

# application for admission

OFFICE USE ONLY

Date Rec'd \_\_\_\_\_

Ack. \_\_\_\_\_

Ref. \_\_\_\_\_

- Personal Profile
- Fee
- High School Transcript
- College Transcript(s)
- Minister's Reference
- Supervisor's Reference
- Personal Reference

Accepted \_\_\_\_\_

Status \_\_\_\_\_

ibk 10/05

Attach recent  
photo here

APPLICATION FEE: \$25

## Personal Information

Name \_\_\_\_\_ Male Female  
Last First Middle (Maiden)

Address \_\_\_\_\_  
Number & Street City State Zip County

Social Security Number \_\_\_\_\_ - - Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Emergency (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Marital Status  Single  Married  Separated  Divorced  Widowed E-mail: \_\_\_\_\_

If married, name of spouse \_\_\_\_\_  
Last First Middle (Maiden)

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Of what country are you a citizen? \_\_\_\_\_ Race \_\_\_\_\_

Do you have a police record?  Yes  No (If yes, please attach a brief letter of explanation.)

## Academic Information

Preferred degree program \_\_\_\_\_ Anticipated date of enrollment \_\_\_\_\_

Student Status (choose one):

Degree Seeking: \_\_\_\_\_ Non-Degree Seeking: \_\_\_\_\_ Date of High School graduation \_\_\_\_ / \_\_\_\_ / \_\_\_\_

New Freshman  Special Undergraduate \_\_\_\_\_ or date GED passed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Transfer Student  Special Graduate \_\_\_\_\_ Name of High School \_\_\_\_\_

Graduate Student  Audit (not for credit) \_\_\_\_\_ Address \_\_\_\_\_  
Number & Street City State Zip

List all previous colleges attended. (Official transcripts from all institutions must be sent to Admissions Office.)

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates attended & Degree earned \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates attended & Degree earned \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates attended & Degree earned \_\_\_\_\_

## Church Information

Church you regularly attend \_\_\_\_\_

Church Address \_\_\_\_\_  
Number & Street City State Zip

Church Phone \_\_\_\_\_ Minister \_\_\_\_\_

Is your life dedicated to Christ and His Church?  Yes  No (If no, attach explanation.)

Describe your current activities as a part of Christ's Church outside of weekly corporate worship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

Please list the names and complete mailing addresses of people who know you well and would be willing to fill out a personal reference questionnaire for you. Please note that these references must not be related to you.

1. Minister who knows you personally (or another church leader if the minister is related to you).

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City State Zip

2. Teacher or employer under whose supervision you have worked.

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City State Zip

3. Elder, Christian mentor, or friend.

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City State Zip

In order for your references to comment freely, do you waive the right to review their comments?  Yes  No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
(please print)

**Please return the completed application,  
non-refundable application fee, and a recent photo of yourself to:**

Admissions Office  
Louisville Bible College  
PO Box 91046  
Louisville, KY 40291

Phone: 502-231-5221