



NEW LIFE BIBLE COLLEGE

APPLICATION FOR ADMISSION

SECTION A

1. **Name:** Mr. Mrs. Miss Rev. Dr. **SSN:** _____

Last First Middle initial Birthdate / /

2. **Present Address:**

Street & Number City State Zip Code Phone

3. **I plan to attend:** Fall (Sep.-Dec.) Winter (Jan.-May) Summer Year _____

4. **Sex:** Male Female

5. **Race:** Caucasian African American American Indian
 Latin American Asian Other _____

SECTION B

1. **MARITAL STATUS:** Single Engaged Married Separated Divorced Widowed

2. **Name of Spouse or fiance:** _____

3. **Will your spouse or fiance be attending N.L.B.C.?** _____

4. **Has your spouse or fiance previously attended N.L.B.C.?** _____

5. **Is your spouse or fiance in agreement with your decision to enter the ministry:** _____

6. **Have you been previously married?** _____

NEAREST RELATIVE (NOT HUSBAND OR WIFE) TO BE NOTIFIED IN CASE OF EMERGENCY:

Name Relationship

Street Address City State Zip Code Phone

SECTION C

1. **Identify the denomination in which you consider yourself to have been raised:**

2. **Have you been involved with any of the following, whether actively participating or just reading their literature:**
Check F - Formerly P - Presently

<input type="checkbox"/> F <input type="checkbox"/> P Mind Science	<input type="checkbox"/> F <input type="checkbox"/> P Buddhism	<input type="checkbox"/> F <input type="checkbox"/> P Children of God	<input type="checkbox"/> F <input type="checkbox"/> P Any secret society?
<input type="checkbox"/> Christian Science	<input type="checkbox"/> Hinduism	<input type="checkbox"/> Satan Worship	_____
<input type="checkbox"/> Eastern Philosophies	<input type="checkbox"/> Mormonism	<input type="checkbox"/> Palm Reading	_____
<input type="checkbox"/> Spiritism / Animism	<input type="checkbox"/> Yoga	<input type="checkbox"/> Jehovah's Witness	<input type="checkbox"/> Anything else?
<input type="checkbox"/> Seventh Day Adventist	<input type="checkbox"/> Witchcraft	<input type="checkbox"/> Islam	_____
<input type="checkbox"/> Transcendental Meditation	<input type="checkbox"/> Ouija board	<input type="checkbox"/> The Way	_____
<input type="checkbox"/> Homosexuality/Lesbianism	<input type="checkbox"/> Astrology	<input type="checkbox"/> Scientology	_____
<input type="checkbox"/> The New Church	<input type="checkbox"/> Tarot Cards	<input type="checkbox"/> Krishna	_____

List the Name of the Church You are currently attending:

Name of Church _____

Address _____

City _____ State _____ Zip _____

Pastor _____

Minister's reference to whom letter was given:

Name _____

Address _____

City _____ State _____ Zip _____

Phone area code() _____



SECTION D

- Do you have a definite call of God on your life to enter the FULL-TIME MINISTRY? Yes No
- Are you: Licensed? Ordained? Denomination/Organization _____
- Identify the area(s) of ministry to which you feel God is calling (or has called) you:
 Pastor Helps Teacher-Children Evangelist Teacher-Adults Music-Vocal
 Missions Teacher-Youth Music-Instrumental Drama Art Other
- Personal references to whom letters were given:
Name _____
Address _____
City _____ State _____ Zip _____ Phone _____

SECTION E

- Check those illnesses or conditions you have had or now have: Check F - Formerly P - Presently

F	P		F	P		F	P	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Blood Pressure
<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	Eye Disease
<input type="checkbox"/>	<input type="checkbox"/>	Spinal Disease	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Ear Disease
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease
<input type="checkbox"/>	<input type="checkbox"/>	OCD	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Mental Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Genito-Urinary Disease
<input type="checkbox"/>	<input type="checkbox"/>	Nephritis	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	<input type="checkbox"/>	AIDS	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>	Bulemia
- Have you ever been discharged from military service because of physical, mental, or other reasons? Yes No
(if yes, attach a letter of explanation that gives date, reason and type of discharge)
- Have you ever been a patient (committed or voluntary) in a mental ward, hospital or sanitarium? Yes No
(if yes, attach a letter of explanation that gives date, location, reason, name of doctor and address of clinic)
- From those checked above that occurred in the past five years, state nature and length of illness, place of hospitalization, date of occurrence and permanent effects: _____

- Height _____ Weight _____
- Your general Health _____
- Please designate with E, G, or P the condition of your: Eyes _____ Ears _____ Heart _____ Lungs _____
- Cite any physical handicaps or defects: _____
- Do you have any disabilities that would require special facilities? Yes No
- Known drug allergies: _____

ALCOHOL

TOBACCO

ILLEGAL DRUGS

- Have you ever used tobacco? Yes No If yes, when did you last use it? _____ (date)
- Have you ever used alcohol? Yes No If yes, when did you last use it? _____ (date)
- Have you ever used illegal or habit forming drugs? Yes No
if yes, what illegal or habit forming drugs? _____ How Long? _____
- Date you last used illegal or habit-forming drugs: _____



SECTION F

- 1. Education (circle highest level attained): 1 2 3 4 5 6 7 8 9 10 12 GED Vocational/Technical 1 2
- 2. College 1 2 3 4 Master's Specialist Doctorate Other _____
- 3. Beginning with High School, list all educational institutions attended:

<u>Name of School</u>	<u>Dates</u>	<u>Major</u>	<u>Diploma or Degree</u>

- 4. Have you ever been denied acceptance by another school? Yes No (if yes, attach explanation)
- 5. Have you ever been expelled, dropped or suspended from any school or college? Yes No (if yes, attach explanation)

SECTION G

- 1. Please list your previous work experience, starting with your LAST employer:

	<u>Name of Employer</u>	<u>Duties Performed</u>	<u>Dates</u>
Present	_____	_____	_____
Last Previous	_____	_____	_____
Next Last Previous	_____	_____	_____
Next Last Previous	_____	_____	_____

- 2. Do you have a criminal record? Yes No If yes, attach explanation. Include all charges and sentences for last 20 years

SECTION H

The Administrators at NLBC are fully aware that God is able to supply all the needs of our student body. We are also aware that a person's ability and willingness to fulfill his financial responsibilities are very significant to a successful ministry. Please answer the following questions honestly, and with the facts. NOT BY FAITH.

- 1. How do you plan to pay expenses?
 - Own employment Spouse employment Savings Parents: Amount of support promised _____
 - Church: Amount of Support Promised _____ Other: (Please be specific) _____
- 2. Will anyone be dependent on you for support during the school term? _____
- 3. Have you previously applied to NLBC? Yes No if yes, when? _____
- 4. Briefly state why you would like to attend NLBC:



SECTION I

- 1. **Were You raised in a Christian Home?** Yes No
if no, another religion? _____
- 2. **How many years have you been saved?** _____
Baptized in the Spirit? _____
- 3. **If you are married or engaged, is your spouse / fiance saved, filled with the Holy Spirit?** _____
- 4. **What activities have you been involved in at your church?**

Activities _____

Activities _____

Activities _____

Activities _____

I understand that attendance to NLBC is a privelege and not a right. By signing and submitting this application I agree to conform to the standards and regulations established by the administration, both those printed and those that may be adopted from time to time.

I / We certify that the information provided in this application is true and correct as of the date set forth opposite my / our signature(s) on this application and acknowledge my / our understanding that any intentional or negligent misrepresentation(s) will result in immediate dismissal from the Bible College.

Student Signature date

Signature of Spouse (required of married applicants) date

Parent / Guardian (required of single student if under age) date

Return to:

**ADMISSIONS OFFICE
New Life Bible College
P.O. Box 1379
Cleveland, TN 37364-1379**



NEW LIFE BIBLE COLLEGE

PASTOR'S RECOMMENDATION FORM

TO BE COMPLETED BY APPLICANT

Name:

_____ Last

_____ First

_____ Middle initial

_____ S.S. Number

I understand that this confidential statement is being submitted directly to the Admissions Office with the understanding that it's contents will not be shared with me. I willingly waive my right to see the confidential statement on this form, knowing this waiver is not required as a condition to admission.

SIGNATURE

Please give this form to your Pastor

If your Father is the Pastor of your church, or if your church has no pastor at this time, an elder or other church leader should complete this form.

TO BE COMPLETED BY APPLICANT'S PASTOR

We would greatly appreciate your answering the following questions with the utmost frankness. The information will be used in helping decide whether the applicant will satisfactorily fit into our Bible College program. Should the applicant be accepted, the information will assist us in helping the student in any adjustments and personal development. Please feel free to attach an additional letter of comment.

How well do you know the applicant? ___ Very Well ___ Well ___ Casually ___ Slightly

How long have you known the applicant? _____ Years _____ Months

Give us your feeling about the applicant's Christian experience: (include conversion, growth and consecration)

How successful has the applicant been in Christian service?

Has the applicant ever been: ___ Married ___ Separated ___ Divorced ___ Never Been Married

If applicant has been married, is spouse in full agreement with decision to attend NLBC? ___ No ___ Yes

Does the applicant have any personality traits that impair his/her relationship with others? ___ No ___ Yes

If Yes, Please Explain _____

What do you consider the applicant's strong points? (include positive personal traits)

What do you consider the applicant's weak points? (include negative personal traits)

Please evaluate the applicant's personal character:

EXCELLENT GOOD FAIR POOR UNKNOWN

HONESTY _____
FINANCIAL RESPONSIBILITY _____
DEPENDABILITY _____
COOPERATIVENESS _____
ABILITY TO WORK WITH OTHERS _____
PERSONAL CLEANLINESS _____
CONSIDERATION FOR OTHERS _____
MORAL CHARACTER _____
ACCEPTANCE OF INSTRUCTION
AND/OR DISCIPLINE _____

Please check the terms which best describe the applicant's attitude toward the church and its activities

Warmhearted Contemptuous Sympathetic Passive Tolerant
 Critical Respectful Enthusiastic Loving

I recommend the applicant for admission to New Life Bible College:

Unreservedly With Reservations I Do Not Recommend

Please print the information below:

Your Name

Your Church and Phone #

Your Home Phone #

Address

City

State

Zip

Your Age 18-25 26-35 36-50 51 & Over

Are you a New Life Bible College Graduate? _____ Year _____

Your Age Licensed Ordained

If so, Organization _____

Your Signature

Return to:
ADMISSIONS OFFICE
NEW LIFE BIBLE COLLEGE
P.O. BOX 1379
CLEVELAND, TN 37364-1379



NEW LIFE BIBLE COLLEGE

PERSONAL RECOMMENDATION FORM

TO BE COMPLETED BY APPLICANT

Name:

Last	First	Middle initial	S.S. Number

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SIGNATURE

Please give this form to your Reference

TO BE COMPLETED BY THE REFERENCE

We would greatly appreciate your answering the following questions with the utmost frankness. The information will be used in helping decide whether the applicant will satisfactorily fit into our Bible College program. Should the applicant be accepted, the information will assist us in helping the student in any adjustments and personal development. Please feel free to attach an additional letter of comment.

How well do you know the applicant? ___ Very Well ___ Well ___ Casually ___ Slightly

How long have you known the applicant? _____ Years _____ Months

Has your relationship been: ___ Intensive ___ Intermittent ___ Very Close ___ Distant ___ Close

What has been the nature of your acquaintance? Were you:

Church: ___ Pastor ___ Sunday School Teacher ___ Choir Director ___ Co-Worker ___ Fellowship

Business: ___ Employer ___ Supervisor ___ Co-Worker ___ Subordinate

School: ___ Principal ___ Teacher ___ Fellow Student

Social: ___ Friend of Family ___ Personal Friend ___ Neighbor ___ Other

How does the applicant get along with other people?

___ Well liked ___ Sometimes has difficulty getting along with others ___ is strongly disliked

How emotionally stable do you think the applicant is?

___ Seems quite stable ___ Seems to have minor difficulties ___ Seems to have serious emotional difficulties

What is your estimate of the applicant's leadership ability?

___ a forceful and capable leader ___ average ability to guide and direct ___ a better follower than a leader

Please evaluate the applicant's personal character:

EXCELLENT GOOD FAIR POOR UNKNOWN

HONESTY _____

FINANCIAL RESPONSIBILITY _____

DEPENDABILITY _____

COOPERATIVENESS _____

ABILITY TO WORK WITH OTHERS _____

PERSONAL CLEANLINESS _____

CONSIDERATION FOR OTHERS _____

MORAL CHARACTER _____

ACCEPTANCE OF INSTRUCTION _____

AND/OR DISCIPLINE _____

Does the applicant respond well to authority? Yes No

Explain: _____

What sort of companions does the applicant usually associate with? _____

Have you ever had occasion to question applicant's morals? Yes No

Is the applicant prompt in paying their debts? Very Prompt Not very prompt

Sometimes late, but always pays their debts Never pays their debt

To your knowledge does the applicant: Smoke Drink Use illegal drugs

Comments: _____

Give us your feeling about the applicant's Christian experience: (include conversion, growth and consecration)

I recommend the applicant for admission to New Life Bible College:

Unreservedly

With Reservations

I Do Not Recommend

Please print the information below:

Your Name

Your Church and Phone #

Your Home Phone #

Address

City

State

Zip

Your Age 18-25 26-35 36-50 51 & Over

Are you a New Life Bible College Graduate? _____ Year _____

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If so, Organization _____

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