



## APPLICATION INSTRUCTIONS

- 1. Application:** Each applicant must complete the admissions application. The application is available online at <http://www.RavensHopeInternational.com> **Please answer all questions. If a question does not apply to you, write N/A (not applicable)** in the space provided. All applications must be submitted with the non-refundable fee of \$55.00. We do accept credit card payments online, but if you are unable to pay with a credit card, please make checks or money orders payable to Raven's Hope International.
- 2. Photo & Background Check:** You will need to submit either a digital photo of yourself, or mail a passport-style photo, and pass a background check.
- 3. References:** Three recommendation letters must be submitted to RHI—one from your pastor and two personal recommendations from people who know you well and can speak on your behalf regarding your character, gifts, and calling. Please do not use relatives for any of the required recommendations. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete the form.
- 4. Application Deadline Date:** Applicants are advised to apply as early as possible, the maximum number of participants that can be accepted per year is limited. Preference for acceptance will be given to applicants who have submitted all required documents in a timely manner. The deadline for registration is August 1 for citizens of the United States and Canada, and May 1 for foreign applicants.
5. Your application is submitted for review when we have received all necessary documents including your completed application, background check, current "passport-style" photo, application fee, and three references. Once RHI has reviewed & approved your application, you will be emailed an acceptance letter.
6. Within 30 days of receiving your acceptance letter, you are required to submit a non-refundable/non-transferable \$300.00 deposit. This assures us that you are coming to RHI and reserves your place.

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- Job 38:41

ravenshopeinternational.com  
P.O. Box 4121 ~ Kansas City, KS 66104 ~ (913) 998-3261

**CONTACT INFO**

Please answer all questions. If a question does not apply to you, write N/A (not applicable)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Current Address:

Street: \_\_\_\_\_

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

Phone# \_\_\_\_\_ Email: \_\_\_\_\_

If unable to receive phone calls, who is a contact person that we can speak with?

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Are you a US Citizen? Y/N What Country are you from? \_\_\_\_\_

Do you speak English? Y/N?

Who referred you to our program: \_\_\_\_\_

Marital Status:

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widow: \_\_\_\_\_ Separated: \_\_\_\_\_

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**MEDICAL INFO**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Ph: \_\_\_\_\_ Address: \_\_\_\_\_

Do you smoke cigarettes Y/N How many cigarettes do you smoke per day: \_\_\_\_\_ Are you willing to quit? Y/N  
MUST BE NICOTINE FREE UPON ADMISSION!

Process prospective resident will use to quit smoking cigarettes: \_\_\_\_\_

Have you ever had a drug or alcohol addiction problem? Y/N

Have you received treatment? Y/N If yes, where and when completed? \_\_\_\_\_

Have you been diagnosed with a mental health condition? Y/N Were you hospitalized? Y/N

If so, diagnoses: \_\_\_\_\_ Were mental health medication(s) prescribed? Y/N

List medications: \_\_\_\_\_

Have you ever attempted suicide? Y/N If so, when? \_\_\_\_\_

Date of last physical: \_\_\_\_\_ Are you currently under a physician's care? Y/N For? \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

AMERICAN RESIDENTS ARE FINANCIALLY RESPONSIBLE FOR ALL MEDICAL AND DENTAL NEEDS WHILE IN THE PROGRAM!  
If American, who will be financing all of your medical and dental needs?

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Have you ever had or do you currently have any of the following? (circle) Seizures Heart Disease Diabetes  
High Blood Pressure Vision Problems Respiratory Problems Sexually Transmitted Disease Hepatitis  
Hearing Problems Tuberculosis Back Injury Problems Standing or Lifting

Are you pregnant? \_\_\_\_\_ If so, how many months? \_\_\_\_\_

Have you ever been tested for HIV? Y/N Tuberculosis? Y/N? What were the results? \_\_\_\_\_

What medications are you currently taking?  
\_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

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**LEGAL HISTORY**

Have you ever been arrested? Y/N If so, how many times? \_\_\_\_\_

Criminal Convictions

Sentence Requirements

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

Are you on probation / parole / drug court / court mandated? Y/N (please circle all that apply)

Are you mandated to complete a recovery program? Y/N

Have you ever been convicted of a violent crime? Y/N Are you a sex offender? Y/N

Have you ever been convicted of a crime involving children or the elderly? Y/N

Do you have any pending charges? Y/N

Date: \_\_\_\_\_ If yes, what are the charges? \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Highest grade level completed: \_\_\_\_\_ Did you graduate or do you have your G.E.D.? \_\_\_\_\_

List colleges or vocational schools attended and degrees obtained: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**CHECKLIST**

- Application (4pg. Complete, Sign & Date)
- Passport Style Photo (Digital Photo may be emailed to [admissions@ravenshopeinternational.com](mailto:admissions@ravenshopeinternational.com))
- Background Check (may be emailed to [admissions@ravenshopeinternational.com](mailto:admissions@ravenshopeinternational.com))
- Recommendation Letter from your Pastor
- 2 Personal Recommendation letters
- Application Fee non-refundable \$55 paid online @ [www.ravenshopeinternational.com](http://www.ravenshopeinternational.com) or mail check or money order to:

**Raven's Hope International – ADMISSIONS**  
PO Box 4121  
Kansas City, KS 66104

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