

Student Application Form

Name	:												
	Fir			Mi ddl e Iı			Last						
Addre	ss:												
City: Prov: _				:	Postal Code:								
Home Phone: Work							Phone:						
E-Mail Address:						Occi	Occupation:						
Marital Status: []Single, Never married (Check one) []Widowed							[]Divorced []Married						
In case of emergency call:							Phone I			Relationship:			
Churc	h affiliat		Church Na	me				City		Prov			
Are yo	ou a men	nber of	this ch	urch?	[]Ye	es []No)						
In wha	at minist	ries are	you cu	rrently i	nvolve	d at this	church?						
Have	you enro	lled in	any pre	vious fo	rmal B	ible Stuc	ly? []Ye	s []No					
If you	r answer	to the	previou	ıs questi	on is y	es, wha	at is the	name of	the scho	ool?			
School Name							City			Prov/State			
Form	al Educe	ation (C	Circle h	ighest g	rade co	ompleted	d)						
1	2	3	4	5	6	7	8	9	10	11	12	13	
Colleg	ollege 1 2 3 4					Mas	Master s Degree			Doct	Doctorate		
	I and, if											statement ogue of th	
						Sign	Signature				Date		
Please	enclose	a non-	refunda	able regi	stration	fee of \$	10.00						