



**Mailing Address**

NYSUM Short Term Dorm Program  
ATTN: Lisa Tremont  
31-10 47<sup>th</sup> St.  
L.I.C., NY 11103

**NYSUM's Short Term Dorm Location**

31-10 47<sup>th</sup> St.  
Long Island City, NY 11103  
Phone: (718) 204-6471 Fax: (718) 204-6998  
E-mail: [lisa@nysum.org](mailto:lisa@nysum.org)

**Christian Singles Short Term Dorm Program**

**Application: Short Term**  
**1-11 month commitment**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Steps In Applying:**

A. The **Application, Guidelines, and Personal Statement Form** must be completed solely by the Applicant, not by another party.

B. Furnish three persons, whom you name as personal references with copies of the **Personal Reference Form** provided with this application. If one of your parents is the pastor of your home church, an elder or other church officer may act as the pastoral reference for you.

**PLEASE NOTE: We expect you to indicate your choice regarding the Waiver of Access. If no choice is indicated, we will be unable to process your application.**

C. **Non-Discrimination Policy:** The New York School of Urban Ministry does not discriminate, regarding applicants on the basis of race, color, and national or ethnic origin.

1. Present Address: \_\_\_\_\_

2. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

3. Permanent Address (if different from above)

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

5. E-mail address: \_\_\_\_\_

6. Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

9. If you are not a U.S. or Canadian citizen, do you have a current U.S. Visa? Yes \_\_\_ No \_\_\_  
If Yes, what kind of visa? \_\_\_\_\_

Visa Expiration Date (Mo/Day/Yr): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Please provide copy)

10. Have you ever been convicted of a misdemeanor or felony? Yes \_\_\_ No \_\_\_

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Father/Guardian name: \_\_\_\_\_

Name: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Living \_\_\_ Deceased \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

12. Mother/Guardian name: \_\_\_\_\_

Living \_\_\_ Deceased \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

13. Applicant's Marital Status:

Single \_\_\_ Separated \_\_\_ Widowed \_\_\_ Engaged \_\_\_ Divorced \_\_\_ Married \_\_\_

**Education Information:**

14. List senior high school and institutions of higher education in order of attendance (latest listed first):

Name & Address	Dates Attended	Graduated (Yes/No)	Degrees Earned

15. \*If you do not have a high school diploma, do you have a high school equivalency diploma (GED)? Yes \_\_\_ No \_\_\_

16. \*If no, are you working towards receiving one? Yes \_\_\_ No \_\_\_

(\*Acceptance into the NYSUM dorm program does not require a high school diploma or equivalent)

17. Fellowship affiliation of your home church:

\_\_\_\_\_

Name: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

18. When were you converted? \_\_\_\_\_

19. Have you lived a consistent Christian life since conversion? \_\_\_\_\_

20. Have you received the baptism of the Holy Spirit? Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

21. List the name and address of your home church and senior pastor:

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Name of Senior Pastor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

**Employment Information:**

22. Present Employer:

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Your title or type of work: \_\_\_\_\_

Number of years employed at this company: \_\_\_\_\_

23. List your employment for the past five years:

Employer	City & State	Type of Work	Dates (From – To)

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**Financial Responsibility:**

24. Indicate the source of funds and list approximate amounts (in U.S. funds) available from each source:

Savings: \$\_\_\_\_\_  Work (Monthly): \$\_\_\_\_\_  Help from church\*: \$\_\_\_\_\_

Parents\*: \$\_\_\_\_\_  VA Benefits: \$\_\_\_\_\_

Social Security (Monthly): \$\_\_\_\_\_  Other\*: \$\_\_\_\_\_

If other, please explain:

\$\_\_\_\_\_

\*If parents, church, or others are to assist, please have them complete the **Co-Signer's Statement of Financial Responsibility**, or send a letter acknowledging financial responsibility.





## **NYSUM Short Term Dorm Program**

### ***Terms & Agreement***

***If I am accepted into NYSUM's Short Term Dorm Program, I agree to abide by the program's policies and guidelines, both spoken and written. Moreover, I agree to conduct my life according to the highest of Christian ethics; respecting the sensibilities of others at the NYSUM Headquarters facility, extending to my brothers and sisters in Christ love, dignity, and respect.***

***I also understand the NYSUM's Short term Dorm Program is a temporary housing program. The program runs from August 1<sup>st</sup> until June 30<sup>th</sup> and is open for Christians wanting to stay anywhere from 1 to 11 months. Leaving this program without 30 days notice will result in forfeiture of my one month security deposit. I also understand that at the time of my departure, my room will be assessed and the deposit I have paid will be applied toward any damages that may have occurred.***

***I understand that acceptance into the NYSUM Short term Dorm Program is not a lease, and therefore I have no legal right to the occupancy of any space on the property, no matter the length of my stay. I understand that I am paying a fee for the services provided at the facility; I am not renting a room. I understand that NYSUM may require my dismissal from the program and immediate removal of myself and all belongings from the premises at anytime if I do not follow the dorm guidelines or am delinquent on my monthly dorm payments. I understand that grace and mercy will be extended, both by and toward my fellow residents***

***and the program's coordinator, as we live and grow together in God's favor. However, I recognize that dismissal from the program is at the discretion of the program coordinator.***

***I also understand that in the event that NYSUM has to secure legal counsel for delinquency in paying dorm fees, I, the dorm program participant, will pay for all of NYSUM's attorney fees and for all involved parties.***

***I have received, read, understand, and agree to abide by all of the provisions stated in the NYSUM Short term Dorm Program Guidelines and Application.***

**Signed: \_\_\_\_\_**

**Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

**Printed Name: \_\_\_\_\_**

**Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

Name: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PERSONAL REFERENCE FORM

### TO BE COMPLETED BY THE APPLICANT

Furnish the three persons whom you name as personal references (in section 38 of the NYSUM Application for Residence) with this Personal Reference Form. None of your references should be related to you. If your father is the pastor of your home church, an elder or other church officer may act as the pastoral reference for you.

**Waiver of Access:** The Family Rights and Privacy Act of 1974 provides the applicant the right to review all materials placed in his/her file after January 1, 1975, if admitted as a resident. You may waive your rights to see the character references that are provided with the understanding that you will not see them. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee. ***Please note: A failure to indicate a choice is the same as checking the "I do not waive" box.***

I waive my rights to see my character references under the provisions of the Family Rights and Privacy Act of 1974.

I do not waive my rights to see my character references under the provisions of the Family Rights and Privacy Act of 1974.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female      Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_      Date you wish to enter NYSUM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TO BE COMPLETED BY THE REFERENCE:**

*This reference form, when completed, should be returned directly:*

ATTN: Dorm Coordinator  
NYSUM  
31-10 47<sup>th</sup> St.  
L.I.C., NY 11103

*Please note the applicant's choice concerning the waiving of his/her rights under the Family Rights and Privacy Act of 1974. If no choice has been indicated, you may wish to return this form to the applicant.*

Your Name (please print):

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_                      Work Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Church Name (if acting as pastoral or church leader reference):

\_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

1. How long have you known the applicant?

\_\_\_\_\_

2. How well?

\_\_\_ Very Well    \_\_\_ Fairly Well    \_\_\_ Casually    \_\_\_ By Name/Sight

3. What is your official relationship to the applicant?

\_\_\_ Senior Pastor    \_\_\_ Elder    \_\_\_ Employer    \_\_\_ Assistant Pastor

\_\_\_ Sunday School Teacher    \_\_\_ Youth Leader    \_\_\_ Teacher    \_\_\_ Other: \_\_\_\_\_

4. What is the applicant's influence on his/her peers?

\_\_\_ Positive    \_\_\_ Neutral    \_\_\_ Negative    \_\_\_ Unknown

Name: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Please rate the applicant in the following areas by checking the appropriate box:

	Excellent	Above Average	Average	Below Average	Unknown
Personal Appearance					
Industry					
Diligence					
Motivation					
Intellectual Capacity					
Mental Health					
Quality of Work					
Acceptance of Responsibility					
Acceptance of Instruction & Discipline					
Cooperation					
Promptness					
Integrity & Honesty					
Moral Character					
Emotional Stability					
Concern For Others					
Courtesy					
Warmth of Personality					
Sense of Humor					
Health					
Ability to Handle Finances					

6. Applicant is:

\_\_\_ Highly Recommended

\_\_\_ Recommended

\_\_\_ Recommended with reservations

\_\_\_ Not Recommended

\*Please Explain:

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Name: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. Please share with us any other information you feel would help in our evaluation of the applicant (you may use an additional sheet if necessary):

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**Questions 8 through 11 are to be answered only by pastor/church leader reference:**

8. Has the applicant made a meaningful personal commitment to Jesus Christ?

Yes  No\*  I don't know\*

\*Please Explain:

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9. Indicate the applicant's level of involvement in the life and work of the church (check all that apply):

Attends Regularly       Cooperative       Interested  
 Attends Irregularly       Involved       Distant  
 Enthusiastic       Willing to help

10. Are there any negative family factors which might affect the applicant's success at NYSUM?

Yes  No (If Yes, please explain):

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11. Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female      Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_      Date you wish to enter NYSUM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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31-10 47<sup>th</sup> St.  
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Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_                      Work Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Church Name (if acting as pastoral or church leader reference):

\_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

1. How long have you known the applicant?

\_\_\_\_\_

2. How well?

\_\_\_ Very Well    \_\_\_ Fairly Well    \_\_\_ Casually    \_\_\_ By Name/Sight

3. What is your official relationship to the applicant?

\_\_\_ Senior Pastor    \_\_\_ Elder    \_\_\_ Employer    \_\_\_ Assistant Pastor

\_\_\_ Sunday School Teacher    \_\_\_ Youth Leader    \_\_\_ Teacher    \_\_\_ Other: \_\_\_\_\_

4. What is the applicant's influence on his/her peers?

\_\_\_ Positive    \_\_\_ Neutral    \_\_\_ Negative    \_\_\_ Unknown

Name: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Please rate the applicant in the following areas by checking the appropriate box:

	Excellent	Above Average	Average	Below Average	Unknown
Personal Appearance					
Industry					
Diligence					
Motivation					
Intellectual Capacity					
Mental Health					
Quality of Work					
Acceptance of Responsibility					
Acceptance of Instruction & Discipline					
Cooperation					
Promptness					
Integrity & Honesty					
Moral Character					
Emotional Stability					
Concern For Others					
Courtesy					
Warmth of Personality					
Sense of Humor					
Health					
Ability to Handle Finances					

6. Applicant is:

\_\_\_ Highly Recommended

\_\_\_ Recommended

\_\_\_ Recommended with reservations

\_\_\_ Not Recommended

\*Please Explain:

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Name: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. Please share with us any other information you feel would help in our evaluation of the applicant (you may use an additional sheet if necessary):

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**Questions 8 through 11 are to be answered only by pastor/church leader reference:**

8. Has the applicant made a meaningful personal commitment to Jesus Christ?

Yes  No\*  I don't know\*

\*Please Explain:

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9. Indicate the applicant's level of involvement in the life and work of the church (check all that apply):

Attends Regularly       Cooperative       Interested  
 Attends Irregularly       Involved       Distant  
 Enthusiastic       Willing to help

10. Are there any negative family factors which might affect the applicant's success at NYSUM?

Yes  No (If Yes, please explain):

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11. Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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\_\_\_\_ Male \_\_\_\_ Female      Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_      Date you wish to enter NYSUM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Your Name (please print):

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_                      Work Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Church Name (if acting as pastoral or church leader reference):

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Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

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\_\_\_\_\_

2. How well?

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\_\_\_ Senior Pastor    \_\_\_ Elder    \_\_\_ Employer    \_\_\_ Assistant Pastor

\_\_\_ Sunday School Teacher    \_\_\_ Youth Leader    \_\_\_ Teacher    \_\_\_ Other: \_\_\_\_\_

4. What is the applicant's influence on his/her peers?

\_\_\_ Positive    \_\_\_ Neutral    \_\_\_ Negative    \_\_\_ Unknown

Name: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Please rate the applicant in the following areas by checking the appropriate box:

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Personal Appearance					
Industry					
Diligence					
Motivation					
Intellectual Capacity					
Mental Health					
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Cooperation					
Promptness					
Integrity & Honesty					
Moral Character					
Emotional Stability					
Concern For Others					
Courtesy					
Warmth of Personality					
Sense of Humor					
Health					
Ability to Handle Finances					

6. Applicant is:

\_\_\_ Highly Recommended

\_\_\_ Recommended

\_\_\_ Recommended with reservations

\_\_\_ Not Recommended

\*Please Explain:

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Name: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Yes  No\*  I don't know\*

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 Attends Irregularly       Involved       Distant  
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