



## REACTIVATION OF ADMISSION FILE

Name: \_\_\_\_\_  
Last First Middle (Maiden)

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

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

Marital Status:  Single  Married  Widowed  Divorced

Name of Spouse (if married): \_\_\_\_\_

Will you live on campus? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Students under the age of 21, not having senior standing at the University, not living with parent(s) and/or guardian(s) and not being married are required to live on campus unless exempt through the Student Development Office.)

Have you ever been convicted of a criminal act?  Yes  No

If yes, give full explanation on a separate sheet.

Home Church: \_\_\_\_\_  
Address and Denomination

Enrollment: \_\_\_\_\_ Fall \_\_\_\_\_ J-Term \_\_\_\_\_ Spring 20\_\_\_\_ to 20\_\_\_\_

When did you plan to enroll originally: \_\_\_\_\_

Area of Academic Interest: \_\_\_\_\_

If you have enrolled in any college/university since you sent your application to MVNU, please list these *(An official transcript and transfer recommendation is required from each institution before your acceptance to MVNU can be determined.)*:

College/University	City/State	Date Attended	G.P.A.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please write a personal statement including your reason(s) for reactivating your file to Mount Vernon Nazarene University. Describe why the Christian emphasis and environment of MVNU appeal to you, and how you plan to succeed academically and spiritually, and contribute to the campus community. Please feel free to give a summary of any additional information that you may feel is valuable to your application to MVNU. Please handwrite neatly; do not type. Use additional paper if needed.

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I will file a Free Application for Federal Student Aid (FAFSA) for upcoming school year:  Yes  No  
MVNU's school code number is 007085.  
(FAFSA form is available online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov))

Ohio Residents: When did you become a resident of Ohio (Month/Year)? \_\_\_\_\_

Were you enrolled as a full-time student in an institution of higher education before July 2, 1984?  
 Yes  No

Do you have a sibling, spouse or dependant who is currently a full-time student at MVNU?  
If yes, name(s): \_\_\_\_\_

Is either of your parents currently serving...

- As assigned full-time Nazarene missionaries under official board appointment?  Yes  No  
Name of Field: \_\_\_\_\_
- As assigned full-time Nazarene pastors or commissioned evangelists?  Yes  No  
Church: \_\_\_\_\_ Address: \_\_\_\_\_
- As full-time missionaries of another denominational/non-denominational church?  Yes  No  
Location: \_\_\_\_\_
- As a full-time pastor in another denominational/non-denominational church?  Yes  No  
Church: \_\_\_\_\_ Address: \_\_\_\_\_

Do you regularly attend a Church of the Nazarene?  Yes  No  
If yes, are you a member?  Yes

Do you authorize MVNU to release your name, address, telephone number, ethnicity, major, GPA and financial aid eligibility to the Ohio Foundation of Independent Colleges, Inc. (OFIC) for the purpose of scholarship award administration?  
 Yes  No

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**No award can be made prior to a student's acceptance to Mount Vernon Nazarene University.**

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*I hereby certify that all information on this application is accurate and complete. I agree to adhere to the lifestyle guidelines and policies of the University.*

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