

# Life Christian Bible Institute

## STUDENT APPLICATION

Date: \_\_\_\_\_

Location Code: \_\_\_\_\_ - \_\_\_\_\_

**IMPORTANT: PLEASE PRINT OR TYPE. ANSWER ALL QUESTIONS.** Applications will not be processed unless all questions are answered and the application signed and dated by the applicant. Do not leave any questions blank. Put "N/A" if an item does not apply.

### 1. PERSONAL INFORMATION

|                                       |   |  |  |   |                            |
|---------------------------------------|---|--|--|---|----------------------------|
| STUDENT NUMBER                        | <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> REV.<br><input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR. | LAST NAME  | FIRST NAME   | M.I. <input type="checkbox"/> SR. <input type="checkbox"/> JR.<br><input type="checkbox"/> _____  | MAIDEN NAME, IF APPLICABLE |
| MAILING ADDRESS                       |   |  | CITY   | STATE / PROVINCE  | POSTAL CODE                |
| COUNTRY                               |   | HOME AREA CODE & PHONE NUMBER  |  | WORK AREA CODE & PHONE NUMBER   |                            |
| BIRTHDATE (MM / DD / YYYY)            | PLACE OF BIRTH  | SEX <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | MARITAL STATUS <input type="checkbox"/> SINGLE<br><input type="checkbox"/> MARRIED | RACE <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER<br><input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN |                            |
| SOCIAL SECURITY NUMBER                |   | E-MAL ADDRESS  |  | U.S. CITIZEN? <input type="checkbox"/> YES IF NO, WHAT COUNTRY?<br><input type="checkbox"/> NO  |                            |
| CHURCH BACKGROUND / DENOMINATION      | CHURCH PRESENTLY ATTENDING  |  |  | PASTOR'S NAME   |                            |
| PERSON TO NOTIFY IN CASE OF EMERGENCY |   |  | RELATIONSHIP   | AREA CODE & PHONE NUMBER  |                            |

### IMPORTANT:

Check the box below that says "Certificate Track" if you are working toward a Bible Institute Certificate.

Check the box below that says "Audit Program" if you are attending for personal growth only.

LCBI Certificate Track       LCBI Audit Program

### *Non-Discrimination Policy*

Life Christian Bible Institute 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.

*PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT 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 Bible Institute.

SIGNATURE

DATE

*Make a payment of \$35 for your application fee, payable to your local campus.  
Submit this completed application to your Campus Director.*

## 2. SALVATION TESTIMONY

PLEASE GIVE YOUR SALVATION TESTIMONY.

## 3. MINISTRY GOALS

PLEASE BRIEFLY STATE YOUR MINISTRY GOALS.