

Application for Admission



BIBLE INSTITUTE OF AMERICA
PAULINIAN INT. SCHOOL OF MINISTRY
SOUTHEASTERN GLOBAL ASSEMBLY FOR APOSTOLIC ORDER
INCREASE APOSTOLIC INTERNATIONAL SCHOOL OF THE PROPHET

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RAEFORD, NC 28376
(877)570-4407

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bioahome@gmail.com

Chief Apostle, Dr. William McPhaul, Sr., Chancellor
 Pastor Bishop Dr. Vanessa McPhaul, Chancellor

Chief Servant Master Prophet Dr. Dean Bascombe, Dean of Int. Affairs
 Vontavia Mcphaul, Chief Executive Administrator

PLEASE TYPE OR PRINT CLEARLY USING THE SPACE PROVIDED:

Personal Information *(Required)*:

First Name	Middle Name	Last Name
Postal Address		
City	State	Zip
Phone: (Daytime)	Phone (Evening)	E-mail Address:
Fax:	Date of Birth	Sex:

DESIRED DEGREE PROGRAM: (Check all boxes that apply)

- Certificate
 Bachelor's Program
 Master's Program
 Doctorate Program
- Theology
 Ministry
 Divinity
 School of Prophets
 Southeastern Global Assembly for Apostolic Order
 Armor Bearer
 Public Speaking
 Ministerial 101
 Prophet 101
 Mind... Your Business

ADDITIONAL PERSONAL INFORMATION:

1. Marital Status
 Single
 Married
 Widowed
 Divorced
2. Military Service:
 Yes No
- Dates of Service _____ to _____
- Active Reserve: Yes No Branch: _____

Name of Church you attend:	Address/City/State
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Pastor's Name:		Pastor's Phone:	

ACADEMIC HISTORY:

INSTITUTION & LOCATION	DEGREE/AWARD	MAJOR/CONCENTRATION	GRADUATION DATE

MINISTERIAL ORDINATION/LICENSURE:

Check the appropriate box if you hold any one of the following: Licensed Ordained Lay Minister

Denomination/Ministerial Network or Fellowship (*include location*)

OPTIONAL INFORMATION:

This information is requested for the purpose of reporting to the Federal Compliance Agencies in the United States of America only and will not be used in determining admission status. Voluntary Completion.

- Ethnic Origin Native American/Alaskan Black, non-Hispanic
 Hispanic Other or unknown
 Pacific Islander

_____ Date

_____ Signature

DO NOT WRITE BELOW THIS LINE

Staff Only

\$175 APPLICATION/ REGISTRATION FEE PAYMENT INFORMATION:

Pay by Cash Receipt No. _____

Pay by Check or Money Order

Check No. _____

Balance: \$ _____

Monthly Installment: Yes No

\$ _____ Course fee \$ _____ Balance after \$ _____ / due in (30 days)

I agree to pay the remaining balance; this will be required of me even if I drop out of the trimester.

_____ Date: _____
Name

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