



**BIBLE INSTITUTE OF AMERICA**  
**PAULINIAN INT. SCHOOL OF MINISTRY**  
**SOUTHEASTERN GLOBAL ASSEMBLY FOR APOSTOLIC ORDER**

**318 HARRIS AVE**  
**RAEFORD, NC 28376**  
**(877)570-4407**

**Application for Admission** Website: [www.bibleinstituteofamerica.net](http://www.bibleinstituteofamerica.net)  
[Bibleinstitutesofamerica@gmail.com](mailto:Bibleinstitutesofamerica@gmail.com)

Chief Apostle, Dr. William McPhaul, Sr., Founder  
 Dr. Mary Moses, Chief Administrator/Director

Pastor Bishop Dr. Vanessa McPhaul, Founder  
 Chief Servant Master Prophet Dr. Dean Bascombe, Dean of Int. Affairs

**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
Pastor's Name:	Pastor's Phone:

**ACADEMIC HISTORY:**

INSTITUTION & LOCATION	DEGREE/AWARD	MAJOR/CONCENTRATION	GRADUATION DATE

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**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