Instructions
After all five parts to your application have been completed and received in our enrollment office, your application will be reviewed by the Admissions Committee.

The following parts are to be completed and submitted by the applicant to:

Graduate and Adult Enrollment
ATTN: MBA Admissions Counselor
200 Seminary Drive
Winona Lake, IN 46590
877.607.0012
Fax: 574.372.5120

- Application
- Photos: Attach two recent photos of yourself to the application or e-mail a digital photo of yourself to mba@grace.edu.
- Résumé

The following two parts are to be completed and/or requested and submitted by the appropriate persons or institutions:

- Personal Reference. Complete the top portion of the form and forward it to a qualified individual (not a relative) who knows you well. It will be returned by your reference person directly to our Graduate and Adult Enrollment Office.
- Transcripts Request/Student Recommendation. All Graduate and Adult Education applicants must submit official transcripts from all post-secondy institutions which they have attended. The transcripts must come directly from the school. Complete the top section of the Transcript Request/Student Evaluation form and send it to the Registrar of each post-secondary school you have attended. (You may copy this form as you may need more than one.) The registrar will complete the remainder of the form and return it with a copy of your official transcripts directly to the Graduate and Adult Enrollment Office.

**Discrimination Policy**
Grace College admits students of any race, color, national and ethnic origin to the rights, privileges, programs, and activities generally accorded or made available to students at the school.

Grace College does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Grace College is committed to compliance with Title IX of the Federal Education amendments of 1972, except as claimed in religious exemption.

Grace College does not discriminate against qualified individuals with disabilities in the recruitment and admission of students, the recruitment and employment of faculty and staff, and the operation of any of its programs and activities as specified by applicable federal laws and regulations.
GENERAL INFORMATION

Date of Application __________________________  Anticipated Enrollment  ☐ Fall 2010/2011  ☐ Fall 2011/2012

Name _________________________________________________________________________________________________________________________________

Last        First       Middle   Maiden (if applicable)

Mailing Address _______________________________________________________________________________________________________________________

Street        City       State   Zip Code

Home Phone _________________________________________________  Work Phone _______________________________________________________

E-mail Address ________________________________________________________________________________________________________________________

Social Security Number _______________________________________________ Citizenship: Permanent resident of U.S.?  ☐ Yes  ☐ No

Gender: ☐ Female  ☐ Male

OPTIONAL (but helpful for office use)

Date of Birth __________________________  City and State of Birth _________________________________________________________________________

Employer ________________________________________________________  Job Title/Position ___________________________________________________

Religious Affiliation ___________________________________________________________________________________________________________________

Ethnic/Racial Background:  ☐ African-American/non-Hispanic American  ☐ Native American  ☐ Alaskan Native

☐ Asian/Paciﬁc Islander  ☐ Hispanic  ☐ White/non-Hispanic  ☐ Other

List any chronic illness or disability that would require special accommodations ____________________________________________________________
_______________________________________________________________________________________________________________________________________

EDUCATIONAL INFORMATION

Masters of Business Administration

Have you previously attended Grace College?  ☐ Yes  ☐ No  If yes, please list the dates attended __________________

If yes, we will request your transcript from the Grace College registrar.

Other colleges/universities attended

Name       City     State  Dates Attended   Degrees received or hours attended

__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Do you wish to receive information about ﬁnancial aid?  ☐ Yes  ☐ No

If yes, complete the Free Application for Federal Student Aid (FAFSA). Priority deadline is March 1; code for Grace College is 001800.

For ﬁnancial aid information, contact the ofﬁce of Financial Aid at 800.544.7223 ext. 6162.
By submitting this application you are indicating to abide by the following Grace College School of Adult and Community Education Student Pledge while on campus or engaged in Grace activities.

The Grace College School of Adult and Community Education Student Pledge

I agree to show respect for the faith commitment that Grace practices and agree to abide by certain of the institution’s community guidelines while on campus or engaged in Grace activities (i.e. avoidance of disrespecting others, open displays of sexual behavior, illegal drugs, gambling, coarse or obscene language, tobacco, alcoholic beverages, and such conduct). I certify that all my answers on this application are complete and true to the best of my knowledge. Furthermore, I understand that falsifying any part of this application could result in a failure to be admitted or registered.

Signature ___________________________________________ Date _______________________

Please submit a $25 nonrefundable fee with this form. Make checks payable to Grace College. There is no application fee if you apply online.

Return this form to the address below:

Graduate and Adult Enrollment
ATTN: MBA Admissions Counselor
200 Seminary Drive
Winona Lake, IN 46590

Fax: 574.372.5120
To Be Completed by Applicant (please print)

Last Name ___________________________________________  First _____________________________________  Middle _________________________________

Address _______________________________________________________________________________________________________________________________

City ______________________________________________________________  State _____________________________  Zip _________________________

I waive any right of access to see the completed recommendation, knowing that this waiver is not required as a condition for admission.

Signature ___________________________________________________________________________________________________  Date _______________________

To the applicant: Please give this form to the reference, who will return it directly to the Graduate and Adult Enrollment Office.

NOTE: Your application will not be evaluated until this reference is received.

To Be Completed by Reference Person (please print)

Last Name ___________________________________________  First _____________________________________  Middle _________________________________

Address _______________________________________________________________________________________________________________________________

City ______________________________________________________________  State _____________________________  Zip _________________________

Title/Position __________________________________________________________________________________________________________________________

Church _________________________________________________________________________________________   Phone _______________________________

Please indicate your association or contact with the applicant (check all that apply):

- ☐ I have known the applicant for _____ years.
- ☐ I have observed the applicant's service in the church
- ☐ I have had only casual contact with the applicant
- ☐ Other ___________________________________________

Please Indicate Your Perception of the Applicant

<table>
<thead>
<tr>
<th>Clarity of Goals</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Superior</th>
<th>Not Sure</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates clear-cut and worthy professional goals</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Has a clear sense of direction in pursuit of goals</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Has the support of his or her spouse</td>
<td>☐</td>
<td>☐</td>
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<table>
<thead>
<tr>
<th>Industry</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Superior</th>
<th>Not Sure</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates the effort necessary to achieve goals</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Expends effort and energy wisely</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Foresees problems realistically</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Approaches problems in a constructive manner</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Accepts well-meant criticism and uses it constructively</td>
<td>☐</td>
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<tr>
<td>Demonstrates openness regarding personal feelings</td>
<td>☐</td>
<td>☐</td>
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<table>
<thead>
<tr>
<th>Ability To Think Critically</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Superior</th>
<th>Not Sure</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows insight in identifying problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Utilizes relevant resources in solving problems</td>
<td>☐</td>
<td>☐</td>
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<thead>
<tr>
<th>Financial Responsibility</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Superior</th>
<th>Not Sure</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows responsibility in money matters (credit, etc.)</td>
<td>☐</td>
<td>☐</td>
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<table>
<thead>
<tr>
<th>Interpersonal Relationships</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Superior</th>
<th>Not Sure</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates willingly and effectively in a group</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Shows leadership ability when the occasion permits</td>
<td>☐</td>
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<tr>
<td>Relates with others in a meaningful way</td>
<td>☐</td>
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<tr>
<td>Demonstrates a teachable spirit or attitude</td>
<td>☐</td>
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<tr>
<td>Demonstrates a genuine concern for others</td>
<td>☐</td>
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</tbody>
</table>
Initiative and Creativity

- Reflects originality in approaching problems
- Recognizes and accomplishes necessary tasks

General Impressions

- Generally acceptable in personal appearance
- Socially acceptable in personal habits
- Well accepted by associates
- Possesses a wholesome attitude toward others
- Displays common sense
- Displays emotional stability

Skill in Communication

- Speaks clearly and effectively
- Expresses ideas clearly in writing
- Interprets accurately and effectively the ideas of others

Personal and Intellectual Integrity

- Accurately appraises strengths and weaknesses
- Pursues goals ethically and conscientiously
- Displays moral integrity
- Demonstrates reliability

What is your overall evaluation of this applicant?

Please give a brief statement of any family background that would help to understand the applicant.

Do you see any area(s) in the applicant’s life which need(s) improvement?

Do you know of any views that would make it difficult for the applicant to be part of the School of Adult and Community Education?

Yes  No  If yes, please explain.

Has there ever been any evidence of criminal or social problems?

Yes  No  If yes, please give particulars.

I recommend this applicant for graduate studies in the Graduate and Adult Education program:

- Enthusiastically  Strongly  With average expectations  With reservation  Not recommended
- I prefer to discuss this further. Please call me at this telephone number during the daytime: ____________________________

Signature ____________________________ Date ________________

Please mail or fax this completed form to:

Graduate and Adult Enrollment Office, Attn: MBA Admissions Counselor
200 Seminary Drive • Winona Lake, IN 46590
Telephone: 877.607.0012 • Fax: 574.372.5120

Revised  September 2010
To be Completed by Applicant and sent to Registrar of College(s) from which you are requesting transcript(s) (please print)

I, (full name) ________________________________________________________ (include maiden name if applicable)
(Social Security number) ______________________________ authorize the Registrar of (name of school) _____________________________ to release my official transcripts for use as requested by Grace College.

I last attended during ____________________________ (term, quarter, semester) of _______ (year).

Applicant's Signature: ______________________________ Date: ____ / ____ / ____.

Registrar: Please mail the applicant's official transcript directly to:

Graduate and Adult Enrollment
ATTN: MBA Admissions Counselor
200 Seminary Drive
Winona Lake, IN 46590

Fax: 574.372.5120