

# LEGACY

## BIBLE COLLEGE



### Application for Admission

Please fill-out entire form, sign and return with \$30 application fee to address at the end.

#### *Degree Applying For: (Check one)*

- Master of Religion with emphasis in Biblical Studies
- Master of Religion with emphasis in Pastoral Ministry
- Master of Religion with emphasis in Christian Education
- Master of Religion with emphasis in Theology
- Certificate in Biblical Studies
- Graduate Certificate in Biblical Languages

For Office Use Only: Application Date \_\_\_\_\_ Acceptance Date \_\_\_\_\_

#### Applicant Information:

Title \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Are you transferring credits from another institution? Yes / No

Which one? \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Primary Phone \_\_\_\_\_ Is this a cell phone? Yes / No

Alternate Phone \_\_\_\_\_ Is this a cell phone? Yes / No

Do you use texting? Yes / No If so, please list cell service provider \_\_\_\_\_

Primary E-mail Address \_\_\_\_\_

Alternate E-mail Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's name \_\_\_\_\_

Applicant Soc. Security # \_\_\_\_\_ Gender: Male Female

Date of Birth \_\_\_/\_\_\_/\_\_\_ Ethnicity \_\_\_\_\_ Citizenship \_\_\_\_\_

Present Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

**Church Information:**

Name of Church Where You Are a Member \_\_\_\_\_

Denomination \_\_\_\_\_

Senior Pastor's Name \_\_\_\_\_ Church's Phone \_\_\_\_\_

Complete Church Address \_\_\_\_\_

Do you have a personal saving relationship with Jesus Christ? \_\_\_\_\_

If so, when did you make that decision? \_\_\_\_\_

Are you in a church vocation? \_\_\_\_\_ In what position? \_\_\_\_\_

Are you a minister? Yes / No Licensed? Yes / No Ordained? Yes / No

**Other References:**

Name, Address, and Phone Number of Next of Kin not living with you: \_\_\_\_\_

Name, Address, and Phone Numbers of Two Christians (not relatives) For References:

1. \_\_\_\_\_

2. \_\_\_\_\_

**Schools Attended:**

	Name and Address	State	Dates Attended	Degree
High School				
College				
Other				

*Please send a Request for Transcript form to the schools listed above to request that official transcripts be sent to LBC.*

*If accepted, I agree to give cheerful obedience and cooperation to the regulations of LBC.*

Signature (form is not valid without student's signature)

Date

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