

Spiritual Life Bible College
6865 Shingle Creek Parkway, Brooklyn Center, MN 55430
Phone: (763) 5607221 Fax: (763) 5608628

STUDENT APPLICATION

\$25.00 application fee (nonrefundable) must be submitted with application.

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

TELEPHONE: Day _____ Evening _____

PERSONAL BACKGROUND

Date of Birth: ____/____/____ Social Security Number: _____

U.S. Citizen: () Yes () No If no, what Country? _____

Predominant Cultural Background Requested by U.S. Dept of Education for statistical purposes. Responding to this question is voluntary and this information will not be used in any discriminatory manner.

- Caucasian, White American Indian or Alaskan Native Asian or Pacific Islander
 African American African Hispanic Non-resident Alien Resident Alien
 Other _____

Have you received Jesus as your personal Lord and Savior? ____ Date: _____

Have you received the Baptism of the Holy Spirit with the evidence of speaking in tongues? ____ Date: _____

Church attending at present: _____

For how long have you been a member? _____

Contact information of your pastor

Name: _____

Address: _____

City, State & Zip Code: _____

Office Phone: _____

(A Pastor's Recommendation is required to apply for enrollment at Spiritual Life Bible College. A form is included with this application.)

Are you:

Male Female

Single Married

Is your spouse in agreement for you to attend this college? _____

Will your spouse be attending this College with you? _____

(If so, a separate application must be completed by your spouse.)

Children (Number & Ages): _____

Current employer

Name: _____

Telephone: _____

Position: _____

Have you served in the Armed Forces? () Yes () No

Branch: _____ Years in Service: _____

Name of Applicant: _____

High School Vocational School

_____ (major)

GED completed College or University _____ (major)

Previous Bible or ministerial training

EDUCATIONAL BACKGROUND				
NAME OF HIGH SCHOOL/ COLLEGE/UNIVERSITY	START DATE (MM/DD/YY)	STOP DATE (MM/DD/YY)	STUDY EMPHASIS OR MAJOR	DID YOU GRADUATE?

EDUCATIONAL BACKGROUND MUST BE SUPPORTED BY THE FOLLOWING DOCUMENTATION:

If you have not attended college:

You must submit a photocopy of your high school transcript, diploma, or GED certificate along with this application.

For Bible Colleges, other Colleges or Universities attended:

You must have original, sealed, official transcripts sent directly to us from your local campus. This is especially necessary if you are requesting previously earned credits to be transferred to SLBC.

NOTE: It is the applicant’s responsibility to order, pay for, and – if necessary – followup on all transcripts requested.

Name of Applicant: _____

MINISTRY BACKGROUND AND GOALS

Are you committed to being developed in ministry? _____

Are you willing to make sacrifices for the Gospel? _____

What direction is God leading you towards in ministry?

What experience / abilities do you have that may be valuable for ministry?

Helps:

Vocational skills:

Music:

Speaking:

Have you ever been overseas? _____

To which countries? _____

Are you currently in ministry? () Yes () No

If yes, are you () Part-time () Fulltime

In what area(s) do you serve?

If you are not engaged in ministry, please list areas where you have served within your local church.

Name of Applicant: _____

Non-Discrimination Policy: **SLBC 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 of the College.**

Privacy Rights of Students: **STATUTE 20, UNITED STATES CODE, 1232g and regulations adopted pursuant thereto. The code provides for an institution to establish a category of student information termed “directory information.” All information, such as health and medical records, disciplinary records of personal counseling, required student and family financial income information records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.**

PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT OF AGREEMENT 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 College.

I indicate by my signature that I have been notified of my rights as recorded by STATUTE 20, UNITED STATES CODE 1232g.

I certify by my signature that I agree to abide by the policies of this institution as described in the SLBC Student Handbook and Course Catalog.

I understand that Spiritual Life Bible College holds applicant status with the Commission On Accreditation of the Association for Biblical Higher Education, 5575 S. Semoran Blvd., Orlando, Florida, 32822, (407) 2070808. Applicant status is a premembership status granted to those institutions that meet the COAABHE Conditions of Eligibility and that possess such qualities as may provide a basis for achieving candidate status within four years. I acknowledge that SLBC is not a job placement service and make no claims regarding employment.

Signature

Date

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PASTOR'S RECOMMENDATION

Dear Pastor,

_____ has applied for entrance to Spiritual Life Bible College. Our goal is to train our students in the Word of God, with indepth study of the Scriptures coupled with application of those Scriptures to everyday life, that the Christian may mature and become a valuable, productive member in the Body of Christ, and an asset to the local church in which he/she serves. Your honest evaluation of the applicant is greatly appreciated. After completion, please send this form to the above address. Thank you for your cooperation.

Church / Ministry Name: _____

Pastor's Name: _____

Church / Office Telephone Number: _____

How long have you known the applicant? _____

Does the applicant display a godly character? _____

Does the applicant have a willingness to serve God within the local church? _____

Is the applicant currently serving within the local church? _____

Would you recommend the applicant for training in ministry? _____

Recommendation (please discuss points about the applicant's character, strengths and weaknesses you have noted):

Pastor's Signature

Date