

Quest 2021 STUDENT APPLICATION

Thank you for your desire to attend Quest this summer. Quest is for all young men ages 14 - 17, and takes place on our Big Sandy, TX, campus from **June 12th through July 9th**. We invite you to complete this application packet and return it to us along with a \$25 non-refundable application processing fee. We will then contact you with further information and instructions.

IAA does not discriminate in its admissions or educational policies and programs on the basis of race, color, or national and ethnic origin.

Completion Checklist

- Student Application
- Parent's Questionnaire
- Medical History Form
- Liability Release Form
- Personal photograph taken within the last 6 months (if others are in the photo, please indicate which person you are)
- \$25 non-refundable processing fee

Cost Breakdown

Non-refundable Application Fee	\$ 25
Program Fee	\$1,850
Total Cost	\$1,875
\$100 Early Payment Discount (applicable if full payment is postmarked by May 14, 2021)	\$1,775

Please submit this form to us via mail with all the above documentation.

Quest - Attn: Student Application / One Academy Blvd. / Big Sandy, TX / 75755

If you have any questions, please call us at (903) 636-2000 or email us at quest@alertacademy.com. Your information will be kept confidential.

Personal Information

Full Name: _____ Name known as: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home phone: _____ Cell phone: _____

Email: _____

Date of birth: _____ Age: _____

T-Shirt Size (adult sizes): XS S M L XL

Background

Parents' (Guardians') Names: _____

Siblings (names and ages): _____

Family Email: _____

Church: _____ Denomination: _____

Pastor's name: _____ Pastor's phone: _____

Name of School: _____

Personal (to be filled out by student applicant)

Are you a Christian? (pick best answer) Yes Not Sure No

(Your answer does not affect your eligibility for Quest. Please be honest.)

If yes, when did you become a believer? _____

Do you ever doubt your salvation? If yes, how often? _____

If you are a Christian, please describe your salvation experience: _____

Do you have a regular routine of prayer and Bible reading? Yes No (If yes, how often?) _____

Outside of school, work, and sleep, what three things take up the most of your time? _____

What is the biggest struggle in your life? _____

Do you struggle with purity in your thought life? (thinking about things you shouldn't)

Yes No

If yes, please explain: _____

Personality (to be filled out by student applicant)

Please describe your personality: _____

Who are your heroes? Why? _____

In each row, pick the word that most describes you: (you should have 12 words picked):

Forceful	Lively	Modest	Tactful
Aggressive	Emotional	Accommodating	Consistent
Direct	Animated	Agreeable	Accurate
Strong-willed	People-oriented	Gentle	Perfectionist
Daring	Impulsive	Kind	Cautious
Competitive	Expressive	Supportive	Precise
Risk taker	Talkative	Cooperative	Factual
Argumentative	Fun-loving	Patient	Logical
Bold	Spontaneous	Stable	Organized
Take Charge	Optimistic	Peaceful	Conscientious
Candid	Cheerful	Loyal	Serious
Independent	Enthusiastic	Good Listener	High Standards

What kind of music do you listen to (give some examples of artists): _____

What movies have you watched recently? _____

How often do you have conflict with your parents/guardians about the type of music you listen to or movies you watch? Never Occasionally Often

Personal Vision (to be filled out by student applicant)

What are some of your life's goals? _____

In your opinion, what is your greatest weakness or need? _____

Why do you want to attend Quest? _____

_____ Is attending your choice? Yes No

Quest is four weeks of learning to embrace Christ-like manhood. Are you committed to let God (through the course content and leaders) mold you into what He wants you to be? Yes No

If no, please explain _____

By checking this box I certify that I, the student applicant, have completed this student portion of this application and that the answers are my own.

Student's Name: _____

Date: ____/____/____

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Parent's Questionnaire

We request that the father (if possible) fill out this questionnaire. The information that you as parents provide is vital for our being able to effectively work with your son. Please take time to share as much as you can, and use extra paper if necessary.

Name of Parent/Guardian completing application: _____

Briefly describe your son: _____

What are your goals for your son? _____

How do you see Quest helping your son achieve your goals for him? _____

What are your son's greatest strengths? _____

What are your son's greatest weaknesses? _____

Please describe your relationship with your son: _____

Would you say that your son generally understands authority structure? Yes No

At this time, does your son accept you as an authority in his life? Yes No

Besides yourself (and/or spouse), does your son generally accept other authorities that God has placed in his life? (i.e. teachers, clergy, etc.)? Yes No

Please elaborate, if necessary, on your son's willingness to yield to proper authority:

Any other information you think might be helpful: _____

By checking this box I certify that I, the student's parent or guardian, have completed this parent portion of this application and that the answers are my own.

Parent's Name: _____ Date: ____/____/____

Medical History Form

Student's Name: _____

HOME ADDRESS:

Street: _____ City: _____ State: ____ ZIP: _____

Home phone: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relationship to you: _____

Home Phone: _____ Cell Phone: _____

INSURANCE INFORMATION None *(Please attach a copy of the insurance card)*

Company: _____ Policy # _____

Street: _____ City: _____ State: ____ ZIP: _____

Phone: _____ Fax: _____

Father's name: _____ Father's date of birth: _____

Mother's name: _____ Mother's date of birth: _____

PERSONAL PHYSICIAN OR HEALTH-CARE PROVIDER:

Name: _____ Phone: _____

Street: _____ City: _____ State: ____ ZIP: _____

MEDICAL HISTORY

(Please explain any checked boxes on a separate piece of paper)

- | Past | Present | Past | Present | Past | Present |
|--------------------------|---------------------------------------|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Appendectomy | <input type="checkbox"/> | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> | <input type="checkbox"/> Heat-related illness |
| <input type="checkbox"/> | <input type="checkbox"/> Hypertension | <input type="checkbox"/> | <input type="checkbox"/> Medication allergies | <input type="checkbox"/> | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> | <input type="checkbox"/> Asthma | <input type="checkbox"/> | <input type="checkbox"/> Diabetes | <input type="checkbox"/> | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> | <input type="checkbox"/> Seizures | <input type="checkbox"/> | <input type="checkbox"/> Food allergies | <input type="checkbox"/> | <input type="checkbox"/> Serious injuries |
| <input type="checkbox"/> | <input type="checkbox"/> Broken bones | <input type="checkbox"/> | <input type="checkbox"/> Eye problems | <input type="checkbox"/> | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> | <input type="checkbox"/> STDs | <input type="checkbox"/> | <input type="checkbox"/> Other allergies | <input type="checkbox"/> | <input type="checkbox"/> Recurring injuries |

Weight: _____ Height: _____

Current Medications: _____

Dietary Restrictions: _____

Other Allergies: _____