



9020 E. 35th Street N.  
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Wichita, KS 67278-0189  
1-800-676-3264 or fax 316-267-1850

## Faculty Representative Form

December 19, 2011 Deadline for Applications & Essay

Name of Faculty Representative \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

School address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Name of Student Applicant \_\_\_\_\_

Name & e-mail address of Religion Chair *(Required)* \_\_\_\_\_

**\* Both forms must be included in same envelope with essay\***

**ONE APPLICANT PER SCHOOL**

The student essay topic is: ***“How is your religious education influencing your life?”***

Distribution:  
Guidance Office  
Religion Department

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