _____ **City:** _____ **Denomination:** _____

Explain why you desire to return to school and complete your bachelor's degree:

I attest that all information provided as a part of the application process is accurate and complete.

SIGNATURE DATE

A nonrefundable fee of twenty dollars (\$20), payable to TIU by check or money order, is enclosed with this application.

Request for Official Transcript

Institution Attended: _____

Dates Attended: _____ **Degree Program:** _____

Number of Official Copies Sent to Address Below: _____ **Number of Personal Copies:** _____

Mail official copies to: REACH – Trinity International University
2065 Half Day Road, Deerfield, IL 60015

Name: _____
LAST FIRST MIDDLE MAIDEN PREFERRED NAME

Address: _____
STREET ADDRESS APARTMENT #

CITY STATE ZIP

Social Security Number: ____ - ____ - ____ **ID#:** _____ **Birth Date:** _____

SIGNATURE DATE

- A check payable to the institution is enclosed to cover the cost of the requested transcript(s).
[Fees are set by the institution providing the transcript(s).]

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