



Application for the "Q & A Youth Seminar"

@ Lincoln Christian College & Seminary
June 14-20, 2009

PART 1: ALL APPLICANTS – BASIC INFO (Please print)

Name _____ Sex: Male Female

Address _____
Street or Route and Box City State Zip

Home Phone (_____) _____ E-mail _____

Cell Phone (_____) _____

Church membership (Name of church): _____

_____ *Address City State Zip Code*

Preacher's Name _____ Youth Minister's Name _____

My Current Classification:

- 12th Grade (class of 2009) 11th Grade (2010) 10th Grade (2011) 9th Grade (2012)
 Youth Minister Youth Sponsor Preacher Other _____

PART 2: YOUTH APPLICANTS ONLY

Name of parents/guardians _____ Phone (_____) _____

High School Name: _____
(City) (St.)

Current college/university plans: (Select any that may apply.)

- Attend a Bible or Christian college Attend a non-religious college or university Attend a community college
 Attend a Christian liberal arts college Attend a technical or professional school No college plans

Have you already chosen a college or university to attend? _____ Where? _____

Do you have a college MAJOR in mind? _____ What? _____

WHAT or WHO led you to apply for this seminar? _____

List the names and phone numbers of **TWO REFERENCES**. Please do NOT use a family member. [PLEASE PRINT]

Name: _____ Phone: (_____) _____

- Youth Minister Preacher Youth Sponsor School Teacher Employer Other _____

Name: _____ Phone: (_____) _____

- Youth Minister Preacher Youth Sponsor School Teacher Employer Other _____

Do you have any physical or dietary restrictions? (If yes, please explain): _____

PART 3: A L L APPLICANTS – COSTS AND ADDITIONAL INFO

- **\$250** = All-inclusive cost for the entire seminar, but discounts or scholarships may apply (see below). The seminar fee covers tuition, room, food, materials, computer labs, the “worldview” trip to Chicago, and all activities. A \$25 non-refundable deposit is required within two weeks after acceptance. Balance is to be paid before the seminar begins.
- **\$200** = EARLY BIRD cost if the entire fee is paid by May 30.

Please check the appropriate box if any apply:

- I am a **YOUTH** applying for an **LCCS Alumni-Dependent Scholarship**. (The LCCS Alumni Association will pay \$150 of the seminar fee for children or grandchildren of LCCS alumni. Participants must pay the balance of whatever fee is owed.)

Print the name (including the maiden name) of the LCCS Alum who is your parent or grandparent:

_____ Your relationship? _____

- I am a **FALL 2009 FRESHMAN APPLICANT to LCC** and am applying for an **LCC Seminar Grant**. (The seminar fee must be paid to WorldViewEyes and this fee will later be applied to your school bill. The schedule will also allow seminar attendees to participate in an LCC “early registration” day on Friday, June 19.)

- I am a **YOUTH WORKER** (youth minister or sponsor)
Total cost if bringing 4 youth or more = **NO COST**; bringing 3 youth = **\$50**; bringing 2 youth = **\$100**.
(Any refunds will be made after all youth fees from your group have been received.)

- I will help serve as seminar staff if asked.
- I can help provide some transportation during the week if needed. For how many? _____
- I intend to bring the following youth with me to the seminar. (This does not have to be a final list.)

TRANSPORTATION & HOUSING NOTE: If flying to the seminar, WVE can offer shuttle service to and from area airports (Bloomington, Springfield, Peoria). If service is needed, please coordinate your travel plans with WVE in advance. Additional housing can also be provided one day before and after the seminar if necessary.

“IF I AM ADMITTED TO THE SEMINAR . . .” (ALL ITEMS SHOULD BE CHECKED.)

- I will arrange my schedule to attend the entire seminar (Sunday 5 p.m. through Saturday 12 p.m.).
- I will use all equipment and facilities with consideration and care.
- I will not possess or use tobacco (in any form), alcoholic beverages, or illegal drugs.
- I will present a Christ-like attitude and exhibit appropriate Christian behavior.
- I will mail or email a recent photo of myself.

Applicant Signature (required): _____ **Date:** _____

PARENT/GUARDIAN Signature (required): _____ **Date:** _____

Parent/Guardian: “My signature above provides legal authorization for any MEDICAL TREATMENT that may be necessary during the seminar. It also gives permission for seminar activities and the field trip to Chicago.”

Please mail or fax application to:
WorldViewEyes Director
Lincoln Christian College & Seminary
100 Campus View Drive
Lincoln, IL 62656

Questions? Contact
Dr. Rich Knopp
217-732-3168 x2252
217-732-1729 fax
E-mail: info@worldvieweyes.org

Please visit <http://www.worldvieweyes.org> for more information, application forms, and publicity materials.