

FOR MAIN CAMPUS OFFICE USE ONLY

STUDENT ID	DATE RECEIVED	DATE ENTERED INTO C-R	ENTERED BY	INITIAL ROLES <input type="checkbox"/> STUDENT <input type="checkbox"/> HOST PASTOR <input type="checkbox"/> ADMINISTRATOR <input type="checkbox"/> ADVISOR <input type="checkbox"/> FACULTY <input type="checkbox"/> DIRECTOR <input type="checkbox"/> HQ STAFF MEMBER
CAMPUS CODE	DATE APPROVED	DATE ASSESSED	ASSESSED BY	DESIGNATED STUDENT ADVISOR

Life Christian Bible Institute

STUDENT APPLICATION

IMPORTANT:

- Please PRINT or TYPE.
- ANSWER ALL QUESTIONS. Application will not be processed unless all questions are answered & the application signed & dated by the applicant.
- Do not leave any question blank. Put "N/A" if an item does not apply.

1. PERSONAL INFORMATION

<input type="checkbox"/> MR. <input type="checkbox"/> MS.	LAST NAME	FIRST NAME	MI	<input type="checkbox"/> SR. <input type="checkbox"/> JR.	MAIDEN NAME (IF APPLICABLE)	PRI. LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH
<input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MISS <input type="checkbox"/> DR.						
MAILING ADDRESS		CITY	STATE OR PROVINCE	ZIP OR POSTAL CODE	COUNTRY	
HOME AREA CODE & PHONE NUMBER		WORK AREA CODE & PHONE NUMBER		CELLULAR AREA CODE & PHONE NUMBER		
PRIMARY E-MAIL ADDRESS			SECONDARY E-MAIL ADDRESS			
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MAR. STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	RACE <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE AMERICAN	CITIZEN OF <input type="checkbox"/> USA <input type="checkbox"/> OTHER (PLEASE SPECIFY)		PLACE OF BIRTH	DATE OF BIRTH (MM/DD/YYYY)
EMERGENCY CONTACT NAME		CONTACT PHONE NUMBER			CONTACT RELATIONSHIP	

IMPORTANT:

Check the box below that says "Certificate Track" if you are working toward a Bible Institute Certificate.
Check the box below that says "Audit Program" if you are attending for personal growth only.
 Certificate Track Audit Program

Non-Discrimination Policy

The Bible Institute does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights, privileges, and the availability of programs and activities to all students.

PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT BEFORE SIGNING.

I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance to the Bible Institute.

SIGNATURE _____ DATE _____

Make a payment of \$35 for your application fee, payable to your local campus.
Submit this completed application to your Campus Director.

2. PLEASE STATE YOUR SALVATION TESTIMONY

3. PLEASE BRIEFLY STATE YOUR EDUCATIONAL & MINISTRY GOALS