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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)



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## SAGULife University Extension Program Checklist

- \_\_\_\_\_ Complete SAGU Online Application (pages 7-9)
- \_\_\_\_\_ Complete SAGULife Application (pages 11-15)
  - \_\_\_\_\_ Submit Transcripts to Executive Director [chrystal@lifechurchag.com](mailto:chrystal@lifechurchag.com) (page 13)
  - \_\_\_\_\_ Letter of Recommendation from Teacher or Pastor / 2 References (page 14)
  - \_\_\_\_\_ Application Essay (page 14)
  - \_\_\_\_\_ Registration Deposit \$150 (page 15)
- \_\_\_\_\_ Fill Out Forms and Contracts (Pages 17 – 26)
  - \_\_\_\_\_ Background Check
  - \_\_\_\_\_ Financial Policies and Refunds
  - \_\_\_\_\_ Handbook Acknowledgment
  - \_\_\_\_\_ Medical Form
- \_\_\_\_\_ Research SAGULife Scholarships and other potential Financial Aid (<https://sagulife.com/scholarships>)

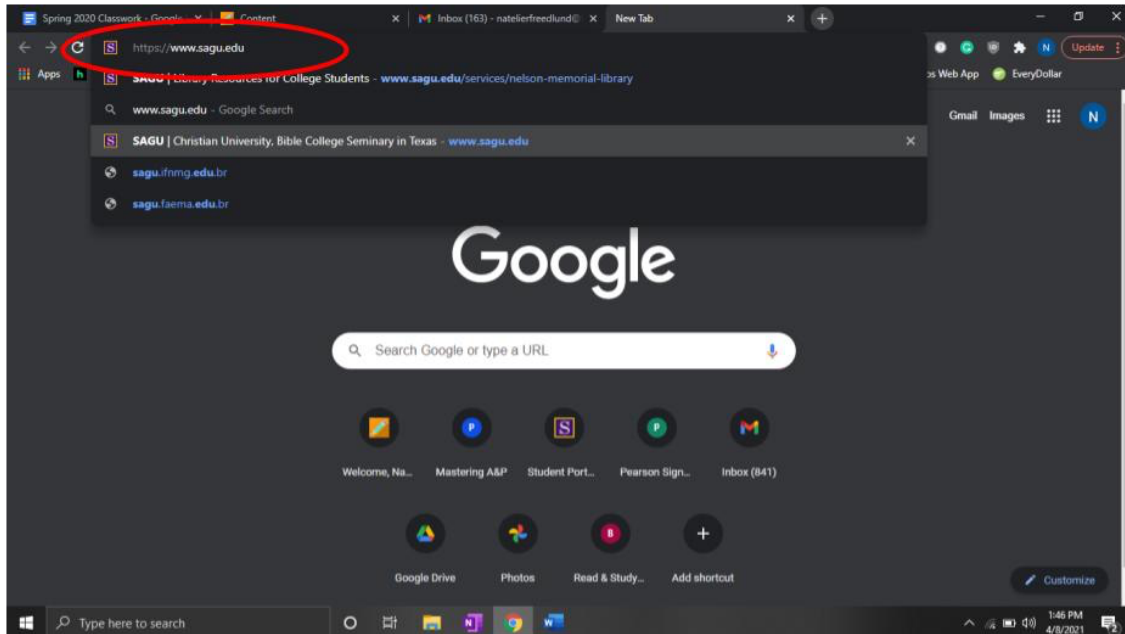
Please submit by mail all Forms and Agreements with Registration Deposit to:

SAGULife  
c/o Life Church  
5910 Elevator Road  
Roscoe, IL 61073

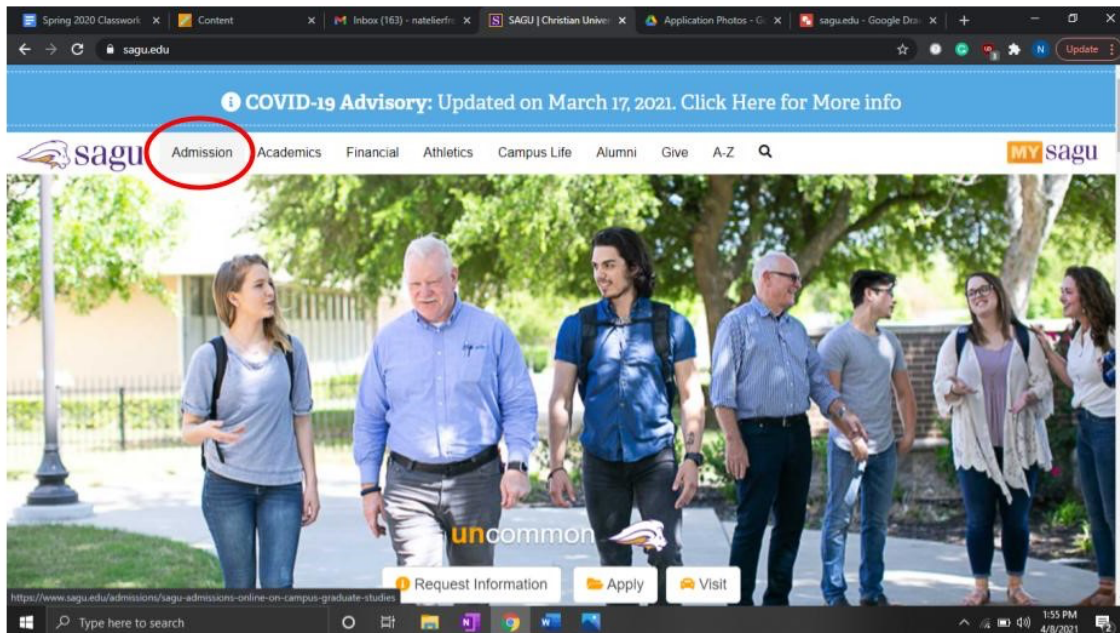


## SAGU Online Application Admission Process

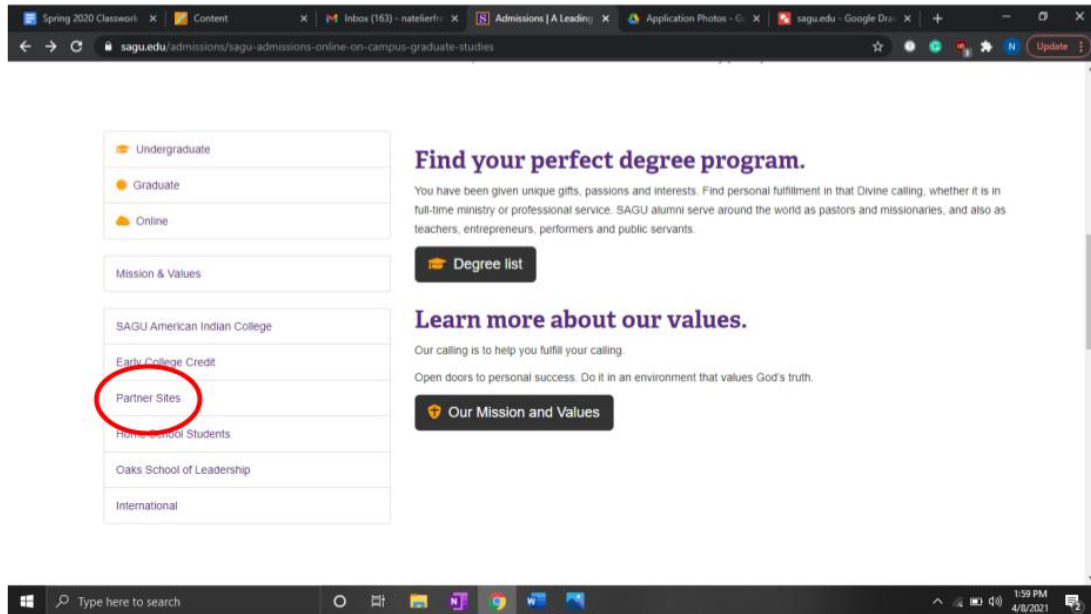
- Go to [www.sagu.edu](https://www.sagu.edu)



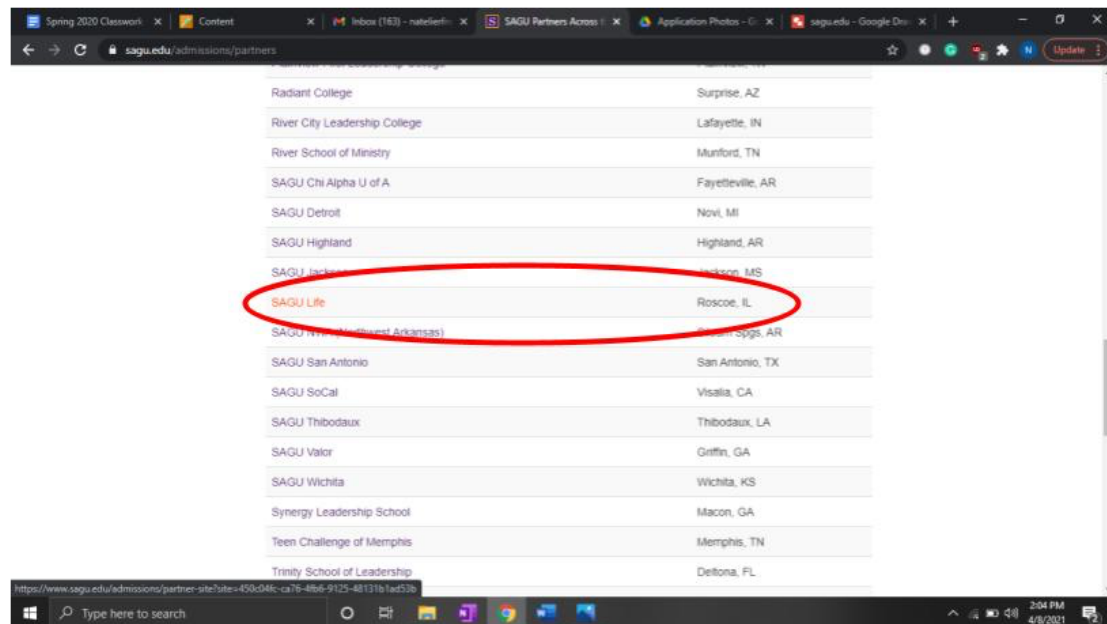
- Click on the Admissions tab



- 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.

The screenshot shows a web browser window with the URL [sagu.edu/admissions/partner-site?site=450d04fc-ca76-4fb6-9125-48131b1ad53b](https://sagu.edu/admissions/partner-site?site=450d04fc-ca76-4fb6-9125-48131b1ad53b). The page has a dark blue header with the Sagu logo and navigation links: Admission, Academics, Financial, Athletics, Campus Life, Alumni, Give, A-Z. Below the header, there's a section for "Tuition" with two tables: "Undergraduate" and "Graduate". The "Undergraduate" table lists: Annual tuition: \$6,600 (\$275/credit hour, 24 hours per year), \*Annual Site fee: \$6,200.00, Academic Support fee: \$120 (\$60/semester), and Annual total: \$12,920.00. The "Graduate" table lists: Annual tuition: \$4,980 (\$415/credit hour, 12 hours per year), \*Annual Site Fee: \$500.00, Academic Support fee: \$120 (\$60/semester), and Annual total: \$5,600.00. Below each table is a button: "Undergraduate Application" (circled in red) and "Graduate Application". To the right of the tuition section is a form with fields for Birthdate, High School Graduation Year (yyyy), and a Submit button. The bottom of the page has a search bar and system tray icons.

| Undergraduate         |  |
|-----------------------|--|
| Annual tuition:       | \$6,600 (\$275/credit hour, 24 hours per year) |
| *Annual Site fee:     | \$6,200.00                                     |
| Academic Support fee: | \$120 (\$60/semester)                          |
| Annual total:         | \$12,920.00                                    |

[Undergraduate Application](#)

| Graduate              |  |
|-----------------------|--|
| Annual tuition:       | \$4,980 (\$415/credit hour, 12 hours per year) |
| *Annual Site Fee:     | \$500.00                                       |
| Academic Support fee: | \$120 (\$60/semester)                          |
| Annual total:         | \$5,600.00                                     |

[Graduate Application](#)

Choose "SAGU Life" during your application.

- Click on the Create an Account link. Create an account and fill out and submit application.

The screenshot shows the "Application Management" page on [connect.sagu.edu/apply?tr=963bda62-07d0-44b6-5793-064187475fe](https://connect.sagu.edu/apply?tr=963bda62-07d0-44b6-5793-064187475fe). The page has a purple header with the Sagu logo and navigation links: Admission, Academics, Financial, Athletics, Campus Life, Alumni, Give, A-Z. Below the header, there's a section for "Application Management" with two options: "Returning users: Log in to continue an application." and "First-time users: Create an account to start a new application." (circled in red). Below this section is a large orange banner. At the bottom, there's a dark blue footer with a grid of links: About, Admission, Academics, Financial, Campus Life, and Quick Links. The "Admission" column includes: Undergraduate, Graduate, Online, Early College Credit, Visit SAGU, Request Info, and Apply. The "Academics" column includes: Degrees, Library, Academic Support, and Catalog. The "Financial" column includes: Scholarships, Tuition & Fees, Give, Planned Giving, Cost Calculator, Make a Payment (eCAMS). The "Campus Life" column includes: Residential Life, Live Stream, Missions, Campus Services, and Bookstore. The "Quick Links" column includes: Calendar, Employment, and Partner Sites. The bottom of the page has a search bar and system tray icons.

**Application Management**

Returning users:  
Log in to continue an application.

**First-time users:**  
[Create an account to start a new application.](#)

| About            | Admission            | Academics        | Financial              | Campus Life      | Quick Links   |
|------------------|----------------------|------------------|------------------------|------------------|---------------|
| Accreditation    | Undergraduate        | Degrees          | Scholarships           | Residential Life | Calendar      |
| History          | Graduate             | Library          | Tuition & Fees         | Live Stream      | Employment    |
| Our mission      | Online               | Academic Support | Give                   | Missions         | Partner Sites |
| Traveling Groups | Early College Credit | Catalog          | Planned Giving         | Campus Services  |               |
| Contact Us       | Visit SAGU           |                  | Cost Calculator        | Bookstore        |               |
| Privacy Policy   | Request Info         |                  | Make a Payment (eCAMS) |                  |               |
|                  | Apply                |                  |                        |                  |               |





## 2022-2023 School Year Application

### **I. Personal Information**

**Please Print Clearly**

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

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

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

Home Address:

Street address: \_\_\_\_\_

Apt/unit/box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

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

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

Gender: **Male / Female**

What year will you/have you graduate High School? \_\_\_\_\_

Valid Diver License Number & State Issued: \_\_\_\_\_

How did you hear about SAGULife? \_\_\_\_\_

Did you attend any Preview Days at SAGULife Roscoe IL, If Yes, when?

\_\_\_\_\_

## **II. Christian Faith and Ethics**

- SAGULife and Life Church are Christian Faith Based organizations believing, practicing and teaching Biblical Christian Views. The admission policy requires all students to have a Salvation experience as indicated in John 3:3 and other scriptures.

Do you accept and submit to the statement above? **Yes / No**

Do you regularly attend church? **Yes / No**

Date of your salvation experience \_\_\_\_\_

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**

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

- In what areas do you sense a leading from the Lord with regards to your future work and vocation? (circle all that apply)

Church Leadership Ministry      Outreach Missions      Non-Profit Organizations

Business Administration      Education      Counseling

Human Services      Other \_\_\_\_\_

- SAGULife also maintains an abstinence policy regarding tobacco, alcohol, illegal drugs or mind-altering substance, as well as inappropriate sexual conduct of any nature that contradicts Biblical views.

Do you agree to abide by the statement above? **Yes / No**

### **III. School History**

- High School Graduated \_\_\_\_\_  
City and State \_\_\_\_\_  
Graduation Year \_\_\_\_\_  
Diploma                      GED  
GPA \_\_\_\_\_  
Act or SAT Score? \_\_\_\_\_
  
- List your volunteer/service projects, clubs, church groups and organizations you served in, and any other community work you have been involved in.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Trade Schools, College Attended or acquired through High School achievement programs? **Yes / No**  
If Yes, Name of College, Trade School or Program \_\_\_\_\_  
Years completed \_\_\_\_\_ Degree earned if applicable \_\_\_\_\_
  
- Please email all High School and/or College Transcripts to:  
chrystal@lifechurchag.com

## IV. Two References and One Recommendation Letter

- Pastor's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Church: \_\_\_\_\_  
Street address: \_\_\_\_\_  
Apt/unit/box: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

### Other Reference (No Family)

- Relationship: Friend / Coach / Teacher / Employer / Other \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

### Recommendation Letter

- 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).

### Essay Requirements

Please attach a one-page essay including your testimony and the vision God has given you for your life's work.

**IV. Acknowledgement and Signature Page**

(Please Read and Initial after each statement)

- I certify that all information in this application is complete and accurate. I understand that acceptance to SAGULife is subject to verification of final records from all institutions I have attended. \_\_\_\_\_
- If accepted, I agree to abide by the processes, policies and Biblical standards of SAGULife, SAGU, and Life Church Roscoe, IL. \_\_\_\_\_
- If accepted I will 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.*

Applicants Signature: \_\_\_\_\_

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

Enclose Registration/Housing Deposit of \$150 refundable end of year upon room check out procedures.





**Life Church/SAGULife**  
**Background Check Form**  
Please Print

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|                   |                    |                  |
|-------------------|--------------------|------------------|
| <b>First Name</b> | <b>Middle Name</b> | <b>Last Name</b> |
|-------------------|--------------------|------------------|

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.



## SAGU Financial Policies and Refunds

### *Refund Policy*

Each institution must make available to prospective and enrolled students' information about the institution's refund policy.

### *Overpayment*

Refunds of accounts with overpayment due to financial aid will be made within 14 days after the school has received the financial aid from the vendor and it has been applied to the student's account.

### *Withdrawal/Terminations*

Upon withdrawal/termination, all amounts due to SAGU are payable in full. No refund is given for fees. All Financial Aid that was previously awarded for subsequent semesters in the current school year is cancelled at the time the student withdraws. In order for the student to be re-awarded, he/she must submit a written notice of intent to re-enroll to the Financial Aid Office.

### *Full Semester*

Any student who withdraws/terminates or drops a class during the fall or spring semester will be refunded according to the following policy. No refund is given for fees or charges. After the fifth week of classes NO refunds will be made on tuition or room and board charges. Tuition, Room, and Board are refundable based on the following schedule:

|                           |      |
|---------------------------|------|
| Week of Late Registration | 100% |
| Third Week of Classes     | 75%  |
| Fourth Week of Classes    | 50%  |
| Fifth Week of Classes     | 25%  |

### *SAGULife Site Fees*

SAGULife's site fees are refunded in accordance to SAGU's financial policies stated.

## ***Annual Financial Breakdown***

Full-Time student with required minimum of 15 credit hours per semester.

Annual Tuition Breakdown *Does not include books*

- Tuition to SAGU (15 credit hours per semester) \$6,600
  - (\$275/Credit Hour)
- Annual Site Fee (includes housing) \$6,200
  - *Off Campus housing credit for 2022= \$1100 per semester*
- Academic Year Total **\$12,800**

Missions and Outreach Opportunities (*Optional*)  
\$1,500-\$2,000

Ministry School Comparisons are available upon request

I fully acknowledge and have read the above Financial Policies, Refunds and Financial Breakdown for both SAGU and SAGULife.

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

## **SAGULife**

### **Handbook Acknowledgment**

By participating in this extension program, I choose to live and lead by example, upholding all commitments and standards both written and verbal by SAGULife and Life Church. Failure to do so could lead to dismissal, a period of probationary service, or limitations of responsibility. SAGULife Leadership Staff and ultimately the Executive Director and Lead Pastor will determine all consequences.

By signing below, I acknowledge I have received, read, and will abide by the handbook and policies it contains. I also understand that Life Church Leadership retains the ability to adapt or change the policies and/or procedures contained in the Student Handbook as the school year progresses.

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

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



**SAGULife**  
**Medical Release Form**  
Please Print Clearly

**Personal Information**

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

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

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

Home Address:

Street address: \_\_\_\_\_

Apt/unit/box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

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

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

**Parental Information**

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

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

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

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contacts Information - List 2 other** (relatives preferred)

Name (first and last) \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Name (first and last) \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

**Medical History**

**Allergies:** Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please be specific*

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_



**Immunizations and Medications:**

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

Please date the immunizations received:

|                  |               |                  |
|------------------|---------------|------------------|
| _____ Diphtheria | _____ Measles | _____ Mumps      |
| _____ Rubella    | _____ TB      | _____ Meningitis |

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.

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List any prescription medications taken on a daily or “as needed” basis: (drug, dose, time)

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**Insurance Information:**

Do you have hospitalization insurance? **Yes / No**

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.**