					and	<u>idate</u>		. 1				
		Nam	е							of Birth [month day year]		
First (Given)			Last (Family)				M	F				:
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Preferred Name:				Home Country:		1			nality:			i
Native Language		ge	Second Language(s): (check proficiency)		a	littlecon\	versatio	nfluei	nta lit	ttleconve	ersatio	onfluen
Highest Aca Level Comp (university na	leted		(* -			Occupation (student, job, experience, expe	work					
	Activities: ps, leadership service, STF,											
Attended Blessing V			Workshop?					Bles	sed Bef			
Yes No m	nonth:		year:			Yes No	mont	h:		year:		
				Paren	ıts ar	nd Famil	У					
Fat	her	Bless	ing:	# of couple:			year:			М	othe	er
Name:					i	Name:		i				
Date of Birtl	h [month day	y year]				Date of	Birth	month da	ay year]			
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Majo	r Church Mi			sibilities		N	lajor C	hurch M	issions o		ibilit	ies
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Majo Nationality Second	r Church Mi	Na	tive	sibilities		N	lajor C		L	Native anguage	ibilit	ies
Majo Nationality Second	#	Na	tive	sibilities Name		Nationali Second	lajor C			Native anguage		ies
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Majo Nationality Second Language(s) All Children of Family	# 1. 2. 3.	Na	tive			Nationali Second	lajor C		L	Native anguage		
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Nationality Second Language(s) All Children of Family (please include Candidate) Address: (please fill out the full address) Home Phone Father: C	# 1. 2. 3. 4. 5. 6.	Na Lang	ntive	Name		Nationali Second Language	ity	Date	L	Native anguage		

Return this Application with photos and all documents to: Hiromi Stephens, Blessed Family Dept., 6106 Tamar Dr., Columbia, MD 21045