



# ZADOK

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INSTITUTE

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SEPARATED FOR GOD. ANOINTED FOR WORSHIP.

**Application for Admission**

**ZADOK Institute**  
**Application for Admission**

PO Box 1592  
Keller, TX 76244  
(817) 898-0440

[www.ZADOKInstitute.com](http://www.ZADOKInstitute.com)

Email: [admissions@zadokinstitute.com](mailto:admissions@zadokinstitute.com)

Dr. Steven Foss, President  
Dr. Carrie Foss, Dean

ZADOK Institute is an accredited institution of higher learning providing an Associates of the Arts degree in Ministerial Studies or Music Ministry, and a Bachelors degree in Ministerial Studies or Music Ministry. ZADOK Institute is accredited through

Transworld Accrediting Commission International  
231 E Alessandro Blvd., Suite A-210  
Riverside, CA 92508: 951-901-5586  
[www.transworldaccrediting.com](http://www.transworldaccrediting.com)

ZADOK Institute admits students of any race, color, national and ethnic origin, to all rights, privileges, programs and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national and ethnic origin in administration of educational policies, admissions policies and other school-administered programs.

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# Application Procedures

## APPLICATION DEADLINE

The ZADOK Institute application is due no later than August 10 for the Fall semester/January 10 for the Spring Semester in order to allow time for the processing of the application. One month prior to registration is recommended. Late applications are accepted based on space and qualifications of the applicant. Please note: Enrollment is on a first apply, first admit basis, and ZADOK reserves the right of admissions.

## APPLICATION REQUIREMENTS

- Complete the Application for Admission Form. Please answer all questions. If a question does not apply, write N/A (not applicable) in the space provided.
- Applicants must include a recent passport size color photograph with the Application for Admission form.
- Complete, sign and submit the Statement of Purpose form. Please print or type in English.
- Read and sign the Student Privacy Right form and return it with the application.
- Please do not fax any portion of the application.
- Send the request for high school transcript to your high school or diploma-issuing agency.
- Send a request for transcript to each college or university you have attended if applicable.
- Each applicant must submit three recommendations: One from the applicant's pastor and two personal recommendations from people who know the applicant well and can speak on his or her behalf regarding character, gifts and calling. Please do not use family members or relatives for any of the required recommendations. To expedite the application process, please sign the recommendation form and provide each reference with a stamped envelope addressed to:

ZADOK Institute  
Office of Admissions  
PO Box 1592  
Keller, TX 76244

- Complete the permission to obtain a background check form. This is required of each potential first-year student. Information obtained from this background check may be shared with the pastor of the church where you will be completing your applied courses.
- Mail all forms to Zadok Institute, Office of Admissions, PO Box 1592, Keller, TX 76244 along with a check/money order for the application fee made payable to Zadok Institute in the amount of \$50.00 in US currency.

Once the admissions committee has reviewed the application, the applicant will be notified in writing of acceptance or denial.

## Application Checklist

This application checklist is to be used as a guide to help expedite the application process. Your application file for ZADOK Institute is not complete until all items in this checklist are submitted. The deadline for the application process to be completed is August 10 for the Fall Semester/January 10 for the Spring Semester. This checklist is for your benefit and should not be mailed to ZADOK Institute.

### COMPLETE APPLICATION ITEM

- \_\_\_\_\_ Entire four-page application - includes "Statement of Purpose" and "Privacy Rights of Students" (no items left blank) along with the application fee.
- \_\_\_\_\_ Recent passport-size color photograph attached to the application
- \_\_\_\_\_ Send request for transcript to high school or diploma issuing agency  
Date sent: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_\_\_ Send request for transcript to each college or university previously attended  
Date sent: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_\_\_ Date application mailed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_\_\_ Pastoral recommendation given to: \_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_\_\_ First personal recommendation given to: \_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_\_\_ Second personal recommendation given to: \_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_\_\_ Permission for Background Check form completed  
Date sent to ZADOK: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## PRIVACY RIGHTS OF STUDENTS

STATUTE 20, United States Code, Section 1232g and regulations adopted pursuant thereto, hereafter, referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the Code: The Code provides for the institution to establish a category of student information termed "directory information". When available in college records, any information falling in the category of "directory information" will be available to all persons on request, i.e., the IRS, FBI or other government agencies and for use in ZADOK Institute publications. ZADOK Institute has identified the following as "directory information".

Student's:

- |                            |                                    |
|----------------------------|------------------------------------|
| 1. Name                    | 7. Church Membership               |
| 2. Address                 | 8. Denominational Affiliation      |
| 3. Telephone Listing       | 9. Dates of Attendance             |
| 4. Race                    | 10. Degrees and Awards Received    |
| 5. Date and Place of Birth | 11. Most Recent Previous Education |
| 6. Major Field of Study    | 12. Agency or Institution Attended |

All other information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts of student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the school that have responsibility for working with the student. Such information will not be released to second parties without consent of the student. Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction. I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, Section 1232g.

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Date of Application

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Applicant's Signature

ZADOK Institute does not discriminate on the basis of nationality, ethnic origin, or gender. We guarantee the rights, privileges and the availability of programs and activities to all students.











## STATEMENT OF PURPOSE

Applicant's Last Name	First	Middle
<p>1. Give a brief description of your salvation experience. <i>(Please type or print using 300 words or less.)</i></p>		
<p>2. Briefly explain why you want to attend ZADOK Institute.</p>		
<p>3. Though prior experience is not required, please briefly describe any prior musical or ministry education and experience, and briefly describe any prior ministry education and experience you may have had.</p>		
<p>4. If you are a <b>School of Worship</b> applicant, please check your intended primary area of study:</p> <p><input type="checkbox"/> Voice                      Other _____</p> <p><input type="checkbox"/> Piano/Keyboard</p> <p><input type="checkbox"/> Guitar/Bass Guitar</p> <p><input type="checkbox"/> Worship/Intercessor</p> <p><input type="checkbox"/> Percussion/Drum</p>		



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## PASTORAL RECOMMENDATION

**To the Applicant:** Please print your name on the line below.

Applicant's Last Name

First

Middle

The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive their right of access to the reference.

By signing below, the applicant willingly waives the right of access to see this recommendation, knowing that this waiver is NOT required as a condition of admission.

Applicant's Signature

Date

**To the person completing this recommendation:** The above named applicant has applied for admission to ZADOK Institute and must submit one pastoral recommendation. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. If additional space is needed for any question, you may attach extra pages and identify which question is being answered. This complete form should not be given to the applicant but returned directly to the Office of Admissions:

**ZADOK Institute, PO Box 1592, Keller, TX 76244**

1. How long have you known the applicant? \_\_\_\_\_ Year(s) \_\_\_\_\_ Months
2. How would you describe your relationship? \_\_\_ Very close \_\_\_ Close \_\_\_ Casual
3. Has the applicant been involved in your local church ministry? Yes No If yes, describe:

4. Please circle the choice that best describe the applicant's ability in each area. Circle unknown if you feel your knowledge of the applicant is insufficient in that particular area:

Leadership Ability:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Submissiveness to Authority:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Teachability:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Servant's Attitude	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Motivated:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
People Skills:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A

5. Please circle the choices which best describe the applicant's attitude toward spiritual matters.

Relationship with Jesus:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Church Attendance:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Relationship with Spouse:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Relationship with children:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A

6. Describe the applicant's strengths: \_\_\_\_\_

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7. Describe the applicant's weaknesses: \_\_\_\_\_

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8. Have you known the applicant to engage in any immoral actions or questionable behavior? If so, please explain: \_\_\_\_\_

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9. Please share any additional information that you feel would help us evaluate the applicant's readiness to attend ZADOK Institute.

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Name (Please Print) Signature Date

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Address City State Zip

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Contact Phone Numbers

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## PERSONAL RECOMMENDATION

**To the Applicant:** Please print your name on the line below.

Applicant's Last Name

First

Middle

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By signing below, the applicant willingly waives the right of access to see this recommendation, knowing that this waiver is NOT required as a condition of admission.

Applicant's Signature

Date

**To the person completing this recommendation:** The above named applicant has applied for admission to ZADOK Institute and must submit two personal recommendations. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. If additional space is needed for any question, you may attach extra pages and identify which question is being answered. This complete form should not be given to the applicant but returned directly to the Office of Admissions:

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6. Describe the applicant's strengths: \_\_\_\_\_

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9. Please share any additional information that you feel would help us evaluate the applicant's readiness to attend ZADOK Institute.

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Name (Please Print)

Signature

Date

Address

City

State

Zip

Contact Phone Numbers

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Name (Please Print)

Signature

Date

Address

City

State

Zip

Contact Phone Numbers



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## HIGH SCHOOL/GED TRANSCRIPT REQUEST FORM

**To the Applicant:** A high school or equivalent diploma is required to attend ZADOK Institute. It is imperative that you send your transcripts as soon as possible. Please fill out this form and submit it to the registrar's office of your high school or issuing agency of your diploma. Transcripts must reach the ZADOK Institute by corresponding application deadline.

**To:**

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**From:**

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Student's Maiden Name (If Applicable)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Years Attended

\_\_\_\_\_  
Date Graduated

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**REQUEST FOR TRANSCRIPT**

Please send a copy of my transcript to:

ZADOK Institute  
Office of Admissions  
PO Box 1592  
Keller, TX 76244



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## TRANSCRIPT REQUEST FORM

**To the Applicant:** Only general education from an accredited institution of higher education is eligible for consideration toward a degree program from ZADOK. Please understand that this may not shorten your time of study at ZADOK. It is your responsibility to provide transcripts from any school you wish us to consider. It is imperative that you send your transcripts as soon as possible. Please fill out this form and mail it to the registrar of your institution. You will need to send one Transcript Request Form for each institution. Also note that most colleges and universities often charge a fee for this service. A check for their fee should be attached to each request.

### To:

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Name of Institution

---

Street Address or PO Box

---

City

State

Zip Code

### From:

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Student's Full Name

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Student's Maiden Name (If Applicable)

Social Security Number

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Years Attended

Date Graduated

---

Present Address

---

City

State

Zip Code

---

Student's Signature

Date

### REQUEST FOR TRANSCRIPT

Please send a copy of my transcript to:

ZADOK Institute  
Office of Admissions  
PO Box 1592  
Keller, TX 76244





