

Roever Learning and Resource Center

Eagles Summit Ranch
Westcliffe CO



Application for Admission

General Information (print, fill out application and forward to the address at the end of this document)

Anticipated Enrollment _____
Social Security Number _____

Last Name _____ First Name _____
Middle _____ Preferred Name _____

Current Address

Street _____
City _____
State _____ Zip _____ Country _____
Home Phone Number _____
Cell Phone Number _____

Personal Information

Date of Birth _____ Gender Male Female
Marital Status _____ If Married, how long? _____
If Married, what is your spouses name _____
Do you have any children? Yes No If yes, how many children? _____

Military Service

Military Service: Yes No Branch _____
Entrance Date _____ Active Duty? Yes No
Separation Date _____ Total years in military _____
Job description in service _____

Religious Background

Are you affiliated with any religious denomination Yes No
If so, which denomination? _____

Education

High School Graduation Year _____
Name of High School _____
Did you receive you GED? Yes No Year? _____
College: Yes No Years Attended? _____
Name of College: _____
How many credit hours do you have? _____ College Graduate Yes No

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Degree: _____

Medical History

Where were you injured? _____ When? _____
How were you injured? _____

Do you have health or medical issues now? Yes No
If yes, please describe _____

Do you need to obtain a medical release from your doctor? Yes No

What percentage of disability was granted to you by the VA? _____

To help us assist you and for your convenience, please answer the questions below:

To be ambulatory, to what extent do you:

- | | | |
|--|------------------------------------|------------------------------------|
| 1. Require a wheelchair | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| 2. Require crutches: | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| 3. Require crutches with prosthesis | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| 4. Require assistance with personal hygiene: | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |

Please describe any other physical needs you have that are not mentioned above _____

Describe any dietetic requirements _____

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Roever Learning and Resource Center (RLRC)

What program are you interested in?

- SAGU University Accredited Program* (recommended by Dr. Roever D.D.)
- RLRC Certificate Program RLRC Seminar
- RLRC Customized Seminar Undecided

*Contingent upon qualifications for acceptance at Southwestern Assemblies of God University. Continued education is at applicant's expense, i.e. SAGU tuition and fees will apply. For more information about SAGU see: www.sagu.edu.

What is your motivation for coming to Roever Learning and Resource Center, Eagles Summit Ranch? _____

Reference

Forward non-family member reference and this application to:

Roever & Associates
Attn: RLRC Admissions
P.O. Box 136130
Ft. Worth, TX 76136