

Word of Life Bible Institute

APPLICATION FOR ADMISSION

Check which quarter, year, and campus location you will begin your studies:

- September 20____ Florida
 January 20____ New York
 Ontario

GENERAL INFORMATION

1. Legal Name: _____ Date of Birth: _____
LAST FIRST MIDDLE MM/DD/YYYY
Preferred Name: _____ Social Security/Social Insurance No: _____
2. Home mailing address: _____
NUMBER AND STREET
City: _____ State/Prov: _____ Postal Code: _____
3. Present mailing address (if different from above): _____ Use this address until: _____
NUMBER AND STREET CITY STATE/PROV POSTAL CODE
4. Telephone No: _____ Cell No: _____
E-Mail Address: _____
5. Country of Citizenship: Canada U.S Other: _____
Country of birth: _____
Residency: Landed Immigrant of Canada Permanent Resident of U.S. Neither
(PLEASE ATTACH VERIFICATION) (PLEASE ATTACH VERIFICATION)
6. Gender: _____ Height: _____ Weight: _____
Ethnicity: African American Asian Caucasian Hispanic Native American Other _____
Marital Status: Single Engaged Married Widowed Remarried Separated Divorced
Name of fiancé/spouse: _____
If married, names and ages of children: _____
7. Primary language: English French Other (please list): _____
Secondary (fluent) language: English French Other (please list): _____
8. Have you served in the armed forces? Yes No Branch: _____
Date of service: _____ Rank: _____ Date & type of discharge: _____
Are you eligible for training under the U.S. GI Bill of Rights? Yes No

EDUCATIONAL EXPERIENCE

Circle highest level completed

High School
1 2 3 4

College/Bible Institute
1 2 3 4

Post Graduate
1 2 MA PhD

1. High School: _____

Address: _____
NUMBER AND STREET CITY STATE/PROV POSTAL CODE

Real or Expected Graduation Date: _____

Extra Curricular Activities: _____

2. Colleges Attended	Date Entered	Date Withdrew	Date Graduated	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Have you ever applied to any Bible schools and been rejected? Yes No
If so, where? _____ Why? _____

4. Have you ever been dismissed from a school? Yes No
If so, where? _____ Why? _____

EMPLOYMENT HISTORY

1. List most recent (present) employment first:

Company/Employer: _____ Position: _____

Employed From: _____ To _____ Reason Left: _____

Company/Employer: _____ Position: _____

Employed From: _____ To _____ Reason Left: _____

Company/Employer: _____ Position: _____

Employed From: _____ To _____ Reason Left: _____

2. Describe specialized training, apprenticeships, skills, etc: _____

3. Professional certificates/licenses: _____

4. Typing/Word Processing: Words per minute: _____ Software used: _____

5. Computer programming/network experience: _____

HEALTH INFORMATION

1. Do you have any health condition that requires special attention? Yes No

If so, explain _____

2. Do you have a physical handicap that might need special attention to participate in our program?

Yes No If so, explain _____

3. Have you been diagnosed with a learning disability? Yes No If so, explain _____

4. Have you received professional treatment/counselling for a mental/emotional condition? Yes No

If so, list dates and explain _____

By whom? _____ Phone: _____

5. Do you take any medication on a regular basis? _____

PERSONAL HISTORY

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

City _____ State/Prov _____ Postal Code _____

City _____ State/Prov _____ Postal Code _____

Phone: _____

Phone: _____

Email: _____

Email: _____

1. Parents are: Married & living together Divorced Separated Father deceased Mother deceased

If parents are divorced/separated, do you live with your father or mother? _____

If not living with parents, Legal Guardian Name: _____

Address: _____ Telephone No.: _____
STREET CITY STATE/PROV. POSTAL/ZIP CODE

2. List brothers/sisters and their ages: _____

3. When was the last time you used: Tobacco? _____ Alcohol? _____

Hallucinogenic drugs/marijuana? _____

4. If accepted, do you agree to abide by the rules and regulations of the school both on and off campus while a student? _____

5. Have you ever been convicted of a crime? _____ If so, explain _____

6. Have you ever been in prison? _____ If so, explain _____

7. Are you or have you ever been on probation? _____ If so, explain _____

CHRISTIAN EXPERIENCE

1. Please complete the following information on the local church where you are a member:

Church Name: _____ Denomination: _____

Address: _____ Telephone No.: _____
STREET CITY STATE/PROV. POSTAL/ZIP CODE

Member since: _____ Do you attend this church regularly? Yes No

2. If you regularly attend a different church, please complete the following:

Church Name: _____ Denomination: _____

Address: _____ Telephone No.: _____
STREET CITY STATE/PROV. POSTAL/ZIP CODE

Attend since: _____ Are you also a member of this church? Yes No

3. Date/year of salvation: _____

4. What do you believe is necessary for salvation? _____

5. Do you have assurance of your salvation? _____ On what scripture do you base this? _____

Are there any circumstances that could cause you to lose your salvation? _____

6. Have you read and are you in complete accord with the Statement of Faith of Word of Life?

Yes No If not, in what areas do you disagree? _____

Are there any areas you feel that must be added? _____

7. Check the statement which best represents your attitude toward the present-day tongues movement:

- I do not believe it is Biblical as it is used in the present day.
- I am undecided concerning this issue.
- I believe the charismatic phenomena of speaking in tongues should be practiced today.

8. How did you first hear about the Bible Institute? _____

9. Who or what was instrumental in your decision to apply to Word of Life Bible Institute? _____
