

# Vision International University / ITEN

## APPLICATION TO BECOME AN AFFILIATED RESOURCE CENTER

To complete this form online, visit [www.vision.edu](http://www.vision.edu) / [www.itenetwork.net](http://www.itenetwork.net)  
Please type or print legibly, and complete all portions except the last section.

**Return by Mail to:**  
1115 D St, Ramona, CA 92065  
**Or Fax to:** 1-760-789-3023

### Church Data

Name of Church: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Shipping or Mailing Address: \_\_\_\_\_  
Church Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Date church founded: \_\_\_\_\_ Approximate size of the congregation: \_\_\_\_\_  
Approximate number of students anticipated at the outset: \_\_\_\_\_  
Approximate number of faculty anticipated at the outset: \_\_\_\_\_

### Senior Pastor Questionnaire

Name of Senior Pastor: \_\_\_\_\_  
As Senior Pastor, are you fully supportive of the School of Ministry being installed and operated within your church? \_\_\_\_\_  
As Senior Pastor, are you willing to serve as the School of Ministry Chancellor? \_\_\_\_\_

**Briefly describe how a School of Ministry will improve your church outreach and discipleship:**

Senior Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon receipt of this application, Vision International Education network will send a Covenant Agreement with all terms and conditions of affiliation.

### VIEN Office Use (Do Not complete this section)

Date Application Received: \_\_\_\_\_ Approval Status: \_\_\_\_\_  
Date Covenant Agreement Sent: \_\_\_\_\_ Date of Affiliation Certificate Issue: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_