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UNIVERSITY EXTENSION PROGRAM

# ADMISSIONS PACKET

Application Materials & Process

LIFE CHURCH  
5910 ELEVATOR ROAD  
ROSCOE, IL 61073

815.623.7625

[WWW.SAGULIFE.COM](http://WWW.SAGULIFE.COM)

# Table of Contents

<b>SAGULife Application Checklist .....</b>	<b>3</b>
<b>SAGU Admission Application Process .....</b>	<b>4</b>
<b>SAGULife Application .....</b>	<b>7</b>
<b>Medical Release .....</b>	<b>13</b>
<b>Housing Agreement.....</b>	<b>14</b>
<b>Non-Disclosure Agreement.....</b>	<b>19</b>
<b>Background Check .....</b>	<b>21</b>
<b>Covid-19 Liability Waiver .....</b>	<b>23</b>

## **SAGULife: University Extension Program Checklist**

\_\_\_ Complete SAGU Online Application (Instructions on following page)

\_\_\_ Complete SAGULife Application

\_\_\_ Submit Copy of Transcripts to Executive Director

\_\_\_ Chrystal Hansen

\_\_\_ Turn in Registration Deposit \$\_\_\_\_\_

\_\_\_ Complete Scholarship Forms

\_\_\_ Letter of Recommendation From Teacher or Pastor / 1 Reference

\_\_\_ Formal Essay

\_\_\_ Personal Interview

\_\_\_ Fill Out Forms and Contracts

\_\_\_ Medical

\_\_\_ Housing

\_\_\_ Non-Disclosure

\_\_\_ Background Check

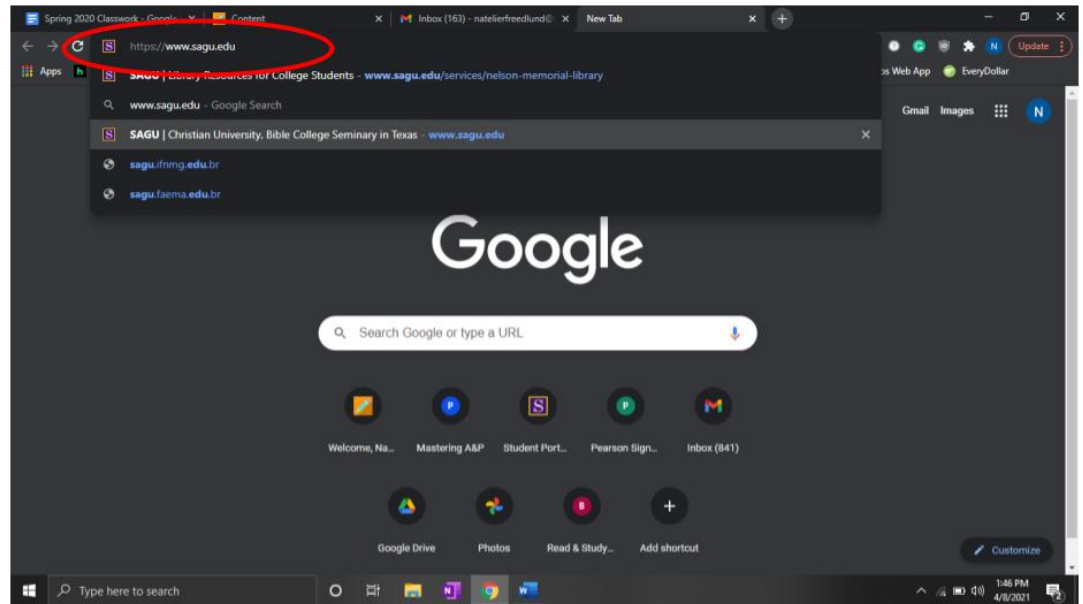
\_\_\_ Covid-19

\_\_\_ Financial

## Admission Process

1. Fill out the SAGU online application.

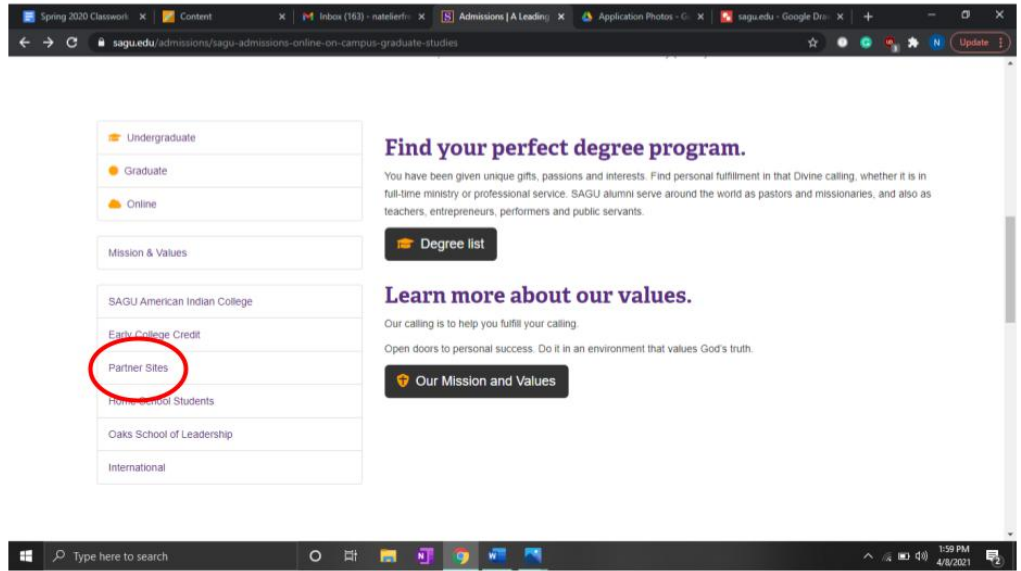
- Go to [www.sagu.edu](http://www.sagu.edu)



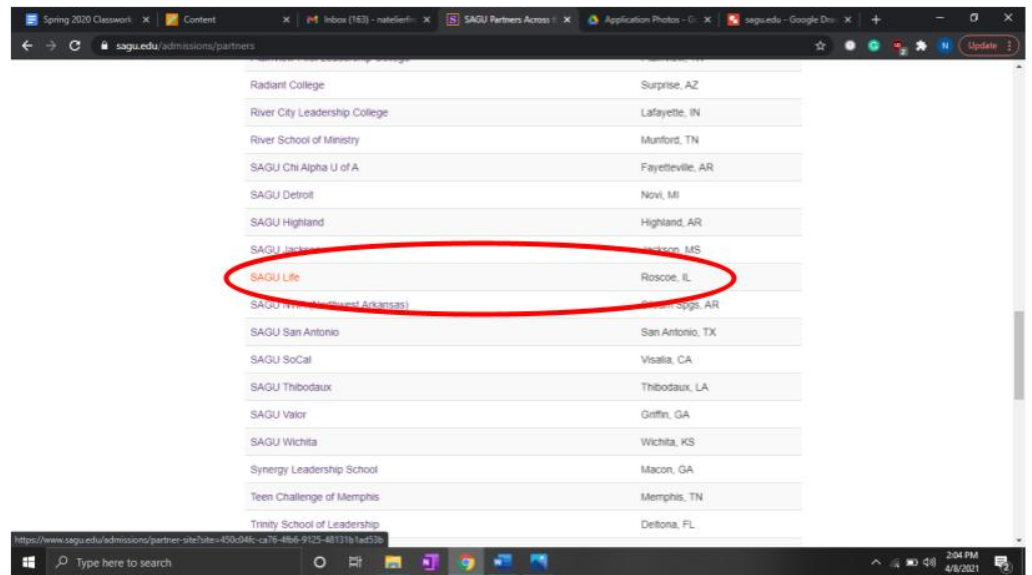
- Click on the Admissions tab



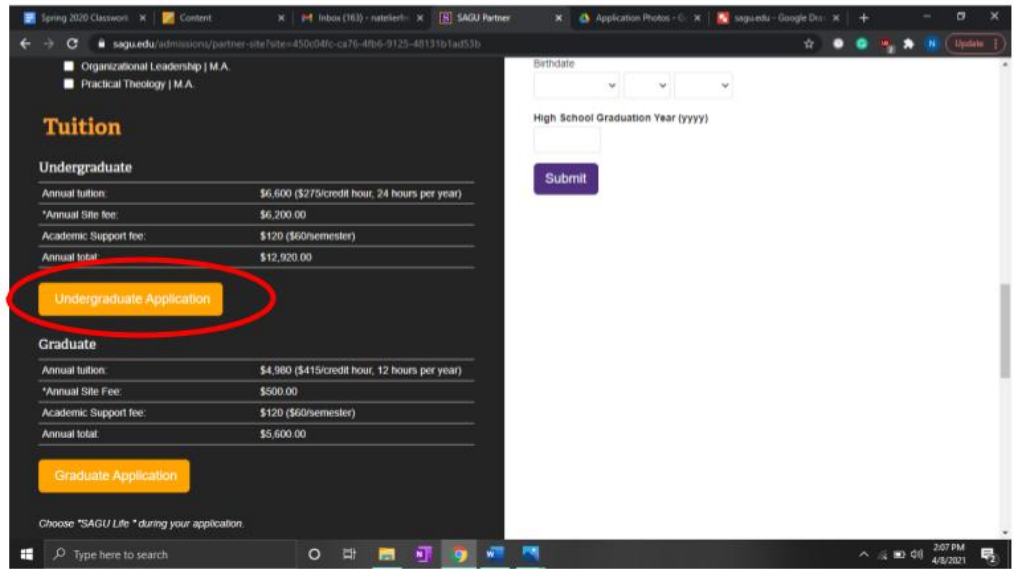
- Scroll down to and click on the Partner Sites tab.



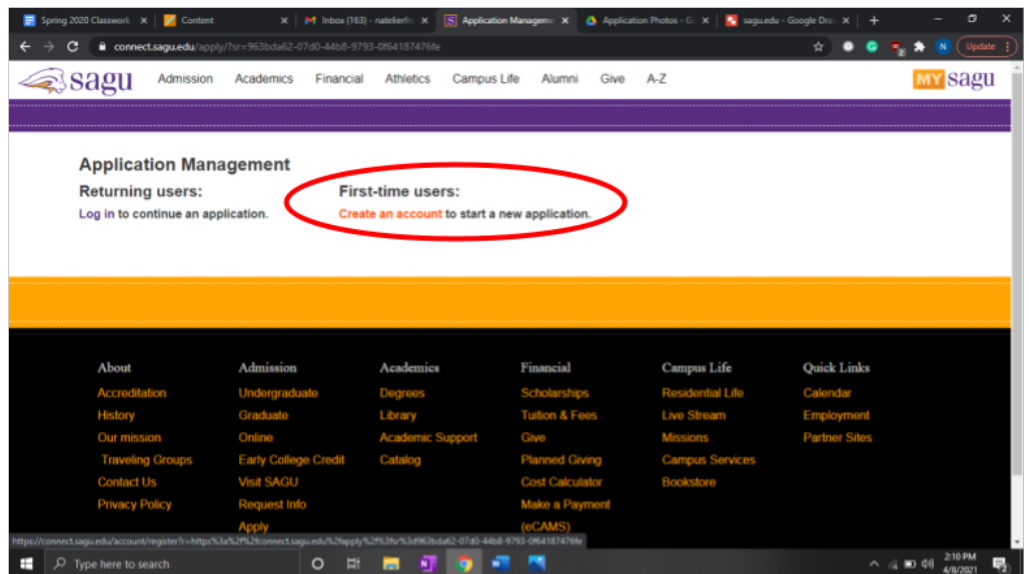
- Scroll down to and click on SAGULife Roscoe, IL.



- Scroll down and click on Undergraduate Application.



- Click on the Create an Account link.



- Proceed to create an account and fill out the application.

2. Please Fill out the following application for SAGULife host site.

## Application

○ Your first name: \_\_\_\_\_

○ Your Last name: \_\_\_\_\_

○ Email address: \_\_\_\_\_

○ How did you hear about SAGULIFE?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

○ Home Address:

○ Street address 1: \_\_\_\_\_

○ Apt/unit/box (optional): \_\_\_\_\_

○ City: \_\_\_\_\_

○ State: \_\_\_\_\_

○ Postal code: \_\_\_\_\_

○ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

○ Gender: **Male / Female**

○ What year will you graduate High School? \_\_\_\_\_

○ Valid Diver License Number and State Issued:

\_\_\_\_\_

## Ministry Info

- SAGULife's admission policy requires all students to have a Salvation experience as indicated in John 3:3 and other scriptures. SAGULife is open to students of Christian faith and SAGU teaches Biblical Christian views.
  - Do you understand the statement above? **Yes / No**
- SAGULife also Maintains an abstinence policy regarding tobacco, alcohol, and illegal drugs or mind-altering substance, as well as inappropriate sexual conduct of any nature:
  - Do you agree to abide by the statement above? **Yes / No**
- Do you regularly attend church? **Yes / No**
- Is Jesus your savior? **Yes / No**
- Do you have a call of God to go into full-time vocational ministry in either the local church, missions, or otherwise? \* **Yes / No / Not Sure**
- Have you been water baptized? **Yes / No**
- Have you received the baptism of the Holy Spirit with the evidence of speaking in tongues? **Yes / No**
- What ministry areas do you believe God is calling you too? What ministries do you to serve in now?  

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- Do you strive to live a Christian lifestyle? **Yes / No**



## School History

- Please email any High School & College Transcripts to [chrystal@lifechurchag.com](mailto:chrystal@lifechurchag.com)
- Last High School Attended? \_\_\_\_\_
- High School City and State? \_\_\_\_\_
- High School Graduation Year? \_\_\_\_\_
- Type of Diploma? \_\_\_\_\_
- High School GPA? \_\_\_\_\_
- Act or SAT Score? \_\_\_\_\_
- Have you attended any colleges? **Yes / No**

## Pastoral Reference

- Pastor's Name: \_\_\_\_\_
- Pastoral Phone Number: \_\_\_\_\_
- Pastoral Email: \_\_\_\_\_
- Church: \_\_\_\_\_
  - Street address \_\_\_\_\_
  - City \_\_\_\_\_
  - State \_\_\_\_\_
  - Postal code \_\_\_\_\_

## Other Reference (No Family)

- Name: \_\_\_\_\_
- Relationship: **Friend / Coach / Teacher / Employer / Other** (Please list below.)  
\_\_\_\_\_
- Phone Number? \_\_\_\_\_
- Email? \_\_\_\_\_

Please submit one letter of recommendation from a pastor, teacher, or coach of your choice, and email to [chrystal@lifechurchag.com](mailto:chrystal@lifechurchag.com).

## Signature

(Please Read and Initial after each statement)

I certify that all information in this application is complete and accurate. I understand that acceptance to SAGU LIFE is subject to verification of final records from all institutions I have attended. \_\_\_\_\_

If accepted, I agree to abide by the policies and high moral standards of SAGU LIFE and SAGU, and to be responsible for payment of all educational costs. \_\_\_\_\_

According to the Family rights & Privacy Act- PL 39-380, the information contained in any reference questionnaires must be shared with the student upon request. However, the applicant may, voluntarily waive the right to access the information. \_\_\_\_\_

Waiver of Rights: I hereby waive my right of access to all information contained in any and all reference questionnaires as part of the application of evaluating my admission to SAGU LIFE.

Sign and Date: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_



# Medical Release Form for SAGULife Students

Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Father's/Legal Guardian Name (first and last) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's/Legal Guardian Name (first and last) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**List 2 other** emergency contact numbers (relatives preferred)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*I. Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_*

**If yes, please be specific:**

Food: \_\_\_\_\_

Environmental: \_\_\_\_\_

Medications: \_\_\_\_\_

List reactions for the above: \_\_\_\_\_

Treatment for the above: \_\_\_\_\_

Other: \_\_\_\_\_

II. Date of last tetanus shot: \_\_\_\_\_

III. Please date the immunizations if you have them:

\_\_\_\_\_ Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Rubella

IV. Please check any of the following that applies: (check box preceding)

Diabetes  Seizure disorder  Asthma  Heart condition/blood  
pressure problems

Bleeding disorders  Psychiatric disorder  
\_\_\_\_\_ Other

\*\*\* Please explain any of the above and treatment. Please note if any of the above has  
required emergency room treatment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. List any medicines you take on a daily or "as needed" basis: (drug, dose, time)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. Insurance Information:

Do you have hospitalization insurance? \_\_\_\_\_

Name of Insurance company: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please include the following information:

Primary Care Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

**Please attach a Copy of the Insurance Card to this form.**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_

Do request that the named child be permitted to attend events sponsored/endorsed by Life Church, including travel to and from these scheduled events for the dates August 2017-September 2018. I further agree and consent to have the staff members/leaders under whose auspices the LCLC program is conducted, and any other approved worker in the program to secure any emergency or other medical care or treatment that may be necessary for me during the entire outing, including the trip to and from the destination(s), and additionally, for any and all care during my stay as an LCLC student. I further assume all responsibility for the decisions made, and the emergency care or treatment so secured for myself.

If your child needs medical, dental, health, or hospital services, you as parent/guardian must give permission. It's the law. What about times when you cannot be reached for permission? A child may be treated without parental/guardian consent when a physician determines the child needs immediate medical care and that an attempt to obtain parental/guardian consent would result in a delay, which would increase the risk of the child's life or health.

Except in a true medical emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent/guardian for permission can delay treatment and create unnecessary anxious moments for the child. You can prepare for unexpected care your children might need when you or they are away from home. To do this, you can give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

**Signature of parent/guardian if under 18:** \_\_\_\_\_

**Relationship to participant:** \_\_\_\_\_

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

**Witness signature (must be over 18):** \_\_\_\_\_

**Witness Address: Street** \_\_\_\_\_

**City, State Zip:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## **Life Church/SAGULife Housing Agreement**

I, (first and last name) \_\_\_\_\_, fully understand and agree to the above terms as stated in the Housing and Student Dorm sections of this handbook. I know that this is not an all-inclusive list. I will use my best judgment to be a good steward of the housing provided for me this semester. I will uphold all SAGULife University behavioral standards in the housing and I recognize that I represent Life Church. I will not take that lightly.

This agreement releases Life Church and SAGLIFE University from all liability relating to injuries or damage to personal property that may occur during the stay in the housing. By signing this agreement, I agree to hold Life Church and SAGLIFE University, Illinois District of the Assemblies of God, the directors, board members, staff, and students thereof entirely free from any liability, including financial responsibility for injuries or damage to personal property incurred, regardless of whether injuries or damage are caused by negligence.

I acknowledge that there are risks involved with staying in the housing. I affirm that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below, I forfeit all right to bring a suit against Life Church and SAGULife University, Illinois District of the Assemblies of God, the directors, board members, staff, and home openers. I will also make every effort to obey safety precautions as explained to me. I will ask for clarification when needed.

I, (first and last name) \_\_\_\_\_, fully understand and agree to the above terms.

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Signature

Date



## **Life Church Non-Disclosure Agreement**

THIS AGREEMENT is made and entered into as of 08/26/2021 by and between Life Church Assemblies of God, (the “Disclosing Party”), located at 5910 Elevator Rd, Roscoe, Illinois 61073, and SAGULife Student \_\_\_\_\_, (the “recipient” or “Receiving Party”), attending school at 5910 Elevator Rd, Roscoe, Illinois 61073.

This agreement is entered into pursuant to ensure confidentiality. Recipient shall be acting as a student. Throughout the duration of this agreement, the Disclosing Party may deem it necessary to disclose or share certain proprietary information with the Recipient. Therefore, in consideration of mutual promises and covenants contained within this Agreement, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, both parties hereto agree as follows:

### **Confidential Information**

For all intents and purpose of this Agreement, “Confidential Information” shall mean and include any data or information that is deemed proprietary to the Disclosing Party and that which is not generally known to the public, whether in tangible or intangible form, whenever and however disclosed, including, but not limited to (i) any form of financial information, educational information, subjects brought up in staff meetings, board, or department meetings, performance reviews, or reviews related to past, present and/or future organization activities of said party, its affiliated organizations; (ii) plans for products or services, and parishioner or partner lists; (iii) any specific, technical or data information, invention, design, process, procedure, improvements, technology or method; (iv) any concepts, reports, data, knowledge, works-in-progress, designs, development tools, specifications, computer software, secure code, object code, flow charts, database, information, inventions and copyrights; and (v) any other information that should reasonably be recognized as confidential information of the Disclosing Party. Confidential Information need not be novel, unique, patentable, copyrightable or constitute a trade secret in order to be designated Confidential Information. The Receiving Party acknowledges that the Confidential Information is proprietary to the Disclosing Party, has been developed and obtained through great efforts by the Disclosing Party and, as such, the Disclosing Party regards all of its Confidential Information as trade secrets.

### **Return of Confidential Information**

Upon completion/expiration or termination of this Agreement, the Receiving Party shall immediately return and deliver to the Disclosing Party all tangible material and/or information representing or exemplifying the Confidential Information provided. .

### **Notice of Breach**

The Receiving Party shall immediately notify the Disclosing Party upon discovering any unauthorized use or disclosure or Confidential Information by the Receiving Party or its Representatives, or any other breach of this Agreement by the Receiving Party or its Representatives and will cooperate with any efforts by the Disclosing Party to assist the Disclosing Party to regain the possession of its Confidential Information and thus prevent its further unauthorized use.

*IN WITNESS WHEREOF*, the parties hereto executed this Agreement as of the aforementioned affective date.

By:

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Executive Director of SAGULife

By:

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SAGULife Student

By:

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Life Church Assembly of God

# Life Church/SAGULife Background Check Form

Please Print

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**First Name**

**Middle Name**

**Last Name**

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

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

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Area(s) of Ministry: \_\_\_\_\_

Church Campus: \_\_\_\_\_

**Applicant's Statement**

The information contained in this application is correct to the best of my knowledge. I authorize Life Church to process a background check, and by my signature, I consent to the release of this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The ENTIRE Form must be completed to be considered valid.



# Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Life Church has put in place preventative measures to reduce the spread of COVID-19; however, Life Church cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19.

Should any members: student, parent, or teacher connected with your organization come in contact with an individual who has COVID-19 or has tested positive with COVID-19, the following applies:

1. Immediately report the incident to Life Church P.O.C., Gail Guzzardo.
2. Individuals exposed may not return until with a negative test to COVID-19 is issued or a positive and symptomatic, with doctor release is produced.
3. If positive COVID-19 symptoms are present, they cannot return to the program until they can produce a doctor's release of wellness.

## READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

\_\_\_ ALL MINORS are required to wear masks. Life Church currently follows the recommendation for public schools: All individuals in a school building must wear a face covering unless they have a medical contraindication, are under 2 years of age, have trouble breathing, or are unconscious, incapacitated, or unable to remove the face covering without assistance.

\_\_\_ INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Life Church may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Life Church's employees, volunteers, and program participants and their families.

\_\_\_ INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal

injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at Life Church. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Life Church, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Life Church, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Life Church.

\_\_\_\_ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

\_\_\_\_ INITIALS In the event that I file a lawsuit, I agree to do so in the state where Life Church is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

\_\_\_\_ INITIALS By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

\_\_\_\_ INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

\_\_\_\_ INITIALS If I have signed a separate general waiver of liability connected to my participation at Life Church, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.



\_\_\_\_ INITIALS I agree that I will practice safe social distancing and clean hygiene during my participation at Life Church. North Campus: 5910 Elevator Rd, Roscoe IL: South Campus: 4312 20th St, Rockford IL.

Signature: \_\_\_\_\_ Print  
Name: \_\_\_\_\_

\*For Minors~Parent/Guardian Signature: \_\_\_\_\_ Print Name:  
\_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Date: \_\_\_\_\_