

NEW LIFE BIBLE COLLEGE
P.O. Box 1379
Cleveland, TN 37311-1379



**APPLICATION
FOR ADMISSION**

Please enclose a recent photograph of yourself (wallet size, full face view).

Write your name on the back of the photograph for I.D.

DO NOT ATTACH

**THE FOLLOWING MUST BE COMPLETED IN ORDER
FOR THIS APPLICATION TO BE PROCESSED**

1. Send current photograph, head and shoulders only.
2. Enclose the \$25.00 non-refundable application fee.
3. The two enclosed reference forms must be completed and returned by those mentioned.
4. Limit your remarks to the space provided, but answer ALL questions. If question does not apply, write "DNA"

APP. FEE _____
PICTURE _____
REFERENCES _____
ACCEPTED Y _____ N _____
BY _____
LETTER SENT _____

Please type or print all items

SECTION A

1. **NAME:** Mr. Mrs. Miss Rev. Dr.

Last First Middle Initial Birthdate / /

2. **PRESENT ADDRESS:**

Street & Number City State Zip Code Phone

3. **I PLAN TO ATTEND:** Fall (Sept. - Dec.) Winter - Spring (Jan. - May) Summer **Year** _____

4. **SEX:** Male Female

5. **RACE:** Caucasian American Afro-American American Indian

Mexican-American Oriental-American Other _____

SECTION B - MARITAL STATUS INFORMATION

1. **MARITAL STATUS:** Single Married Separated Re-married Engaged Widowed Divorced

2. **Name of Spouse of fiance'(e):** Last _____ First _____ Middle _____

3. **Will your spouse or fiance'(e) be attending N.L.B.C.?** Yes No

4. **Has your spouse or fiance'(e) previously attended N.L.B.C.?** Yes No What year? _____

5. **Is your spouse or fiance'(e) in agreement with your decision to enter the ministry?** Yes No

6. **Have you been previously married?** Yes No How many times? _____

NEAREST RELATIVE (NOT HUSBAND OR WIFE) TO BE NOTIFIED IN CASE OF EMERGENCY:

Name Relationship

Street Address City State Zip Phone

SECTION C - CHURCH AFFILIATION AND REFERENCES

1. **Identify the denomination in which you consider yourself to have been raised:** _____

2. **Have you been involved with any of the following, whether actively participating or just reading their literature:**

Check F - Formerly P - Presently If it does not apply, write "DNA" here _____

<input type="checkbox"/> <input type="checkbox"/> Mind Science	<input type="checkbox"/> <input type="checkbox"/> Buddhism	<input type="checkbox"/> <input type="checkbox"/> Children of God	<input type="checkbox"/> <input type="checkbox"/> Any secret society (specify)
<input type="checkbox"/> <input type="checkbox"/> Christian Science	<input type="checkbox"/> <input type="checkbox"/> Hinduism	<input type="checkbox"/> <input type="checkbox"/> Satan Worship	_____
<input type="checkbox"/> <input type="checkbox"/> Scientology	<input type="checkbox"/> <input type="checkbox"/> Moonies	<input type="checkbox"/> <input type="checkbox"/> Palm Reading	_____
<input type="checkbox"/> <input type="checkbox"/> Spiritualism	<input type="checkbox"/> <input type="checkbox"/> Mohammedanism	<input type="checkbox"/> <input type="checkbox"/> Evolution	<input type="checkbox"/> <input type="checkbox"/> Anything else (give details)
<input type="checkbox"/> <input type="checkbox"/> Yoga	<input type="checkbox"/> <input type="checkbox"/> Witchcraft	<input type="checkbox"/> <input type="checkbox"/> Reincarnation	_____
<input type="checkbox"/> <input type="checkbox"/> Transcendental Meditation	<input type="checkbox"/> <input type="checkbox"/> Guigaboard	<input type="checkbox"/> <input type="checkbox"/> The Way	_____
<input type="checkbox"/> <input type="checkbox"/> Krishna	<input type="checkbox"/> <input type="checkbox"/> Astrology	<input type="checkbox"/> <input type="checkbox"/> Eastern Philosophies	_____
<input type="checkbox"/> <input type="checkbox"/> Fortune Telling	<input type="checkbox"/> <input type="checkbox"/> Tarot Cards	<input type="checkbox"/> <input type="checkbox"/> Homosexuality/Lesbianism	_____

List the name of the church you are currently attending:

Name of Church _____
Address _____
City _____ State _____ Zip _____
Pastor _____

Minister's reference to whom letter was given:

Name _____
Address _____
City _____ State _____ Zip _____
Phone area code () _____

SECTION D - YOUR MINISTRY

- Do you have a definite call of God on your life to enter the FULL-TIME MINISTRY? Yes No
- Are you: Licensed? Ordained? Denomination / Organization _____
- Identify the area(s) of ministry to which you feel God is calling (or has called) you:
 Pastor Helps Teacher-Children Evangelist Teacher-Adults Music-Vocal
 Missions Teacher-Youth Music-Instrumental Drama Art Other
- Personal references to whom letters were given:
Name _____
Address _____
City _____ State _____ Zip _____ Phone: _____

SECTION E - CERTIFICATION OF GOOD HEALTH - To be completed by applicant

- Check those illnesses or conditions you have had or now have: Check F - Formerly P - Presently

<input type="checkbox"/> <input type="checkbox"/> Asthma	<input type="checkbox"/> <input type="checkbox"/> Nervous Disorder	<input type="checkbox"/> <input type="checkbox"/> Pneumonia
<input type="checkbox"/> <input type="checkbox"/> Hay Fever	<input type="checkbox"/> <input type="checkbox"/> Diabetes	<input type="checkbox"/> <input type="checkbox"/> Abnormal Blood Pressure
<input type="checkbox"/> <input type="checkbox"/> Sinusitis	<input type="checkbox"/> <input type="checkbox"/> Typhoid	<input type="checkbox"/> <input type="checkbox"/> Eye Disease
<input type="checkbox"/> <input type="checkbox"/> Spinal Disease	<input type="checkbox"/> <input type="checkbox"/> Paralysis	<input type="checkbox"/> <input type="checkbox"/> Ear Disease
<input type="checkbox"/> <input type="checkbox"/> Hernia	<input type="checkbox"/> <input type="checkbox"/> Appendicitis	<input type="checkbox"/> <input type="checkbox"/> Heart Disease
<input type="checkbox"/> <input type="checkbox"/> Goiter	<input type="checkbox"/> <input type="checkbox"/> Tuberculosis	<input type="checkbox"/> <input type="checkbox"/> Kidney Disease
<input type="checkbox"/> <input type="checkbox"/> Cancer	<input type="checkbox"/> <input type="checkbox"/> Mental Disorder	<input type="checkbox"/> <input type="checkbox"/> Rheumatism
<input type="checkbox"/> <input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> <input type="checkbox"/> Stomach Disorder	<input type="checkbox"/> <input type="checkbox"/> Genito-Urinary Disease
<input type="checkbox"/> <input type="checkbox"/> Nephritis	<input type="checkbox"/> <input type="checkbox"/> Epilepsy	<input type="checkbox"/> <input type="checkbox"/> Seizures
<input type="checkbox"/> <input type="checkbox"/> Aids	<input type="checkbox"/> <input type="checkbox"/> Anorexia Nervosa	<input type="checkbox"/> <input type="checkbox"/> Bullemlia
- Have you ever been discharged from military service because of physical, mental, or other reasons? Yes No
(If yes, attach letter of explanation that gives date, reason and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability).
- Have you ever been a patient (committed or voluntary) in a mental ward, hospital or sanitarium? Yes No
(If yes, attach letter of explanation that gives date, location, reason, name of doctor and complete address of hospital or clinic).
- From those checked above that occurred in the past five years, state nature and length of illness, place of hospitalization, date of occurrence and permanent effects: _____

- Height _____ Weight _____
- Your general Health: Excellent Good Fair Poor
- Please designate with E, G, F or P the condition of your: Eyes _____ Ears _____ Heart _____ Lungs _____
- Cite any physical handicaps or defects: _____
- Do you have any disabilities that would require special facilities? Yes No
- Known drug allergies: _____

ALCOHOL

TOBACCO

ILLEGAL DRUGS

All answers should be "FACT" answers, not "FAITH" answers

- Have you ever used tobacco? Yes No If yes, when did you last use it? _____ (date)
- Have you ever used alcohol? Yes No If yes, when did you last use it? _____ (date)

13. Have you ever used illegal or habit forming drugs? Yes No
 If yes, what illegal or habit-forming drugs? _____ How long? _____
14. Date you last used illegal or habit-forming drugs: _____

SECTION F - EDUCATIONAL HISTORY

1. EDUCATION (circle highest level attained): 1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical 1 2
2. COLLEGE 1 2 3 4 Master's Specialist Doctorate Other _____
3. Beginning with High School, list all educational institutions attended:
- | <u>Name of School</u> | <u>Dates</u> | <u>Major</u> | <u>Diploma or Degree</u> |
|-----------------------|--------------|--------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
4. Have you ever been denied acceptance by another school? Yes No
5. Have you ever been expelled, dropped or suspended from any school or college? Yes No (If yes, attach letter of explanation)

SECTION G - OCCUPATIONAL HISTORY

1. Please list you previous work experience, starting with your LAST employer:
- | <u>Name of Employer</u> | <u>Duties Performed</u> | <u>Dates</u> |
|-------------------------|-------------------------|--------------|
| Present | _____ | _____ |
| Last Previous | _____ | _____ |
| Next Last Previous | _____ | _____ |
| Next Last Previous | _____ | _____ |
2. Do you have a criminal record? Yes No If yes, attach letter of explanation. Include all charges and sentences for last 20 years.

SECTION H - FINANCIAL HISTORY

The administrators at NLBC are fully aware that God is able to supply all the needs of our student body. We are also aware that a person's ability and willingness to fulfill his financial responsibilities are very significant to a successful ministry.

Please answer the following questions honestly, and with the facts. NOT BY FAITH.

1. How do you plan to pay expenses?
 Own Employment Spouse employment Savings Parents: Amount of Support Promised _____
 Church: Amount of Support Promised _____ Other: (Please be specific) _____
2. Will anyone be dependent on you for support during the school term? _____
3. Have you previously applied to NLBC? Yes No If yes, when? _____
4. Briefly state why you would like to attend NLBC:

SECTION I - CONVERSION EXPERIENCE

- 1. Were you raised in a Christian Home? Yes No
If no, another religion? _____
Name _____
- 2. How many years have you been saved? _____
Baptized in the Spirit? _____
- 3. If you are married or engaged, is your spouse, fiance'(e) saved, filled with the Holy Spirit? _____
- 4. What activities have you been involved in at your church?
Activities _____
Activities _____
Activities _____
Activities _____

I understand that attendance to NLBC is a privelege and not a right. By signing and submitting this application I agree to conform to the standards and regulations established by the administration, both those printed and those that may be adopted from time to time.

Student Signature	Date
Signature of Spouse (required of married applicants)	Date
Parent / Guardian (required of single student if under age)	Date

I / We certify that the information provided in this application is true and correct as of the date set forth opposite my / our signature(s) on this application and acknowledge my / our understanding that any intentional or negligent misrepresentation(s) will result in immediate dismissal from the Bible College.

Student Signature	Date
Signature of Spouse (required of married applicants)	Date

Return to:

ADMISSIONS OFFICE
New Life Bible College
P.O. Box 1379
155 South Ocoee Street
Cleveland, Tennessee 37311