



A.C.T. Chrisitan Academy

P.O. Box 405
600 Greene Drive
Greenville, KY 42345
T: 270-338-1630
www.actschools.org

Date of Application: _____

Date Received by A.C.T.: _____

Name: _____

Present Address: _____

Phone Number: _____

Email: _____

Place of Employment: _____

Position/Title: _____

Employment Address: _____

Phone: _____

Email: _____

Spouse's Name: _____

Spouse's Occupation: _____

Spouse's Employer: _____

NAME and AGES of CHILDREN and/or DEPENDENTS:

Why do/would you send your child(ren) to A.C.T. Christian Academy?

Undergraduate and Postgraduate Education:

College/University	Degree(s)

Name of Church Attending: _____

Are you a member: Yes _____ No _____

CHURCH/COMMUNITY INVOLVEMENT:

Please list any roles in church or community organizations where you have served.

Organization	Role

What special strengths, abilities, or perspectives do you have which might be of service to A.C.T.

Professional/Occupational	Life Experience Perspectives

Give a brief account of your Christian conversion and describe your personal plan for continued growth.

Please share your reasons for wanting to serve on the A.C.T. Board and any other additional information you feel may be helpful to us in considering your application.

I subscribe without reservation to the **Statement of Faith** and **Board Members Code of Conduct for A.C.T.**

Signature: _____ **Date:** _____