



AMERICAN BIBLE COLLEGES

APPLICATION FOR ADMISSION

DATE: _____

CORRESPONDENCE TEACHING SITE CODE: _____

Important: please print or type. Answer all questions. Applications will not be processed nor academic standing be assessed unless all questions are answered and the application signed and dated by applicant. Do not leave any question blank. Put "n/a" if an item, such as a fax number or email address, does not apply.

1. PERSONAL INFORMATION				
TITLE <input type="radio"/> MR <input type="radio"/> MRS <input type="radio"/> MISS <input type="radio"/> DR <input type="radio"/> REV	LAST NAME	FIRST NAME	MI	<input type="radio"/> SIR <input type="radio"/> JUNIOR <input type="radio"/> OTHER _____
ADDRESS		CITY	STATE/PROVIDENCE	POSTAL CODE
HOME PHONE (+ AREA CODE)	WORK PHONE (+ AREA CODE)	COUNTRY	EMAIL	
BIRTHDATE (MM/DD/YYYY)	SEX <input type="radio"/> MALE <input type="radio"/> FEMALE	SOCIAL SECURITY NUMBER	MARITAL STATUS <input type="radio"/> MARRIED <input type="radio"/> SINGLE <input type="radio"/> DIVORCED <input type="radio"/> WIDOWED	MAIDEN NAME, IF APPLICABLE
PLACE OF BIRTH	RACE <input type="radio"/> CAUCASIAN <input type="radio"/> AFRICAN-AMERICAN <input type="radio"/> JEWISH <input type="radio"/> HISPANIC <input type="radio"/> NATIVE AMERICAN <input type="radio"/> ASIAN <input type="radio"/> OTHER		OCCUPATION	
U.S. CITIZEN? <input type="radio"/> YES <input type="radio"/> NO. COUNTRY?	CHURCH DENOMINATION	CHURCH PRESENTLY ATTENDING	PASTOR	
EMERGENCY CONTACT NAME		RELATIONSHIP	PHONE (+ AREA CODE)	
2. MINISTRY INFORMATION				
CURRENT MINISTRY STATUS IF ANY <input type="radio"/> SENIOR PASTOR <input type="radio"/> MISSIONARY <input type="radio"/> YOUTH MINISTER <input type="radio"/> CHAPLAIN <input type="radio"/> CHURCH/MINISTRY ADMINISTRATOR <input type="radio"/> ASSISTANT PASTOR <input type="radio"/> EVANGELIST <input type="radio"/> CHILDREN'S MINISTER <input type="radio"/> MUSIC MINISTER <input type="radio"/> LAY MINISTER <input type="radio"/> OTHER				
LICENSED/ORDAINED? <input type="radio"/> LICENSED <input type="radio"/> ORDAINED <input type="radio"/> N/A	CREDENTIALING ORGANIZATION		PAST MINISTRY INVOLVEMENT <input type="radio"/> PASTORAL <input type="radio"/> EVANGELISM <input type="radio"/> TEACHER <input type="radio"/> RADIO/TV <input type="radio"/> OTHER	# OF YEARS IN MINISTRY
3. EDUCATIONAL INFORMATION				
HIGH SCHOOL*	START DATE (MM/DD/YYYY)	STOP DATE (MM/DD/YYYY)	STUDY EMPHASIS	DID YOU GRADUATE?
SCHOOL NAME**	START DATE (MM/DD/YYYY)	STOP DATE (MM/DD/YYYY)	MAJOR	DIPLOMA/DEGREE EARNED

All educational background must be supported by the following documentation:

*List school including bible institutes, bible colleges, other colleges or universities. Must have original, sealed, official transcripts sent directly to your local campus. * If you have not attended college: must send a xerographic copy of your high school transcript, diploma, or GED. Note: it is the applicant's responsibility to order, pay for, and – if necessary – follow-up on all transcripts ordered.

4. SALVATION TESTIMONY

Please State Your Salvation Testimony:

5. EDUCATIONAL AND MINISTRY GOALS

Please briefly state your education & ministry goals:

Non-Discrimination Policy ABC does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students of the College.

Privacy Rights of Students STATUTE 20, UNITED STATES CODE, 1232g and regulations adopted pursuant thereto. The code provides for an institution to establish a category of student information termed "directory information." All information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income information records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties without consent of the student. Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

PLEASE READ THE FOLLOWING AFFIDAVIT OF AGREEMENT CAREFULLY 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 College.

I indicate by my signature that I have been notified of my rights as recorded by STATUTE 20, UNITED STATES CODE 1232g.

I certify by my signature that I agree to abide by the policies of this institution as described in the ABCA Student Handbook. I will not in any manner, without written authorization, copy, in any media form(s) or sell course materials or any other material which is or may be proprietary to the ABCA.

ABC is a member of the ACEA (Apostolic Council for Educational Accountability). ABC is not regionally accredited. ABC does not guarantee the acceptance of academic credit by colleges and universities or other Bible schools. ABC is purely Theological in nature therefore no liberal arts programs are necessary.

I acknowledge that ABC is not a job placement service and makes no claims regarding employment.

Signature

Date