

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. **Please note:** Enrollment is on a first apply, first admit basis, and River Impact University reserves 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 Office.
- 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 have reference email the completed form to riverimpactu@gmail.com or provide each reference with a stamped envelope addressed to:

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

Follow up after 2 weeks with your references.

- 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



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

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Please send a copy of my transcript to:
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