

## Application Process

Thank you for your interest in the **Uprising** Leadership Training Experience. If you have any questions about the application process or the Experience, please contact our Admissions Office at 1.813.265.4151 or e-mail us at [uprising@gracefamilychurch.org](mailto:uprising@gracefamilychurch.org).

Our application process focuses on understanding the individual and is designed to select those applicants who will thrive in **Uprising**.

Our admission staff works closely with each applicant throughout the application and enrollment process. We carefully and prayerfully consider each application while making our decision.

### APPLICATION CHECKLIST

For your application to be complete, you must submit ALL of the following:

- Application form
  - o Two Essays
  - o Medical History Form
  - o Criminal and Background Records Check Form
- High school transcripts (Include college transcript if applicable)
- Two Recommendations
- Sports physical documentation
- \$50 application fee (check payable to Grace Family Church)
- Two recent, different photos (will not be returned)

Once we have received your completed application, you will have one phone interviews with our admissions staff. A staff member will contact you regarding the interview.

### COMPLETING THE APPLICATION

1. Please print legibly in ink or type the application form. Be sure to complete each page of the application.
2. Enclose the \$50 non-refundable application fee. Check or money order is preferred. Your application for admission will not be evaluated until the application fee is received.
3. Request official transcripts from your high school and/or any colleges attended. If you are currently enrolled, please request a final transcript to be mailed upon graduation or completion of coursework. Applicants who have completed fewer than 30 semester hours of college coursework must also submit high school transcripts.
4. Request two recommendations using the forms included in this application. One must be completed by a pastor or youth worker and one must be completed by your high school/college counselor, a teacher or a professor. Recommendations should be mailed directly to the Office of Admission. **Uprising** does not accept recommendations from family members.

### SUBMITTING THE APPLICATION

**Uprising** is a nine month program from September through May. We accept and review applications year round, but all applications for enrollment in the current year must be submitted by August 8. Please mail your completed application to Uprising, Grace Family Church, 5101 Van Dyke Road, Lutz, FL 33558.

### TUITION/TUITION DEPOSIT

The cost of tuition is \$1,800. This total includes a \$500 non-refundable deposit. If you are admitted to Uprising and plan to enroll, you must submit your tuition deposit by August 15<sup>th</sup>. Payments are as follow:

- September- \$500    • October- \$200    • December- \$200
- February- \$200    • April- \$200

Payments are due on the first of the month. You can make payments online at [gracefamilychurch.org/uprisingpayment](http://gracefamilychurch.org/uprisingpayment).

## Application for Admission

**Uprising** seeks students who want to grow spiritually, who have the potential to be successful academically, and who are willing and able to undergo rigorous physical training. With that in mind, please answer the following questions as carefully and honestly as possible.

I plan to enter **Uprising**: September \_\_\_\_\_  
YEAR

Full Name \_\_\_\_\_  
LAST FIRST MIDDLE

Gender  Male  Female

Preferred Name \_\_\_\_\_

SS# \_\_\_\_\_ Birth Date \_\_\_\_\_  
MONTH/DAY/YEAR

Current Address \_\_\_\_\_  
NUMBER AND STREET

CITY STATE/COUNTRY ZIP

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Permanent Address \_\_\_\_\_  
NUMBER AND STREET

CITY STATE/COUNTRY ZIP

Are you a U.S. Citizen?  Yes  No

If no, what is your current U.S. immigration status? \_\_\_\_\_

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Providing information about race/ethnicity is voluntary.  
The information is not used in a discriminatory manner.

Select one (optional):

- Latino(a)/Hispanic       Caucasian  
 African American       American Indian or Alaskan Native  
 Asian American       Pacific Islander  
 Other: \_\_\_\_\_

Name of Church/Christian Organization \_\_\_\_\_

Denomination \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

NUMBER AND STREET

CITY

STATE/COUNTRY

ZIP

Name of Senior Pastor, Youth Pastor or Youth Worker \_\_\_\_\_

How long have you been involved in this church? \_\_\_\_\_

If less than one year, what church were you involved in previously?

Age/year when you accepted Jesus Christ as your personal

Lord and Savior \_\_\_\_\_ Water baptized \_\_\_\_\_

Please list any ministry experiences/positions you have held both inside  
and outside the Church. \_\_\_\_\_

Is there anything in your life that might come up as a questionable issue?

Yes  No

(if yes, please explain.) \_\_\_\_\_

## FINANCIAL

How will you pay for your tuition? \_\_\_\_\_

Do you see any reason why you would not have the required tuition fees  
by the required dates?  Yes  No

If yes, please explain why and how you plan to make your tuition payment.

List the total amount of current debts, loans, or payments owed.

Will these be paid off by the time you enter **Uprising**?  Yes  No

If not, how do you plan to make these payments? \_\_\_\_\_

Do you currently own a vehicle? (required upon entrance)  Yes  No

Is your vehicle in good working condition?  Yes  No

Do you currently have automobile insurance for your vehicle?  Yes  No  
(required upon entrance)

Name of Insurance Company \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Policy Number \_\_\_\_\_

Agent's Name \_\_\_\_\_

## EMPLOYMENT

Are you currently employed?  No  Full-time  Part-time

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

Describe your job responsibilities. \_\_\_\_\_

Describe your relationship with your supervisor and coworkers. \_\_\_\_\_

Please list your past and current employment, include military service and  
periods of unemployment.

Position

Start Date

End Date

## LIFESTYLE

Do you or have you ever smoked?  Yes  No

(If yes, explain.) \_\_\_\_\_

Do you or have you ever consumed alcoholic beverages?  Yes  No

(If yes, explain.) \_\_\_\_\_

Do you or have you ever used any illegal drugs? Yes No

(If yes, explain.) \_\_\_\_\_

Are you or have you ever been sexually active? Yes No

(If yes, explain.) \_\_\_\_\_

Have you ever been convicted of a felony? Yes No  
(If yes, please attach an explanation to this application.)

Have you ever been accused of, convicted of (plead guilty to) child abuse or a crime involving actual or attempted sexual molestation of a minor?

(If yes, explain.) \_\_\_\_\_

Are you currently or have been involved in pornographic or homosexual activities? (If yes, explain.) \_\_\_\_\_

*(If you need additional space for any answer, please turn over and use the back of this sheet.)*

## EDUCATION

Check all that apply regarding your current educational status:

- Not a student     
 Full-time     
 Part-time  
Senior-High School     
 Freshman-College     
 Sophomore-College     
 Junior-College     
 Senior-College

Please list, in chronological order, all high schools, colleges or professional schools that you are attending or have attended.

Institution	City, State, Zip	Dates of Attendance (mo/yr)
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

Date of High School Graduation (mo/yr) \_\_\_\_\_ Date of College Graduation (mo/yr) \_\_\_\_\_

High School GPA \_\_\_\_\_ College GPA \_\_\_\_\_ ACT Score \_\_\_\_\_ SAT Score \_\_\_\_\_

Are you under academic or disciplinary suspension, probation or similar action at any institution? Yes No  
(If yes, please attach an explanation to this application.)

If you have not yet attended college, do you plan to earn an undergraduate degree? Yes No

What is your intended major? \_\_\_\_\_

What are your career goals? \_\_\_\_\_

Colleges or universities to which you are currently applying (if applicable) \_\_\_\_\_

Please list any school, church or community activities you have been involved in. You may attach a resume or separate list.

## ACTIVITIES

Activity	Offices Held/Awards Received
_____	_____
_____	_____
_____	_____

## FAMILY HISTORY

Father's Name \_\_\_\_\_  
LAST FIRST MIDDLE

Living Deceased

Father's Address \_\_\_\_\_  
NUMBER AND STREET  
\_\_\_\_\_  
CITY STATE/COUNTRY ZIP

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

College(s) Attended by Father \_\_\_\_\_

Degree(s) Earned \_\_\_\_\_

Mother's Name \_\_\_\_\_  
LAST FIRST MIDDLE

Living Deceased

Mother's Address \_\_\_\_\_

NUMBER AND STREET

\_\_\_\_\_

CITY

STATE/COUNTRY

ZIP

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

I live with (check all that apply)  My Mother  My Father

A Stepparent  A Guardian  On my own

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

If you live with a guardian, stepparent or other, please complete their information below.

Name \_\_\_\_\_

LAST

FIRST

MIDDLE

Address \_\_\_\_\_

NUMBER AND STREET

\_\_\_\_\_

CITY

STATE/COUNTRY

ZIP

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

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

Person to contact in case of an emergency:

Name \_\_\_\_\_

LAST

FIRST

MIDDLE

Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Briefly describe your family environment. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your family feel about you entering **Uprising**? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about **Uprising**? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you applying to be a part of this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you believe God has called you to do with your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your definition of a servant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your definition of ministry? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What qualities do you think are necessary for a spiritual leader to have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are accepted into **Uprising**, are you willing to make a nine month commitment? Yes No

Please check any ministries that you are interested in participating with at

**Uprising:**

Preschool Ministry Sound/ Lighting Ministry

Elementary Ministry Administration Ministry

Junior High Ministry Media / Graphics Ministry

High School Ministry Missions/ Outreach

College Ministry Music Ministry

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

Please give three references (may not be a family member) of people who are well acquainted with you. These must be different from your recommendation sources.

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Relationship \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## Essay Questions

The **Uprising** Leadership Experience is seeking students who are committed to growing spiritually, are well prepared academically, and want to contribute to their community. We recognize that each applicant is a uniquely gifted child of God. Your essays help the admissions staff become better acquainted with you.

Please respond to both questions as you would to a senior-level English class or college-level composition assignment. Each response should be 750-1000 words, typed and double-spaced.

### QUESTIONS

1. Please give your testimony and describe your personal relationship with Jesus Christ. What does it mean to you to be a follower of Christ?
2. Reflect on the scripture passage below. What does this mean to you? How does this passage connect to a recent event or circumstance in your life?

“Therefore, I urge you, brothers, in view of God’s mercy, to offer your bodies as living sacrifices, holy and pleasing to God—this is your spiritual act of worship. Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God’s will is—His good, pleasing and perfect will.”—*Romans 12:1-2 (NIV)*

## Medical History (Please print in ink or type)

Name:	Date of Birth:
Street Address:	SSN:
City, State, Zip:	Blood Type:
	Current Weight:
	Height:

The **Uprising** program is a physically demanding program with regular physical fitness training and outdoor activities that include trekking, hiking, repelling, camping, ropes training, swimming, bicycling, rowing/canoeing, kayaking and running in extreme weather. You will also participate in periods of fasting.

In order for us to help ensure your ability to endure the physical rigors of the program, we need you to complete the following health form, provide a record of your immunizations, and have a physical examination performed by your physician prior to entering the program. Additional immunizations and medication may be required at a later time for foreign travel. Also, please attach a copy of your medical insurance/prescription card. All medical information will be kept strictly confidential and will only be used by **Uprising** staff and any relevant insurance providers.

This information is needed for your health and safety. Please be accurate and complete.

## Past Medical History

List any serious medical illnesses/injuries both current and past. \_\_\_\_\_

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List any operations. \_\_\_\_\_

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List any serious allergies. \_\_\_\_\_

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## Medications

List medications taken regularly. \_\_\_\_\_

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Are you allergic or sensitive to any medicines? If so, please list. \_\_\_\_\_

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## IMMUNIZATIONS

Name	Yes	No	Date
Tetanus			
Polio			
Measles/Mumps/Rubella			
Pneumovax			
Influenza			
Hepatitis A			
Hepatitis B			

## FAMILY HISTORY

Condition	Yes	No	If "Yes," Explain
High Blood Pressure			
Heart Disease			
Diabetes			
Cancer			
Kidney Failure			
Mental Illness			
Alcoholism			
Tuberculosis			

Rate your current health: Excellent Good Fair Poor

Describe your overall physical condition. \_\_\_\_\_

Do you have any physical limitations? Yes No (If yes, explain.) \_\_\_\_\_

Are there any other illnesses that run in your family? \_\_\_\_\_

## Statement of Agreement

The **Uprising** program seeks students who are hungry for the Lord and committed to pursuing Him with all their heart, mind and strength. We believe God has purposes and plans that He longs to fulfill through His body. Our desire is to train students to know the Lord and His Word deeply, to understand how to serve the Kingdom of God effectively, to develop healthy, lasting relationships and to grow in their leadership skills. Tremendous opportunity lies at our doorstep, our passion is equipping others to give themselves wholeheartedly to achieving God's purpose for their lives.

*The Standard* embodies the essence of who we choose to be and how we choose to live. These statements are based on the biblical principles of integrity, love for God, and respect for social and spiritual laws. Our goal is to help you honor God in every area of your life and to grow spiritually, academically, physically and socially. As a **Uprising** student, you will be required to abide by these established standards. We take them seriously and expect you to do the same.

**God:** I commit to a lifestyle of regular Bible reading, prayer, obedience and seeking the Lord.

**Others:** I commit to a lifestyle of servanthood and honoring others before myself.

**Character:** I commit to a lifestyle of integrity and honesty in which my words, beliefs and actions are in agreement.

**Humility:** I commit to a lifestyle of humility that honors God and esteems others in my relationships.

**Relationship:** I commit to a lifestyle of accountability, trust, commitment and unity in my relationships.

**Discipline:** I commit to a lifestyle of physical, mental and spiritual discipline including exercise, learning and fasting.

**Excellence:** I commit to a lifestyle of excellence, evidenced through a life-giving attitude, attention to my physical appearance, and following through on tasks and opportunities to the best of my ability.

I understand that my signature represents my agreement with and support of **Uprising's** vision and purpose. I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that failure to provide accurate and complete information will result in denial of admission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

# Request and Authorization for Criminal and Background Records

I hereby authorize Grace Family Church to conduct a criminal and background records check through the appropriate national, state, and county agencies and for such agencies to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether state, local, or national. I hereby release said agency from any liability resulting from disclosure of this information.

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

\_\_\_\_\_  
PRINT Full Name

\_\_\_\_\_  
PRINT Maiden Name Year Married

\_\_\_\_\_  
PRINT All Aliases (Last Name Only)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

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

\_\_\_\_\_  
Date Moved to Florida

**Current Local Address:**

\_\_\_\_\_  
Street

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

( \_\_\_\_\_ ) \_\_\_\_\_  
Home Phone Number

If you have lived in states other than Florida since the age of 18, please fill in the following, beginning with the most recent period of time, and list your address and your last name at that time:

From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
CITY STATE/COUNTRY ZIP

Your Last Name during this time \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
CITY STATE/COUNTRY ZIP

Your Last Name during this time \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
CITY STATE/COUNTRY ZIP

Your Last Name during this time \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
CITY STATE/COUNTRY ZIP

Your Last Name during this time \_\_\_\_\_

# Pastor Recommendation

Applicant's Name \_\_\_\_\_  
LAST FIRST MIDDLE

Applicant's Address \_\_\_\_\_  
NUMBER AND STREET CITY STATE/COUNTRY ZIP

Check one:  I waive my right to review this completed document.  I do not waive my right to review this completed document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(NOTE: The admission process requires your insight regarding this applicant. If the applicant does not waive his or her right to review this document, he or she has permission to read this recommendation.)

Thank you in advance for your help. Each **Uprising** applicant must submit a pastor's recommendation. We are interested in your assessment of this student's spiritual development. Serious consideration will be given to your comments; therefore, we ask you to complete this form carefully. Please comment on the student's level of commitment to spiritual growth, participation in a church or organization and potential to contribute to a Christian community, keeping the following community lifestyle expectations in mind:

The **Uprising** program seeks to admit students who will thrive in a distinctly Christian learning community. Members of **Uprising** are committed to Christian values and actively participate in the integration of faith and learning. **Uprising** students commit to specific standards. Students are required to refrain from the possession and use or being under the influence of alcohol, tobacco and non-prescriptive drugs during their time as a student in the Experience. **Uprising** students commit to specific standards and are required to refrain from immoral sexual behavior and from the possession and use of obscene or pornographic images or literature and will strive for an attitude of purity. Students will be coached and counseled if they struggle with these matters. These standards are established in order to provide a healthy environment for growth and learning.

Name \_\_\_\_\_ Church Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
LAST FIRST MIDDLE

Church Name \_\_\_\_\_ Email Address \_\_\_\_\_

Church Address \_\_\_\_\_  
NUMBER AND STREET CITY STATE/COUNTRY ZIP

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?  Very Well  Well  Casually

Do you feel the applicant possesses the necessary qualities to succeed in **Uprising**?  Yes  No

Do you believe the applicant has a personal relationship with Jesus Christ?  Yes  No Explain: \_\_\_\_\_

To your knowledge, is the applicant's present conduct consistent with the lifestyle described above?  Yes  No

What evidence have you observed? \_\_\_\_\_

Briefly identify the applicant as either an active, average or indifferent participant in the activities of the church/organization. \_\_\_\_\_

Based on your knowledge of the applicant, would he or she likely profit from the **Uprising** Leadership Experience? \_\_\_\_\_

From your perspective, please identify several of the applicant's strengths and weaknesses. \_\_\_\_\_

Based on the applicant's God-given talents and gifts, how do you see him or her specifically contributing to the **Uprising** Leadership Experience? \_\_\_\_\_

Rank the applicant in the following areas:

	Excellent	Above Average	Average	Below Average
Emotional Stability				
Leadership Ability				
Peer Relationship				
Spiritual Maturity				
Social Skills				

Comments: \_\_\_\_\_

Based on the above information, I support the following recommendation regarding the applicant's admission into **Uprising**:

strongly recommend       recommend       do not recommend

Are you familiar with **Uprising**?  Yes  No

Would you like to discuss the applicant with our staff?  No  Yes, you can reach me at ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

After completing this recommendation, please return to:

## **Uprising**

Office of Admission  
5101 Van Dyke Road  
Lutz, FL 33558

If you wish to make additional comments about the applicant, please contact an admission staff member at 1.813.265.4151 or [uprising@gracefamilychurch.org](mailto:uprising@gracefamilychurch.org). **Uprising** reserves the right to select students on the basis of academic performance and personal qualifications.

**Uprising** does not discriminate on the basis of race, gender or national or ethnic origin in its programs and activities.

# Academic Recommendation

Applicant's Name \_\_\_\_\_  
LAST FIRST MIDDLE

Applicant's Address \_\_\_\_\_  
NUMBER AND STREET CITY STATE/COUNTRY ZIP

Check one:  I waive my right to review this completed document.  I do not waive my right to review this completed document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(NOTE: The admission process requires your insight regarding this applicant. If the applicant does not waive his or her right to review this document, he or she has permission to read this recommendation.)

Thank you in advance for your help. We are particularly interested in your assessment of the student's academic ability and potential. Please comment, to the best of your ability, on the student's level of participation in the classroom, analytical ability, communication skills, level of motivation, study habits, ability to grasp material and academic interests.

Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Email Address \_\_\_\_\_

School \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Is your school  Public  Private

Is your school accredited?  Yes  No

If accredited, by which agency or agencies? \_\_\_\_\_

Is the student's course selection:  Most Demanding  Demanding  Average  Below Average

How well do you know the applicant?  Very Well  Well  Casually

How long have you been acquainted with the applicant? \_\_\_\_\_

Is the academic record of this student an accurate indication of the student's ability?  Yes  No

If not, please describe the circumstances. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The **Uprising** Leadership Experience seeks to admit students who will thrive in a distinctly Christian learning community. Members of the **Uprising** community are committed to Christian values and actively participate in the integration of faith and learning.

Based on your knowledge of the applicant, would he or she likely profit from and contribute to the Uprising Leadership Experience?

Yes  No

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Considering all qualifications, I believe at **Uprising** the applicant will:

- Do superior work                       Do above average work                       Do average work  
 Encounter some difficulty                       Have significant difficulty

Based on the above information, I support the following recommendation regarding the applicant's admission into **Uprising**:

- Strongly recommend                       Recommend                       Do not recommend

Would you like to discuss the applicant with our staff?  Yes  No

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Signature

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Date

After completing this recommendation, please return to:

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5101 Van Dyke Road  
Lutz, FL 33558

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