

In the area below, please list in chronological order all colleges/universities you have attended since high school. **By your signature below you are granting permission to the Ziglar Center to obtain a copy of your transcript from the SNU registrar to assess your eligibility for this program.**

Institution Name	City	State	Dates Attended	Degree Earned	Major
1)			to		
2)			to		
3)			to		
4)			to		

Work History – Please List in Chronological Order

Current Employer

Organization Name: _____ Dates Employed: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Title/Position: _____
 Job Description: _____

Employer

Organization Name: _____ Dates Employed: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Title/Position: _____
 Job Description: _____

Employer

Organization Name: _____ Dates Employed: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Title/Position: _____
 Job Description: _____

Employer

Organization Name: _____ Dates Employed: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Title/Position: _____
 Job Description: _____

If you need additional room please attach a separate sheet.

Continue on next page.

Recommendations

You are required to obtain a written recommendation of an SNU faculty member familiar with your academic ability. The recommendation letter should be sealed in an envelope and mailed separately to the Ziglar Center.

Essay

Please attach a 300-400 essay describing why you want to participate in this program. This essay is an important component of the admissions process. Please label the essay with your name and submit with the completed application.

Emergency Contact

Name: _____ Relation: _____

Last

First

Address: _____ City: _____ State: _____ Zip: _____

Country: _____ Home Phone: () _____ Work Phone: () _____ ext. _____

Cell Phone: () _____ E-mail Address: _____

Disability

For information on accommodations on the basis of disability, please contact Dr. Tony Griffin, Executive Director of the Ziglar Center.

I certify that all of the foregoing information is complete and correct. I agree to abide by university rules, policies, and regulations now or hereafter existing. I recognize the right of the university to change its curricula, policies, rules, and regulations from time to time.

Signature of Applicant:

Date of Application:

Please return this application to:
Zig Ziglar Center for Ethical Leadership
Southern Nazarene University
6729 NW 39th Expressway
Bethany, OK 73008-9971
405-491-6311 | Fax 405-717-6281