

Tree of Life

CHRISTIAN SCHOOLS

Dear Student,

We are excited that you have chosen to apply for the International Student Program at Tree of Life Christian Schools! Please follow the guidelines below as you complete your application:

- Print or type all information legibly in blue or black ink only.
- Be honest in all of your answers. For many of the questions, there are no “right” answers. We are simply looking to learn more about you as an individual. If you have any questions about the application or application process, do not hesitate to contact the International Program Director, Heather Shah, by phone or email.
- Before submitting your application, we strongly recommend making a copy of your application to keep with your personal records.
- Please refer to the checklist on the following page to ensure that you have submitted all required documents. Your application cannot be processed fully until all documents have been received by the International Program Director.
- To submit your application, please send it to the International Program Director via email at hshah@tolcs.org or by mail at:

Mrs. Heather Shah
International Program Director
Tree of Life Christian Schools
935 Northridge Road
Columbus, OH 43224 USA

We look forward to receiving your application and learning more about you!

Sincerely,

Heather Shah
International Program Director
Tree of Life Christian Schools
hshah@tolcs.org / 614-263-2688 / WeChat ID: hshah119

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CHRISTIAN SCHOOLS

Application Checklist

Application Process & Checklist

1. Fill Out Application
 - General Information (pp. 2-6) (Note: Please be sure that you have attached a copy of your passport.)
 - Short Answers (p. 7)
 - Photo Album (pp. 8-9) (Note: You may submit your photos and captions via email instead of inserting them in the application.)
 - Student Personality & Housing Inventory (pp. 10-13) (Note: Only students who are applying for the Homestay Program should complete pages 10-13 of the application.)
2. \$125 non-refundable application fee (paid online at <http://tolcs.org/international>)
3. Submit Supplemental Documents to Tree of Life Christian Schools
 - Official Transcripts from last 2 years of school
 - Official English Proficiency Test Scores (iTEP SLATE-Plus or TOEFL iBT)
 - Reference Letter (pp. 14-16 of application) (TO BE FILLED OUT BY ENGLISH TEACHER AND SUBMITTED SEPARATELY)
4. Interview with International Program Director
 - Schedule Skype, WeChat Interview, or In-Person Interview (1-1.5 hrs.)
5. Admission Offer/Enrollment if accepted.
 - If you are admitted to the Tree of Life Christian Schools International Student Program, you will receive an enrollment packet from the school that you must then complete and return with a non-refundable \$3,000 deposit. (Once your enrollment packet and deposit are received, your I-20 will be mailed to you.)

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INTERNATIONAL STUDENT PROGRAM

STUDENT APPLICATION

This application is for **new international students only**.

Please note: There is a \$125 non-refundable application fee due at the time of submission.

Application Type: (please select one)

- I am applying for **both** the International Student Program **and** the Homestay Program.
- I am applying for the International Student Program **only**. I am requesting to live with my own family/personal contact.

When would you like to enroll in school at Tree of Life Christian Schools? Fall Semester 20____
 Winter Semester 20____

General Information

Student

Full Legal Name: _____
First Name Middle Name Last Name (Family Name)

Name student prefers to be called (if different than given name): _____

Gender: Male Female

Permanent Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Citizenship: _____

Phone: _____ WeChat ID: _____
(Please include country code)

Student's Email: _____ Skype Name: _____

Date of Birth: _____ Place of Birth (City, State, Country): _____
Month/Day/Year

Student lives with: Both parents Mother only Father only Other

Parents are: Married Separated Divorced

Native Language: _____

Other Languages Spoken/Studied	Years Studied	Proficiency Level (Excellent, Good, Fair, Poor)
--------------------------------	---------------	-------------------------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you consider yourself a Christian*? Yes No

If you are a Christian, please explain the role that Jesus Christ plays in your life.

Are you an active member in a church? Yes No

Name of Church: _____

Describe your areas of interest and/or involvement in church.

*TOLCS is a Christian school and all classes are taught from a Christian worldview. The International Student Program welcomes students of all faiths but each student must be committed to abide by our Christian philosophy of education and code of conduct, support the TOLCS mission/vision statement, and take specific Bible courses each year of their time at TOLCS.

Have you ever participated in activities that could cause a student to be expelled from Tree of Life (i.e. illegal drug use, alcohol, tobacco, etc.)? Yes No

If you answered "yes," please explain.

Do you agree to abstain from all use of tobacco, drugs, alcohol, and immoral activities both on and off campus while you are a student at Tree of Life? Yes No

Student Passport Information

Passport Number: _____

Place of Issue: _____

Date of Issue: _____
Month/Day/Year

Date of Expiration: _____
Month/Day/Year

Please make a copy of these documents and email them with your application to hshah@tolcs.org.

Parents/Guardians

Full Name of Father/Guardian: _____
First Name Middle Name Last Name (Family Name)

Relationship to student (if not father): _____

Check if same as student address

Permanent Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Citizenship: _____

Phone Number: _____ WeChat ID: _____
(Please include country code)

Father's Email Address: _____ Occupation: _____

Employer: _____ Work Phone: _____

I prefer to be contacted via: Email Phone Mail

Do you speak English? Yes No

Parents/Guardians

Full Name of Mother/Guardian: _____
First Name Middle Name Last Name (Family Name)

Relationship to student (if not mother): _____

Check if same as student address

Permanent Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Citizenship: _____

Phone Number: _____ WeChat ID: _____
(Please include country code)

Father's Email Address: _____ Occupation: _____

Employer: _____ Work Phone: _____

I prefer to be contacted via: Email Phone Mail

Do you speak English? Yes No

Emergency Contact

Name: _____
First Name Middle Name Last Name (Family Name)

Relationship to Student: _____

Contact Information (address, phone number, email address) *if different from information listed above:*

Siblings

<u>Full Legal Name</u>	<u>Gender</u>	<u>Age</u>	<u>Is this person also applying to TOLCS?</u>
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Is a TOLCS student/alum
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Is a TOLCS student/alum
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Is a TOLCS student/alum
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No Is a TOLCS student/alum

Do you have any other relatives who are alumni of Tree of Life? Yes No

If you answered "yes," please list the names of any relatives who have attended TOLCS and their relationship to you:

Agency/Agent Information *(if applicable)*

Are you using the services of an agency/agent to help you with your school selection/application process?

Yes No *If yes, please list their information below.*

Agency Name: _____

Agent Name: _____

Address: _____

Email: _____

Website: _____ Phone Number: _____

Schooling

Current Grade Level: _____ Desired Entry Grade Level at TOLCS: _____

Name of Current School Attending: _____

School Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Website: _____ Phone: _____

Dates enrolled at current school: *From:* _____ *To:* _____

How many students are in your entire grade level at the school you are currently attending?

Estimate your rank in your entire grade by checking one of the following: Top 10% Top 50% Bottom 50%

Have you ever received special accommodations in any school? Yes No

If yes, please explain.

Do you have a history of physical or emotional conditions or learning disabilities which require special attention?

Yes No

If yes, please explain.

Do you wish to graduate from Tree of Life Christian Schools? Yes No Undecided

Have you previously been enrolled at Tree of Life Christian Schools? Yes No

If so, please list your date(s) of previous enrollment:

Short Answers

Please respond briefly to the following questions with a few complete sentences. If desired, you may attach a separate page with your answers.

Describe your creative interests/activities (musical, artistic, literary, dramatic), athletic interests/activities, and other interests you have (i.e. computer, hiking).

How would you describe yourself as a student?

Have you received any special honors in school or outside of school? Please explain.

What do you hope to contribute to Tree of Life as a student?

Describe your plans and ambitions for your education and future career.

What do you imagine will be the most significant challenge you will face as a student in the United States (aside from language barriers)?

What questions, doubts, or fears do you have about coming to Tree of Life?

Photo Album In the space provided below, please attach photos of you, your friends/family, and other things or people that represent various parts of your life. This miniature “photo album” will help us get to know you as an individual. All photos should be no more than one year old. *Under each photo, please include a brief caption (2-3 sentences) to describe the picture.* Alternatively, you may send your photos as email attachments to hshah@tolcs.org. Please be sure to include a caption for each photo even if you submit them via email.

Photo #1: My Family



Caption:

Photo #2: A Glimpse of My Current School Life



Caption:

Photo #3: What I Do in My Free Time



Caption:

Photo #4: Something Very Important to Me



Caption:

HOMESTAY PROGRAM APPLICATION

Note: *This portion of the application is only for students who are applying for the TOLCS Homestay Program. Students who desire to live with their own family/personal contact may skip pages 10-12.*

Student Personality & Housing Inventory

On average, how many hours a day do you spend on homework? _____

On average, how many hours a day do you spend watching TV or playing computer games?

Do you have any dietary restrictions? Yes No

If yes, please explain.

Are there any animals you are allergic to or would not want in your home? Yes No

If yes, please explain.

Are you willing to contribute to the life of your *host family* by helping with chores? Yes No

List the household chores you are responsible for *in your own home*.

Do you have a curfew at home? Yes No

If yes, what time are you expected to be home during the week? _____ On weekends? _____

What, if any, prior experience do you have adjusting to other cultures?

How would you like to share your culture with your host family and school?

When you feel frustrated or upset, how do you deal with your emotions?

List 3-5 adjectives your closest friends and/or family would use to describe you.

What do you think is the best benefit of living with a homestay family?

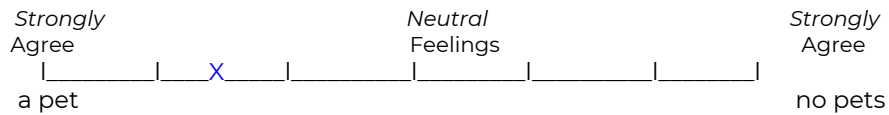
How do you handle conflict in your home?

What questions do you have about living with a homestay family?

Read the following statements. Please indicate your preference by making an "x" on the appropriate point along the continuous scale below. At the end, you may provide additional comments to further explain any of your answers.

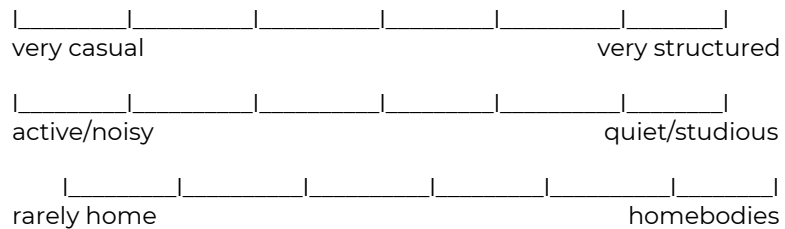
For Example:

I prefer a host home with:

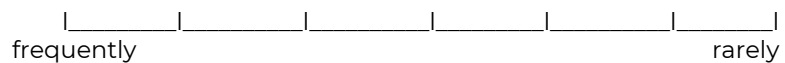


(The response above would indicate that while the applicant would like a pet in the host home, this person has moderate feelings that one be present in the home.)

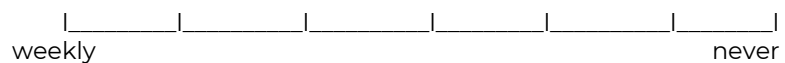
1) I prefer a home that could be characterized as:



2) I like to travel out of town during holidays and school vacations:



3) My parents tend to travel overnight:



4) Each week, my family eats dinner together:

|_____|_____|_____|_____|_____|_____|
7 nights never

5) When it comes to cleanliness, I:

|_____|_____|_____|_____|_____|_____|
am always neat & orderly don't make it a priority

|_____|_____|_____|_____|_____|_____|
bathe daily bathe when I feel like it

6) My participation in family chores can be characterized by:

|_____|_____|_____|_____|_____|_____|
written rules/expectations no set expectations

|_____|_____|_____|_____|_____|_____|
daily chores no assigned chores

7) I expect the laundry in the home to mainly be done by:

|_____|_____|_____|_____|_____|_____|
parents each person does his own

8) In my home, my parents give me privacy:

|_____|_____|_____|_____|_____|_____|
only within the always
framework of set guidelines

9) Computer and internet use in my home is:

|_____|_____|_____|_____|_____|_____|
highly regulated not regulated at all

10) Daily television use in my home is:

|_____|_____|_____|_____|_____|_____|
highly regulated not regulated at all

11) My family attends church:

|_____|_____|_____|_____|_____|_____|
every week never

12) How much do you know about Christianity?

|_____|_____|_____|_____|_____|_____|
everything nothing

13) How would you describe your attitude about living with a Christian host family?

|_____|_____|_____|_____|_____|_____|
extremely excited not excited at all

14) How would you describe your normal communication with your parents?

|_____|_____|_____|_____|_____|_____|
I confront my parents directly. I avoid talking to them.

15) How would you consider your appearance?

|_____|_____|_____|_____|_____|_____|
Nice and neat I don't care how I look.

16) When you are out at night, how much supervision do your parents provide?

|_____|_____|_____|_____|_____|_____|
My parents or a chaperone They allow me to be
always go with me. out on my own.

17) As far as academic expectations, my parents:

|_____|_____|_____|_____|_____|_____|
have specific grades tell me, "Try
they expect me to get. your best!"

18) As far as transportation goes, I:

|_____|_____|_____|_____|_____|_____|
expect to go where I want, am willing to rely on
when I want. someone to drive me.

Additional Comments: *(optional)*

You have been named as one who is able to assess the student's (applicant) academic ability as well as provide information concerning personality and character traits. Please evaluate the applicant as objectively and thoroughly as possible. Thank you for completing this reference form. Additional information may be provided on a separate sheet of paper if desired.

TO BE COMPLETED BY INSTRUCTOR:

Student Name (Applicant)	
Duration of Instruction	Grade Level of Student During Instruction

Based on the following scale, please score the applicant's ability in the areas listed below by placing the corresponding number in the blanks provided.

1 = Superior	3 = Grade Level	5 = Very Poor
2 = Above Grade Level	4 = Below Grade Level	6 = Not Studied Yet

- | | |
|---------------------------------------|----------------------------|
| _____ Reading Ability | _____ Oral Vocabulary |
| _____ Reading Comprehension Ability | _____ Reading Vocabulary |
| _____ Composition Skills | _____ Mastery of Mechanics |
| _____ Spelling Dictated Words | _____ Creativity |
| _____ Spelling in his/her own writing | |

Does the student read beyond required assignments? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student demonstrate a curiosity to learn? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you noticed signs of possible learning problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
What do you consider the major strengths of the student?
What do you consider the major weaknesses of the student?
Indicate any special awards, honors, or achievements the student has received in English.
Does the student demonstrate the ability and desire to learn English? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain
Does the student demonstrate the ability to adapt well to various cultures? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain.
Do you have any reservations concerning the student's honesty? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
Do you have any reservations concerning the student's integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
Tree of Life Christian Schools is a Christian, co-educational, college-preparatory school. Please check your recommendation below: <input type="checkbox"/> Recommend without reservation <input type="checkbox"/> Recommend hesitantly <input type="checkbox"/> Do not recommend

Please check the appropriate answers below. Please feel free to check more than one if applicable.

Areas	Rating	Comments
Home Background	<input type="checkbox"/> Superior <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Home Discipline	<input type="checkbox"/> Balanced <input type="checkbox"/> Too much <input type="checkbox"/> Inconsistent <input type="checkbox"/> Too little	
Obedience	<input type="checkbox"/> Responds well to authority <input type="checkbox"/> Usually obedient <input type="checkbox"/> Resents authority <input type="checkbox"/> Unpredictable	
Emotional Stability	<input type="checkbox"/> Stable <input type="checkbox"/> Usually well-controlled <input type="checkbox"/> Excitable; moody; upsets others <input type="checkbox"/> Apathetic; irresponsible	
Industry	<input type="checkbox"/> Hard worker <input type="checkbox"/> Good dependable worker <input type="checkbox"/> Works just enough to get by <input type="checkbox"/> Lazy; needs constant supervision	
Sociability	<input type="checkbox"/> Prefers to spend time with others <input type="checkbox"/> Prefers to be solitary <input type="checkbox"/> Cooperates reasonably <input type="checkbox"/> Has difficulty relating to others <input type="checkbox"/> Tends to be bossy; argumentative	
Judgment	<input type="checkbox"/> Unusual maturity <input type="checkbox"/> Average common sense <input type="checkbox"/> Showing improvement <input type="checkbox"/> Often demonstrates poor judgment	
Responsibility	<input type="checkbox"/> Excellent; volunteers for tasks <input type="checkbox"/> Usually accepts when asked <input type="checkbox"/> Avoids when possible <input type="checkbox"/> Often irresponsible	
Personal Appearance	<input type="checkbox"/> Well groomed along conservative lines <input type="checkbox"/> Well groomed following newer styles <input type="checkbox"/> Neglects appearance	
Homework	<input type="checkbox"/> Assignments always on time & done well <input type="checkbox"/> Assignments occasionally late or disorderly <input type="checkbox"/> Assignments often not completed <input type="checkbox"/> Assignments seldom done adequately	
Parental Involvement	<input type="checkbox"/> Eagerly seek to be involved <input type="checkbox"/> Must be contacted to encourage involvement <input type="checkbox"/> Always cooperative and supportive <input type="checkbox"/> Often defensive and unsupportive <input type="checkbox"/> Have remained uninvolved	

NAME	TITLE
SIGNATURE	
SCHOOL	ADDRESS
EMAIL ADDRESS	DATE

This form should be completed and returned **by the recommender** (not the applicant) to Heather Shah, the Tree of Life Christian Schools International Program Director. You may submit this form by mail, fax, or email to the following:

Heather Shah, International Program Director
Tree of Life Christian Schools
935 Northridge Road, Columbus, OH 43224 USA
hshah@tolcs.org
Tel: 614.263.2688 Fax: 614.263.6450