

SPIRIT LIFE BIBLE COLLEGE



APPLICATION FOR ADMISSION

(Please attach recent passport photos here)

1

2

**PLEASE
TYPE
OR PRINT
ALL
INFORMATION**

In addition, married couples are asked to send a picture of their immediate family.

OFFICE USE ONLY

Application Recv'd. _____
Application Fee Recv'd. _____
Photographs Recv'd. _____
Copy of Passport Recv'd. _____
Pastoral Rec. Form Recv'd. _____
Personal Rec. Form Recv'd. _____
Transcript Recv'd. _____
Financial Guarantee for International Applicants Recv'd. _____
Reviewed by: _____
 Approved Rejected _____ Date _____
Graduated _____

PERSONAL DATA

1. Full Legal Name Miss Mrs. Mr. _____
First name you prefer to be called if different than above _____
2. Mailing Address _____
City _____ State _____ Zip _____
Home (_____) _____ Work (_____) _____
Fax (_____) _____ E-mail _____
3. Date of Birth _____ / _____ / _____ Age _____
Month Day Year
Place of Birth: City _____ State _____ Country _____
4. Citizen of: USA Other [Please Specify Country] _____
Social Security No. _____ Passport No. _____
List the languages you can speak: _____
5. Marital Status:
 Single Engaged Married Separated Divorced Widowed Remarried
Number of Children _____ Age of Children _____
6. How did you learn about SLBC? _____

FAMILY DATA

1. Spouse's Name _____ Occupation _____
Denomination Preference _____
Has your spouse accepted Christ as his/her personal Savior? Yes No How Long? _____
Does he/she have the Baptism of the Holy Spirit with the evidence of speaking in tongues? Yes No How Long? _____
Does he/she approve of your attending SLBC? Yes No
2. Father's Name _____
Address _____
City _____ State _____ Zip _____
Occupation _____ Denomination Preference _____
3. Mother's Name _____
Address _____
City _____ State _____ Zip _____
Occupation _____ Denomination Preference _____

RELIGIOUS DATA

1. HOME CHURCH

- Name _____ Denomination _____
Pastor's Name _____
Address _____
Telephone (_____) _____ Fax (_____) _____
How long have you been attending? _____
2. Have you accepted Christ as your Personal Savior? Yes No How Long? _____
Do you have the Baptism of the Holy Spirit with the evidence of speaking in tongues?
 Yes No How Long? _____
3. Since you have been born again, have you ever used or engaged in the following:
 Yes No [If YES, how long ago?]
- | | |
|--|---|
| <input type="checkbox"/> Alcohol (____ month(s) ago / ____ year(s) ago) | <input type="checkbox"/> Illicit sex (____ month(s) ago / ____ year(s) ago) |
| <input type="checkbox"/> Tobacco (____ month(s) ago / ____ year(s) ago) | <input type="checkbox"/> Pornography (____ month(s) ago / ____ year(s) ago) |
| <input type="checkbox"/> Drugs (____ month(s) ago / ____ year(s) ago) | <input type="checkbox"/> Internet Porn (____ month(s) ago / ____ year(s) ago) |
| <input type="checkbox"/> Gambling (____ month(s) ago / ____ year(s) ago) | <input type="checkbox"/> Bulimia (____ month(s) ago / ____ year(s) ago) |
| <input type="checkbox"/> Homosexuality (____ month(s) ago / ____ year(s) ago) | <input type="checkbox"/> Anorexia Nervosa (____ month(s) ago / ____ year(s) ago) |
4. Have you ever been involved with, or had any association with, any of the following organizations, groups, or philosophies? Yes No
- | | |
|---|--|
| <input type="checkbox"/> Mormonism (____ month(s) ago / ____ year(s) ago) | <input type="checkbox"/> Worldwide Church of God (____ month(s) ago / ____ year(s) ago) |
| <input type="checkbox"/> Islam (____ month(s) ago / ____ year(s) ago) | <input type="checkbox"/> Satan Worship (____ month(s) ago / ____ year(s) ago) |
| <input type="checkbox"/> Unity School of Christianity (____ month(s) ago / ____ year(s) ago) | <input type="checkbox"/> Witchcraft (____ month(s) ago / ____ year(s) ago) |
| <input type="checkbox"/> The Way International (____ month(s) ago / ____ year(s) ago) | <input type="checkbox"/> Yoga (____ month(s) ago / ____ year(s) ago) |
| <input type="checkbox"/> Astrology (____ month(s) ago / ____ year(s) ago) | <input type="checkbox"/> Taoism (____ month(s) ago / ____ year(s) ago) |
| <input type="checkbox"/> Buddhism (____ month(s) ago / ____ year(s) ago) | <input type="checkbox"/> Eastern Philosophy (____ month(s) ago / ____ year(s) ago) |
| <input type="checkbox"/> Hare Krishna (____ month(s) ago / ____ year(s) ago) | <input type="checkbox"/> Christian Science (____ month(s) ago / ____ year(s) ago) |
| <input type="checkbox"/> Hinduism (____ month(s) ago / ____ year(s) ago) | <input type="checkbox"/> Jehovah's Witnesses (____ month(s) ago / ____ year(s) ago) |
| <input type="checkbox"/> Transcendental Meditation (____ month(s) ago / ____ year(s) ago) | <input type="checkbox"/> Unification Church (____ month(s) ago / ____ year(s) ago) |

EDUCATIONAL DATA

Education (*Circle highest grade attained*) 1 2 3 4 5 6 7 8 9 10 11 12

GED Vocational Training

College 1 2 3 4 Associates Bachelors Masters Doctorate Specialist

Other _____

Please list all educational institutions, beginning with High School.

| Name/Address of School | From / To Dates | Course of Study | Degree or Diploma |
|------------------------|-----------------|-----------------|-------------------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT DATA

Please list your work experience, starting with the most recent.
 (Attach a resume, if available)

| Employer Name, Address, Phone Number | From / To Dates | Duties |
|--------------------------------------|-----------------|--------|
| | | |
| | | |
| | | |

List occupational and/or professional skills, special talents and abilities you possess:

MINISTRY EXPERIENCE

Please list your ministry experience, starting with the most recent.

| Ministry / Church Name, Address, Phone Number | From / To Dates | Duties |
|---|-----------------|--------|
| | | |
| | | |
| | | |
| | | |

List ministry skills, special talents and abilities you possess:

FINANCIAL DATA

1. How do you plan to pay for school expenses?

- Personal Employment Spouse's Employment Savings
 Other

[U.S. law prohibits some foreign visitors from working during their stay in the U.S. Please refer to your Visa for employment eligibility in the United States.]

2. Do you have any financial obligations which would hinder your commitment to Spirit Life Bible College? Yes No [If YES, list below]

| Creditor Name | Starting Dates | Current Balance | Monthly Payment |
|---------------|----------------|-----------------|-----------------|
| | | | |
| | | | |
| | | | |

3. Do you owe money on any student loans? Yes No [If YES, briefly explain]

4. Have you declared bankruptcy in the last 5 years? Yes No

[If YES, briefly explain origin, causes, dates, and present status]

CERTIFICATION OF GOOD HEALTH

1. Briefly state the general condition of your health. _____

2. Have you had any major illnesses within the last 2 years? Yes No
[If YES, please explain] _____

3. Are you presently taking prescription drugs of any kind? Yes No
[If YES, please explain] _____

4. Do you have any physical handicaps, weaknesses or chronic diseases which could interfere with your performance at SLBC? Yes No
[If YES, please explain and attach a letter from your physician] _____

5. In case of an emergency, who should we contact?
Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Relationship _____

MEDICAL CONSENT

I, the undersigned, do hereby state that on the date indicated, I do hereby grant full permission to Spirit Life Bible College, or any related or consulting physician to render or give emergency medical aid, care or treatment that is deemed necessary. I also state that, should extended hospitalization be required, I grant complete permission for such care and treatment to be given. I also state that by granting such permission, I absolve Spirit Life Bible College of any financial liability pertaining to such medical treatment or hospitalization.

Signature

_____/_____/_____
Date

STATEMENT OF TRUTH

I understand that all items submitted to Spirit Life Bible College as part of the application process become the permanent property of Spirit Life Bible College and will not be returned to me.

I hereby state that the information contained in this application is correct and true. If Spirit Life Bible College is notified that any information contained herein is false, it will be grounds for my immediate denial or dismissal. I also understand that completion of this application in no way guarantees or implies acceptance and or enrollment as a member of Spirit Life Bible College.

I understand that the information contained on the Personal Recommendation Form and the Pastoral Recommendation Form is confidential. I hereby waive my right to see the confidential information contained therein, and release said information to become the property of Spirit Life Bible College.

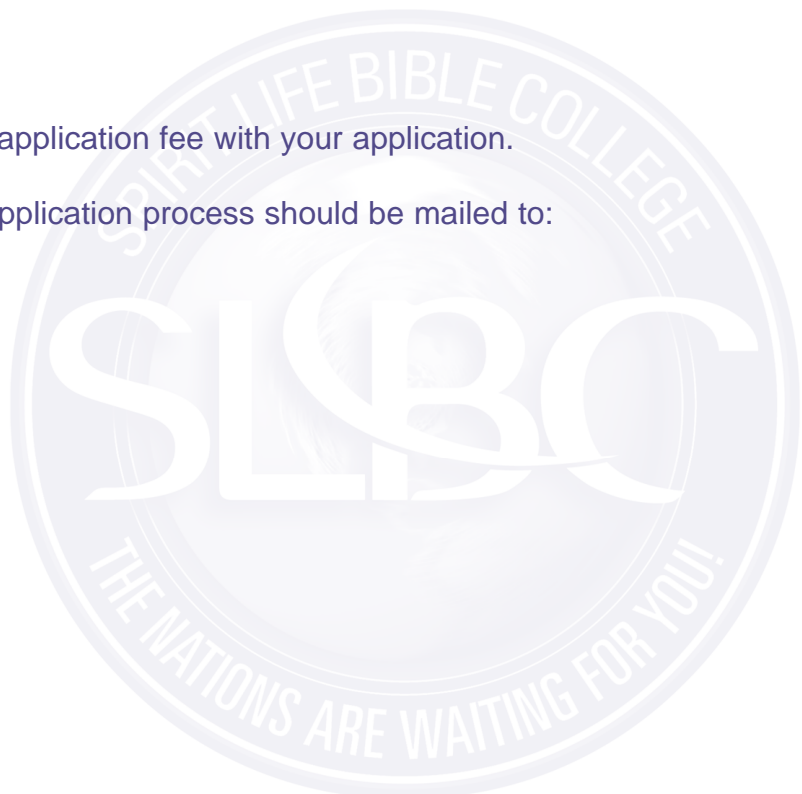
Signature

_____/_____/_____
Date

PLEASE ENCLOSE a \$25.00 application fee with your application.

ALL ITEMS pertaining to the application process should be mailed to:

Office of Admissions
Spirit Life Bible College
P.O. Box 30710
Laguna Hills, CA 92654



SPIRIT LIFE BIBLE COLLEGE



PASTORAL RECOMMENDATION FORM

SUBMITTED ON BEHALF OF _____ / _____ / _____
Print Applicant's Name Date

A Pastoral Recommendation Form must be submitted on behalf of every applicant for admission to Spirit Life Bible College. Please complete this form carefully and in private. We will hold your comments in the strictest confidence. Serious consideration will be given to your comments. We ask that the completed form not be given to the applicant, but be sent directly to:
Office of Admissions, Spirit Life Bible College, PO Box 30710, Laguna Hills, CA 92654

1. How long have you known the applicant? _____

2. Describe your relationship with the applicant. Intense Close Distant Casual

3. How would you describe the applicant's:

Mental Ability: Quick In Comprehension Average Slow

Emotional Level: Very Stable Stable Unstable

Seriousness of Purpose: Purposeful Limited Vacillating Purposeless

Industriousness: Seeks Additional Work Prepares Assigned Work
 Needs Occasional Prodding Needs Constant Pressure

Initiative: Actively Creative Self-Reliant Conforms Seldom Initiates

Influence: Strongly Controlling Contributing Retiring But Cooperative Passive

4. Is the applicant prompt in paying his/her bills? Yes No Unknown

5. Knowing applicant as you do, would you:

- Highly recommend them as a qualified candidate for ministerial training?
- Recommend them as a candidate for ministerial training?
- Recommend them with slight reservations as a candidate? (Please explain below)
- Hesitate to recommend them for ministerial training? (Please explain below)
- Be unable to recommend them for ministerial association? (Please explain below)

6. Does the applicant respond well to authority? Yes No

7. The applicant's spiritual influence on others is: Positive Neutral Negative

8. Have you ever known the applicant to gossip or backbite others? Yes No
[If YES, please explain] _____

9. How would you rate the applicant in the following areas of self-respect?

- | | | | |
|----------|----------------------------------|--------------------------------------|-----------------------------------|
| Dress: | <input type="checkbox"/> Neat | <input type="checkbox"/> Average | <input type="checkbox"/> Untidy |
| Hygiene: | <input type="checkbox"/> Clean | <input type="checkbox"/> Average | <input type="checkbox"/> Careless |
| Speech: | <input type="checkbox"/> Careful | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Loose |

10. With what sort of companions does the applicant usually associate? _____

11. Have you ever known the applicant to engage in questionable moral conduct? Yes No
[If YES, please explain] _____

12. Please describe the applicant's home life and / or marriage _____

13. Are you aware of any physical or emotional weaknesses that would hinder the applicant's performance? Yes No [If YES, please explain] _____

14. To your knowledge, does the applicant: Smoke Drink Use illegal drugs
Comments: _____

15. What do you consider the applicant's strong points? _____

16. What do you consider the applicant's weak points? _____

STATEMENT OF TRUTH

I hereby state that the information contained in this Recommendation Form is correct and true. If Spirit Life Bible College is notified that any information contained herein is false, it will be grounds for immediate denial or dismissal of the applicant.

Pastor's Full Name _____ Title _____
Please Print

_____/_____/_____
Signature Date

Church Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

SPIRIT LIFE BIBLE COLLEGE



PERSONAL RECOMMENDATION FORM

SUBMITTED ON BEHALF OF _____ / _____ / _____
Print Applicant's Name Date

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Full Name _____
Please Print

Signature _____ / _____ / _____
Date

Occupation _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____