

Alpha Bible College and Seminary

APPLICATION

TYPE AND PRINT ALL ITEMS

Name Last First Middle Maiden

Present Address

City State Zip

Phone () E-mail

PERSONAL

Gender: Male Female

Marital Status: Single Married Separated Divorced Widowed

Birth Date Age

Social Security Number - -

City/State Birthplace:

Are you a citizen of the U.S.? Yes No

If no, country of citizenship

SPIRITUAL

When did you accept Christ as your personal Savior? / Month Year

Have you had an Acts 2:4 experience? Yes No

Do you attend church regularly? Yes No Are you a member? Yes No

Are you a regular tither (10%) to your local church? Yes No

List any type of Christian service you have done:

Home church/denomination: _____

Pastor's Name: _____

Phone: (_____) _____ Church Website _____

Address of Church: _____

City _____ State _____ Zip _____

FAMILY

Spouse:

If married, name of spouse: _____

Age: _____ Birth Date _____ / _____ Occupation: _____

Children:

Name: _____ Birth Date _____ Male Female

Name: _____ Birth Date _____ Male Female

Name: _____ Birth Date _____ Male Female

Name: _____ Birth Date _____ Male Female

Parents:

Name of your father or guardian (Living: Yes No) _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Occupation: _____

Denominational Preference: _____

Name of your mother or guardian (Living: Yes No) _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Occupation: _____

Denominational Preference: _____

EDUCATION

High School:

Name of School _____

Dates attended _____ Did you graduate? Yes No

College:

Name of School _____

Dates attended _____ Course of study/degree _____

Other:

Name of School _____

Dates attended _____ Course of study/degree _____

EMPLOYMENT EXPERIENCE

Present Employer: _____

Address of Employer: _____

Dates (from/to): _____

Duties: _____

Past Employer: _____

Address of Employer: _____

Dates (from/to): _____

Duties: _____

HISTORY

Have you used or are you currently using illegal drugs? _____

If yes, date of last use? _____

Have you ever been involved in homosexuality/lesbianism? _____

If yes, how long since involved? _____

Do you currently smoke? _____ Do you currently drink alcohol? _____

Have you been arrested? _____ If yes, when and attach a brief explanation.

Were you convicted? _____ If yes, when and attach a brief explanation.

HEALTH

Please describe physical or emotional conditions, and state any special attention or treatment required.

FINANCES

How do you plan to pay for your education? _____

OTHER

How did you hear about ABCS? _____

I was referred by: _____

AGREEMENT

I hereby certify that all information submitted in the application to be the accurate.

Signature of Applicant

Date

PHOTO

Include a recent head and shoulder picture with your completed application.

CLASS REGISTRATION

Please mark which classes you will register:

First Session:

- Church History
- Biblical Ethics
- Biblical Faith
- Evidence and Truth

Second Session

- Effectively Leading
- Understanding People
- Teaching Techniques
- Exploring the Old Testament

Third Session

- Evangelism
- Exploring the New Testament
- Christian Education
- Basics of the Bible

Please return this form to:

Alpha Bible College/Church of the Harvest/PO Box 758/Mt Sterling, KY 40353

Alpha Bible College and Seminary reserves the right to require the withdrawal of any student who is considered to be out of harmony with the philosophy of the institute.