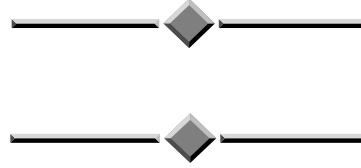




P.O. BOX 770454
EAGLE RIVER, ALASKA 99577
907-696-6062 FAX: 696-6082
www.universityofcss.org

LIFE
EXPERIENCE APPLICATION



Name _____

Date _____



This form must be filled out completely. The Scholarship and Academic Review Committee will make their assessment on this form and any attachments alone. Accuracy regarding addresses and phone numbers is extremely important. **Cost for Life Experience credits is \$40.00 per credit assessed for experience.**



PLACES OF SERVICE

*Names of churches served, position held, length of time in position and dates.

1.

2.

3.

4.

5.



MILITARY SERVICE EXPERIENCE

Branch of Service _____ Dates _____

* List any special military training that you may have had. Provide dates.

1.

2.

3.

4.

* List any other special credits/experience that you may have had. Provide dates.

1.

2.

3.

4.

5.



PERSONAL INFORMATION (IF NOT GIVEN ON UCSS APPLICATION)

Name: _____ Last _____ First _____
_____ MI _____

DOB _____ Place _____ Marital _____

#Children _____

Address _____

Email _____ Contact _____ Phone _____



I verify that to the best of my knowledge, the information given on this form is true and correct.

Signature of Applicant _____

Date _____

=====DO NOT WRITE BELOW THIS LINE=====

Scholarship and Academic Review Committee:

Signature _____ Hours/Credits _____

Signature _____ Hours/Credits _____

Signature _____ Hours/Credits _____

Hours/Credits Awarded _____

UCSS President _____ Date _____