

RIVER IMPACT UNIVERSITY

Application for
Admission



RIVER IMPACT UNIVERSITY

APPLICATION FOR ADMISSION

4675 Portland Rd NE, Suite 190
Salem, OR 97305
Phone (503) 385-8721 x 11

www.therivernw.com/riu

E-mail: riverimpactu@gmail.com

Pastor Shannon Banke, Chancellor

River Impact University (RIU) is a private membership association of The River Academic eXchange, also known as TRAX, whereby its members restrict their conduct, activities, and business to the private domain. RIU is an accredited institution of higher learning providing an Associates Degree in the following disciplines: ministry, worship, government and business studies.

River Impact University is an accredited institution of higher learning providing a diploma for Ministerial Academics. River Impact University is accredited through
Transworld Accrediting Commission
International 231 E Alessandro Blvd., Suite
A-210

Riverside, CA 92508; 951.901.5586
www.transworldaccrediting.com



River Impact University admits students of any race, color, national and ethnic origin, to all rights, privileges, programs and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national, and ethnic origin in administration of educational policies, admissions policies, and other school-administered programs.

Application Procedures

APPLICATION DEADLINE

The River Impact School of Ministry application is due 6 weeks before the published registration date. All other paperwork is due 2 weeks later. Late applications are accepted based on space and qualifications of the applicant. **Please note:** Enrollment is on a first apply, first admit basis, and River Impact University re-serves the right of admissions.

APPLICATION REQUIREMENTS

- Complete the Application for Admission Form. Please answer all questions. If a question does not apply, write N/A (not applicable) in the space provided.
- Complete, sign and submit the Statement of Purpose form. Please print or type in English.
- Read and sign the Student Privacy Right form and return it with the application.
- Mail the application to the address below or email completed application to riverimpactu@gmail.com
- Provide a hard copy of all 4 pages of the application in a sealed envelope to the RIU Student Administrative Services Department.
- Send the request for high school transcript to your high school or diploma-issuing agency.
- Each applicant must contact River Impact University to schedule a personal interview with school officials.
- Each applicant must have a home computer, laptop or tablet with Internet access. Some equipment is available for loan.
- Each applicant must submit three recommendations: One from the applicant's Ministry Leadership (pastor, elder, deacon, staff and ministry department leaders) and two personal recommendations from people who know the applicant well and can speak on his or her behalf regarding character, gifts and calling. Please do not use family members or relatives for any of the required recommendations. To expedite the application process, please sign the recommendation form and provide each reference with a stamped envelope addressed to:

River Impact University
Office of Admissions
4675 Portland Rd NE,
Suite 190, Salem, OR
97305

or have reference email the completed form to riverimpactu@gmail.com. Follow up after 2 weeks.

Once the admissions committee has reviewed the application, the applicant will be notified via email of acceptance or denial.



APPLICATION FOR ADMISSION

For RIU Offices only	
DATE RECEIVED:	_____
DATE OF REVIEW:	_____
<input type="checkbox"/> ACCEPT	<input type="checkbox"/> DENY
DEANS INITIALS:	_____

Please complete all four pages of application. Do not leave any item blank. Put N/A if not applicable.

Please type or print in English for all responses.

Deadline: 6 weeks before Registration

I am applying to school of: Ministry Worship Government Fall Spring for 20____ - 20____ school year.

Last Name: _____ Legal First Name: _____ M.I. _____

Maiden or other name used: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Province: _____ Country: _____

Home phone: _____ Cell phone: _____

E-mail address: _____

PERSONAL INFORMATION

GENDER: Male Female MARITAL STATUS: Single Married Separated Divorced Widowed

SS #: _____ Age: _____ Date of Birth:(MM/DD/YYYY) _____ / _____ / _____

RACE: African American Asian Caucasian Hispanic Latino Native American Other

Are you currently using illegal drugs? Yes No tobacco products? Yes No Have you ever been arrested? Yes No

US Citizens must provide a copy of his/her driver's license or passport.

Non-US Citizens must provide a copy of his/her valid passport and Visa. Country of Citizenship: _____

EDUCATION

Are you a high school graduate? Yes No GED Other _____

Highest educational level attained above high school (circle one): 1 2 3 4 Bachelor Degree Masters Degree Doctorate

Beginning with high school, list all educational institutions attended:

Name of School	Dates attended (mm/yyyy)	Major	Diploma or Degree

FINANCIAL INFORMATION

How do you intend to pay for tuition, fees and books? Savings Sponsor Work Scholarship

What tuition payment plan will you use? Pay by semester Request payment plan

APPLICATION FOR ADMISSION (continued)

FAMILY INFORMATION

Spouse: Yes No

Last Name: _____ First Name: _____

Age: _____ Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Is your spouse serving in the ministry on a full-time basis? Yes No If so, in what capacity? _____

Please list all children currently living in your household:

Full name of Child	Date of Birth	Son/ Daughter

Person to contact in case of emergency:

Name: _____

Relationship: _____ Cell phone: _____

Home phone: _____ Work phone: _____

SPIRITUAL INFORMATION

When did you accept Jesus Christ as your Savior? _____

Do you attend church regularly? Yes No Are you a member of a church? Yes No

Church Name: _____

Pastor's name: _____

Pastor's phone: _____ Church phone: _____

Church Address: _____

City, State, Province, Country, Zip: _____

May we speak with your pastor directly? Yes No Are you in full-time ministry? Yes No

If so, in what capacity? Pastor Teacher Evangelist Missionary Musician Worship Leader

CREDENTIALS

Licensed Ordained Number of years in ministry: Denomination/ Organization: _____



I am a member of TRAX (The River Academic eXchange) our Private Membership Association. # _____

I have carefully read the whole TRAX membership application (scan to the left) and I understand and agree with it.

Scan Here to go to www.traxnow.org

I hereby certify that I have read the River Impact University Handbook, Catalog and TRAX Membership Agreement. I accept the specific standards set forth therein. I further certify that the above information is true to the best of my knowledge, and I understand that to deliberately falsify information will result in my immediate expulsion from River Impact University.

Applicant's signature _____ Date: _____

STATEMENT OF PURPOSE

Applicant's Last Name	First	Middle
<p>1. Give a brief description of your salvation experience. <i>(Please type or print using 300 words or less.)</i></p>		
<p>2. Briefly explain why you want to attend River Impact University.</p>		
<p>3. Briefly describe any prior ministry education and experience.</p>		

PRIVACY RIGHTS OF STUDENTS

STATUTE 20, United States Code, Section 1232g and regulations adopted pursuant thereto, hereafter, referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the Code:

The Code provides for the institution to establish a category of student information termed "directory information". When available in college records, any information falling in the category of "directory information" will be available to all persons on request, i.e., the IRS, FBI or other government agencies and for use in CIFTA publications. CIFTA has identified the following as "directory information".

Student's:

- | | |
|----------------------------|--------------------------------------|
| 1. Name | 7. Church Membership |
| 2. Address | 8. Denominational Affiliation |
| 3. Telephone Listing | 9. Dates of Attendance |
| 4. Race | 10. Degrees and Awards Received |
| 5. Date and Place of Birth | 11. Most Recent Previous Educational |
| 6. Major Field of Study | 12. Agency or Institution Attended |

All other information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts of student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the school that have responsibility for working with the student. Such information will not be released to second parties without consent of the student.

Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, Section 1232g.

River Impact University does not discriminate on the basis of nationality, ethnic origin, or gender. We guarantee the rights, privileges and the availability of programs and activities to all students.

Applicant's Signature

Date of Application

Print Name



MINISTRY LEADERSHIP RECOMMENDATION

Ministry Leadership is pastor, elder, deacon, staff and ministry department leaders

To the Applicant: Please print your name on the line below

Applicant's Last Name _____ First _____ Middle _____

The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive their right of access to the reference.

By signing below, the applicant willingly waives the right of access to see this recommendation, knowing that this waiver is NOT required as a condition of admission.

To the person completing this recommendation: The above-named applicant has applied for admission to River Impact University and must submit one pastoral recommendation. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. If additional space is needed for any question, you may attach extra pages and identify which question is being answered. This complete form **should not be given to the applicant** but returned directly to the Office of Admissions:

River Impact University · 4675 Portland Rd NE, Suite 190, Salem, OR 97305
Email to: riverimpactu@gmail.com

Deadline: 2 weeks before Registration

- How long have you known the applicant? _____ Year(s) _____ Months
- How would you describe your relationship? _____Very close _____Close _____Distant
- Has the applicant been involved in your local church ministry? Yes No If yes, describe:

- Please circle the choice that best describes the applicant's ability in each area. Circle unknown if you feel your knowledge of the applicant is insufficient in that particular area:

Leadership Ability:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Submissiveness to Authority:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Teachability:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Servant's Attitude	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Motivated:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
People Skills:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A

- Please circle the choices which best describe the applicant's attitude toward spiritual matters.

Relationship with Jesus:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Church Attendance:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Relationship with Spouse:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Relationship with children:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A

6. Describe the applicant's strengths: _____

7. Describe the applicant's weaknesses _____

8. Have you known the applicant to engage in any immoral actions or questionable behavior? If so, please explain: _____

9. Please share any additional information you feel would help us evaluate the applicant's readiness to attend River Impact University.

Pastor (Please Print) Signature Date

Church Name Contact Phone Number

Church Address City State/Province Country Zip



PERSONAL RECOMMENDATION

To the Applicant: Please print your name on the line below

Applicant's Last Name _____ First _____ Middle _____

The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive their right of access to the reference.

By signing below, the applicant willingly waives the right of access to see this recommendation, knowing that this waiver is NOT required as a condition of admission.

Applicant's Signature _____ Date _____

To the person completing this recommendation: The above-named applicant has applied for admission to River Impact University and must submit two personal recommendation. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. If additional space is needed for any question, you may attach extra pages and identify which question is being answered. This complete form **should not be given to the applicant** but returned directly to the Office of Admissions:

River Impact University • 4675 Portland Rd NE, Suite 190, Salem, OR 97305
 Email to: riverimpactu@gmail.com

Deadline: 2 weeks before Registration

1. How long have you known the applicant? _____ Year(s) _____ Months
2. How would you describe your relationship? ____Very close ____Close ____Distant
3. Briefly describe your personal relationship to the applicant:

4. Please circle the choice that best describes the applicant's ability in each area. Circle unknown if you feel your knowledge of the applicant is insufficient in that particular area:

Leadership Ability:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Submissiveness to Authority:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Teachability:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Servant's Attitude	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Motivated:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
People Skills:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A

5. Please circle the choices which best describe the applicant's attitude toward spiritual matters.

Relationship with Jesus:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Church Attendance:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Relationship with Spouse:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Relationship with children:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A

6. Describe the applicant's strengths: _____

7. Describe the applicant's weaknesses _____

8. Have you known the applicant to engage in any immoral actions or questionable behavior? If so, please explain: _____

9. Please share any additional information you feel would help us evaluate the applicant's readiness to attend River Impact University.

Name (Please Print) Signature Date

Address City State/Province Zip

Country Contact Phone Numbers



PERSONAL RECOMMENDATION

To the Applicant: Please print your name on the line below

Applicant's Last Name _____ First _____ Middle _____

The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive their right of access to the reference.

By signing below, the applicant willingly waives the right of access to see this recommendation, knowing that this waiver is NOT required as a condition of admission.

Applicant's Signature _____ Date _____

To the person completing this recommendation: The above-named applicant has applied for admission to River Impact University and must submit to personal recommendation. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. If additional space is needed for any question, you may attach extra pages and identify which question is being answered. This complete form **should not be given to the applicant** but returned directly to the Office of Admissions:

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 Email to: riverimpactu@gmail.com

Deadline: 2 weeks before Registration

1. How long have you known the applicant? _____ Year(s) _____ Months
2. How would you describe your relationship? _____ Very close _____ Close _____ Distant
3. Briefly describe your personal relationship to the applicant:

4. Please circle the choice that best describes the applicant's ability in each area. Circle unknown if you feel your knowledge of the applicant is insufficient in that particular area:

- | | | | | | | | |
|------------------------------|-----------|------|---------|------|--------------|---------|-----|
| Leadership Ability: | Excellent | Good | Average | Poor | Unacceptable | Unknown | N/A |
| Submissiveness to Authority: | Excellent | Good | Average | Poor | Unacceptable | Unknown | N/A |
| Teachability: | Excellent | Good | Average | Poor | Unacceptable | Unknown | N/A |
| Servant's Attitude | Excellent | Good | Average | Poor | Unacceptable | Unknown | N/A |
| Motivated: | Excellent | Good | Average | Poor | Unacceptable | Unknown | N/A |
| People Skills: | Excellent | Good | Average | Poor | Unacceptable | Unknown | N/A |

5. Please circle the choices which best describe the applicant's attitude toward spiritual matters.

- | | | | | | | | |
|-----------------------------|-----------|------|---------|------|--------------|---------|-----|
| Relationship with Jesus: | Excellent | Good | Average | Poor | Unacceptable | Unknown | N/A |
| Church Attendance: | Excellent | Good | Average | Poor | Unacceptable | Unknown | N/A |
| Relationship with Spouse: | Excellent | Good | Average | Poor | Unacceptable | Unknown | N/A |
| Relationship with children: | Excellent | Good | Average | Poor | Unacceptable | Unknown | N/A |

6. Describe the applicant's strengths: _____

7. Describe the applicant's weaknesses _____

8. Have you known the applicant to engage in any immoral actions or questionable behavior? If so, please explain: _____

9. Please share any additional information you feel would help us evaluate the applicant's readiness to attend River Impact University.

Name (Please Print) Signature Date

Address City State/Province Zip

Country Contact Phone Numbers



HIGH SCHOOL/GED TRANSCRIPT REQUEST FORM

To the Applicant: A high school or equivalent diploma is required to attend River Impact University. It is imperative that you send your transcripts as soon as possible. Please fill out this form and submit it to the registrar's office of your high school or issuing agency of your diploma. Transcripts must reach the River Impact University Office of Admissions by 2 weeks before Registration.

To:

Name of Institution

Street Address or PO Box

City

State

Zip Code

From:

Student Name

Student Maiden Name (If Applicable)

Social Security Number

Years Attended

Date Graduated

Present Address

City

State

Zip Code

Student's Signature

Date

REQUEST FOR TRANSCRIPT

Please send a copy of my transcript to:

River Impact University
Office of Admissions
4675 Portland Rd NE, Suite 190,
Salem, OR 97305
riverimpactu@gmail.com



TRANSCRIPT REQUEST FORM

To the Applicant: A minimum of 36 semester hours in general education from an accredited institution of higher education is required to qualify for an associates or liberal arts baccalaureate degree. Please understand that this does not shorten your time of study at River Impact University. It is your responsibility to provide transcripts from any school you wish us to consider. It is imperative that you send your transcripts as soon as possible. Please fill out this form and mail it to the registrar of your institution. You will need to send one Transcript Request Form for each institution. Also note that some colleges and universities may charge a fee for this service. A check for their fee should be attached to each request.

To:

Name of Institution

Street Address or PO Box

City

State

Zip Code

From:

Student Name

Student Maiden Name (If Applicable)

Social Security Number

Years Attended

Date Graduated

Present Address

City

State

Zip Code

Student's Signature

Date

REQUEST FOR TRANSCRIPT

Please send a copy of my transcript to:

River Impact University
Office of Admissions
4675 Portland Rd NE, Suite 190 Salem,
OR 97305
riverimpactu@gmail.com