JOSEPH BUSINESS SCHOOL

APPLICATION & RECOMMENDATION FORMS CURRENT ACADEMIC SESSION

PLACE PHOTO HERE

Joseph Business School Application for Admission

Place a recent photo in the area provided. Enclose a £20.00 application fee, cheque should be made payable to JBS DOMINION CENTRE LONDON. All written essays and recommendation forms must be completed and returned to the Admissions Office. Optional items are used for statistical purposes; all other items must be answered.

Answer all questions thoroughly. Your application must be written solely by you without assistance. If a question is not applicable, write or type "N/A". An active valid email address is required for communication purposes with the school.

PERSONAL I	NFORMATION	
Name:		(m. 1 lb.)
(Last)	(First)	(Middle)
Address:		
Address:(Street)		
(City)	(Post Code)	(County)
Personal E-Mail Address:		
Daytime Phone: (Area Code)	Evening Phone:	
(Area Code)	(Area Code)	
U.K. Citizen: Yes No	Permanent U.K. Resident	Yes No
Country of Birth (if not the U.K <u>.):</u>	_Country(ies) of Citizenship:_	
Date of Birth: Age:	_	
Spouse's Name:	Number of Dependants:	
Sex (Tick one): Male Female M a	rital Status: Single	Married
Ethnic origin (Tick one): White - British Ethnic background Other Mixed Backgr If none of the above applies, please specify:		

Name of Applicant:		
	Joseph Business School	

	Apı	olication for Ad	mission	
	E	DUCATIONAL INFORI	MATION	
, — — — — — — — — — — — — — — — — — — —	chools and univer	sities attended. Ir	ndicate full-tin	ne or part-time where
appropriate. Name	Location	Dates (Moi	nth & Year)	Degree (if any), Month & Year Received
		From	То	Month & real neceived
High School/G.E.D.	_			
Vocational/Technical	_			
Undergraduate	_			
Graduate	_		- ,	
	E	MPLOYMENT INFORI	MATION	
Organization Name	:			
Organization Addre	ess:		Phone:	Ext:
Nature of Business:			Job Title:	
Please describe you	ır responsibiliti <u>es:</u>			
If you are not currer	ntly employed, ple	ease list reason fo	r leaving:	
	EXTRACURRI	CULAR / COMMUNIT	Y / CIVIC ACTIVITI	ES
Activity and Office F				# of Members Hours/Week
	_	<u> </u>		

Name of Applicant:					
		Joseph Busir pplication fo			
		AWARDS AND R	ECOGNITION		
Award/Recognition		Date		Basis of Selection	
Are you currently an	active membe	er of a church?	If yes, whe re?		
	IN CASE O	F AN EMERGENCY	(Please list two co	ontacts)	
Name	Relationship		Address		Phone
Name	Relationship		Address		Phone

Please respond to each of the following essay questions separately. Essay responses <u>should not</u> exceed the maximum length required. Your responses to these questions must be included when the application is submitted otherwise your application will be considered incomplete and will not be submitted for review by the admissions committee. Please note that all of your responses will be held in the strictest confidence and will only be reviewed by the admissions committee.

ESSAYS

- 1. What preparations have you made to be come an entrepreneur? How will the Joseph Business School play a role in your entrepreneurial endeavor? (300 word limit)
- 2. If you are currently an entrepreneur, answer part A. If you are not currently an entrepreneur, answer part B.
 - A) How long have you been in business and what are your short-term (1-3) year goals for your business? (300 word limit)
 - B) What is your business idea, when do you plan to start your business, and what three steps have you taken to start your business?
- 3. List three things that are evidence of God's direction in your life. (300 word limit)

Name of Applicant:		

Joseph Business School Application for Admission

CHECKLIST ☐ Application submitted on or before due date ☐ Enclosed the completed essay responses Enclosed a current copy of your resume Enclosed a passport size photo Includes the application fee £20.00 (UK) ☐ Enclosed or forwarded two completed recommendation forms from a community leader or business leader ☐ Provided a valid active email account (required)* ☐ Fully completed and signed application form Mail application to: **Joseph Business School ATTN: School Administrator** 9 The Broadway, High Road Wood Green London N22 6DS Tel: 020 8829 0080 Fax: 020 8829 0081 *Please note that all applicants will be notified via email and/or U.K. mail of your application status.

In applying for admission to the Joseph Business School, I affirm that I will abide by its purposes and standards of conduct. I further affirm that all statements and information given in this

application are true and accurate.

I understand that I am subject to immediate dismissal if any question is answered dishonestly or deceptively.

Applicant's Signature:	Date:
Applicant's signature.	Date.

Name of Applicant	:					
,		Joseph B commenda	usiness Sch ation for Ad			
Note for the person pro (Recommendations must be for The person who you Joseph Business So	rom a community and	d/or business leader, this recomm	nendation for	is applying f		
Committee in their	evaluation. T	hank you for	your time an	d effort.	issist the Adh	1113310113
1. How long have y	you known th	e applicant a	ind in what c	apacity?		
2. What do you co	nsider are the	applicant's s	trengths and	weaknesses	?	
,						
3. In your opinion, why not?	do you belie	ve the applic	ant has a call	ing to be an	entrepreneui	r? Why or
4. Describe your as	ssessment of	the applicant	s ability to w	ork in teams	?	
5. Please provide y	your best asse	essment of th	e applicant i	n terms of the	e qualities lis	ted below.
	No Information	Below Average	Average	Good	Excellent	Outstanding
Intellectual Ability		2 22 2.2.32				
Imagination and Creativity						

	No Information	Below Average	Average	Good	Excellent	Outstanding
Intellectual Ability						
Imagination and Creativity						
Motivation						
Personal Maturity						
Leadership Potential						
Self-Confidence						
Ability in Oral Expression						
Attitude Towards Others						7

-	de any additional comments about the applicant's potential or personal ve would be helpful in the Admissions Committee's evaluation.
· · · · · · · · · · · · · · · · · · ·	g this recommendation form on behalf of the applicant. We take your believe that you have completed this form accurately. Your comments
Signature:	
Name (please print):	
Business Name and Position	on/Title:
Address:	
Phone:	
Mail or fax response to:	Joseph Business School
	ATTN: School Administrator 9 The Broadway, High Road Wood Green London N22 6DS

Tel: 020 8829 0080 Fax: 020 8829 0081

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Name of Applicant:
Joseph Business School Recommendation for Admission
Note for the person providing this recommendation: (Recommendations must be from a community and/or business leader, none of whom may be relatives).
The person who you are writing this recommendation for is applying for admission to the Joseph Business School. Your candid assessment of this applicant will assist the Admissions Committee in their evaluation. Thank you for your time and effort.
1. How long have you known the applicant and in what capacity?
2. What do you consider are the applicant's strengths and weaknesses?
3. In your opinion, do you believe the applicant has a calling to be an entrepreneur? Why or why not?
4. Describe your assessment of the applicant's ability to work in teams?
5. Please provide your best assessment of the applicant in terms of the qualities listed below. Rate the applicant in comparison to others that you know who are current or aspiring entrepreneurs in his or her

	No Information	Below Average	Average	Good	Excellent	Outstanding
Intellectual Ability						
Imagination and Creativity						
Motivation						
Personal Maturity						
Leadership Potential						
Self-Confidence						
Ability in Oral Expression						
Attitude Towards Others						

	de any additional comments about the applicant's potential or personal ve would be helpful in the Admissions Committee's evaluation.
	this recommendation form on behalf of the applicant. We take your pelieve that you have completed this form accurately. Your comments
Signature:	
Name (please print):	
Business Name and Position	on/Title:
Address:	
Phone:	
Mail or fax response to:	Joseph Business School ATTN: School Administrator 9 The Broadway, High Road Wood Green London N22 6DS

Tel: 020 8829 0080 Fax: 020 8829 0081

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APPLICATION PROCESS

A complete application including all required documents, an active valid email address, essays, and recommendation forms must be submitted for the upcoming school year along with a £20.00 application fee on or before the final acceptance date. Please note that incomplete applications will not be submitted to the admissions committee for review. In an effort to make an informed decision, you may be invited for an interview. *Please note that all applicants will be notified via email and/or U.K. mail of your application status.

FINANCIAL INFORMATION

The student is required to pay the application fee when the application is submitted on or before the early bird date or final date. After the application process is completed and student is accepted, a payment is due at the time of registration. The remainder of the tuition may be paid in five equal installments. The payment schedule is as follows:

Checks and all major credit cards are accepted. Payments are considered late on the tenth day past the due date. A £20.00 processing fee will be assessed for all returned checks <u>and</u> late payments.

There are a total of 37 class sessions held during the academic year.

TUITION REFUND POLICY

(based on full tuition and fee amount)

100% - Before 1st day of class

90% – After Class 1 but before Class 5

60% – After Class 5 but before Class 10

40% – After Class 10 but before Class 15

20% - After Class 15 but before Class 22

0% – After Class 22