

# In Christ International Bible College

## Student Application

### INSTRUCTIONS FOR COMPLETING THE APPLICATION PROCESS ARE AS FOLLOWS:

1. Please PRINT or TYPE. ANSWER ALL QUESTIONS. If a question does not apply, please answer with "N/A."
2. Request an official transcript from each college, university or institute of ministry that you have previously attended. *Note: Official sealed transcripts must be mailed from the university directly to the ICIBC admissions office.*
3. If college transcripts will not be provided, submit one of the following proofs of high school graduation: Diploma, G. E. D. or equivalent. *Note: Proof of high school is not necessary for Bible Institute students.*
4. An application fee of \$25.00 must accompany the completed application and be submitted to the ICIBC admissions office prior to registration.
5. Place a recent photo in the area provided on this application.

PHOTO  
HERE

|                            |  |  |   |
|----------------------------|--|--|---|
| <b>DEGREE OF INTEREST:</b> | <input type="checkbox"/> Associate in Theology (2 <sup>nd</sup> year)          | <b>OFFICE USE ONLY</b>                   | CAMPUS CODE: _____                      |
|                            | <input type="checkbox"/> Bachelor of Christian Ministry (4 <sup>th</sup> year) | DATE: _____                              | STUDENT NUMBER: _____                   |
| <b>LEVEL:</b>              | <input type="checkbox"/> Bible College   | <input type="checkbox"/> Bible Institute | <input type="checkbox"/> Correspondence |
|                            |  |  | APPLICATION FEE RECEIVED: _____         |

### 1. PERSONAL INFORMATION

|   |  |  |  |   |
|---|--|--|--|---|
| <input type="checkbox"/> MR. <input type="checkbox"/> MRS.<br><input type="checkbox"/> MS. <input type="checkbox"/> DR.   | LAST NAME  | FIRST NAME   |  | M.I.  |
| <input type="checkbox"/> SR. <input type="checkbox"/> JR.<br><input type="checkbox"/> _____   | MAIDEN NAME, IF APPLICABLE                           | MAILING ADDRESS  |  |   |
| CITY  | STATE / PROVINCE                                     | ZIP CODE   | HOME AREA CODE & PHONE NUMBER<br>( )   | WORK AREA CODE & PHONE NUMBER<br>( )  |
| PHYSICAL ADDRESS  | CITY   | STATE/ ZIP CODE  | CELL PHONE NUMBER<br>( )   | ALTERNATE CONTACT NUMBER<br>( )   |
| BIRTHDATE (MM / DD / YYYY)  | PLACE OF BIRTH                                       | SEX <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | MARITAL STATUS <input type="checkbox"/> SINGLE<br><input type="checkbox"/> MARRIED | U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF NO, WHAT COUNTRY ? |
| RACE <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER<br><input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN | SOCIAL SECURITY NUMBER                               |  | E-MAIL ADDRESS   |   |
| CHURCH BACKGROUND / DENOMINATION  | CHURCH PRESENTLY ATTENDING (INCLUDE CHURCH LOCATION) |  | PASTOR'S NAME  |   |
| HAVE YOU EVER BEEN INCARCERATED? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><i>IF YES, PLEASE ATTACH A LETTER OF EXPLANATION TO THIS APPLICATION. PLEASE INCLUDE SPECIFIC DATES AND LOCATIONS.</i>   | EMERGENCY CONTACT (OTHER THAN SPOUSE)                |  | CHURCH AREA CODE & PHONE NUMBER<br>( )   |   |

## II. MARITAL STATUS AND DEPENDENT INFORMATION

MARRIED   
 ENGAGED   
 DIVORCED   
 RE-MARRIED   
 SEPARATED   
 SINGLE   
 WIDOW   
 WIDOWER

| DEPENDENT NAME | AGE | DATE OF BIRTH |     |      | GRADE |
|----------------|-----|---------------|-----|------|-------|
|                |     | Month         | Day | Year |       |
| 1.             |     |               |     |      |       |
| 2.             |     |               |     |      |       |
| 3.             |     |               |     |      |       |
| 4.             |     |               |     |      |       |
| 5.             |     |               |     |      |       |
| 6.             |     |               |     |      |       |

## III. SPOUSE / FIANCEE INFORMATION

| LAST NAME | FIRST NAME | M.I. |
|-----------|------------|------|
|           |            |      |

- Will your spouse or fiancé be attending ICIBC?     YES     NO
- Will your spouse and/or dependents be living with you while you attend ICIBC?     YES     NO
- Is your spouse or fiancé born again and filled with the Holy Spirit with the evidence of speaking with tongues?     YES     NO

## IV. MINISTRY EXPERIENCE INFORMATION

CURRENT MINISTRY   
 SENIOR PASTOR   
 MISSIONARY   
 ITINERANT TEACHER   
 YOUTH MINISTER   
 CHAPLAIN   
 CHURCH / MINISTRY ADMINISTRATOR   
 N / A  
STATUS, IF ANY   
 ASSISTANT PASTOR   
 EVANGELIST   
 CHILDREN'S MINISTER   
 MUSIC MINISTER   
 LAY MINISTER   
 OTHER (PLEASE SPECIFY)

|  |                            |  |                   |
|--|----------------------------|--|-------------------|
| ARE YOU CURRENTLY<br>LICENSED OR ORDAINED ? <input type="checkbox"/> LICENSED <input type="checkbox"/> N / A <input type="checkbox"/> ORDAINED | CREDENTIALING ORGANIZATION | PAST MINISTRY<br>EXPERIENCE <input type="checkbox"/> PASTORAL <input type="checkbox"/> EVANGELISM <input type="checkbox"/> OTHER (SPECIFY)<br><input type="checkbox"/> TEACHER <input type="checkbox"/> RADIO / TV | NUMBER OF YEARS ? |
|--|----------------------------|--|-------------------|

## V. MINISTRY AND EDUCATIONAL GOALS

- What degree program are you interested in completing at ICIBC and why?

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- Please briefly state your ministry goals (include short-term and long-term goals).

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## VII. PERSONAL HEALTH INFORMATION

HEIGHT

WEIGHT

YOUR GENERAL HEALTH:  EXCELLENT  GOOD  FAIR  POOR

PLEASE DESIGNATE WITH E, G, F, OR P THE CONDITION OF THE FOLLOWING: EYES \_\_\_\_\_ EARS \_\_\_\_\_ HEART \_\_\_\_\_ LUNGS \_\_\_\_\_

Check illnesses or conditions you have formerly had or presently have. Please check "F" for formerly and "P" for presently:

- |                            |                            |   |                            |                            |   |                            |                            |  |                            |                            |  |
|----------------------------|----------------------------|---|----------------------------|----------------------------|---|----------------------------|----------------------------|--|----------------------------|----------------------------|--|
| <input type="checkbox"/> F | <input type="checkbox"/> P | <input type="checkbox"/> Asthma         | <input type="checkbox"/> F | <input type="checkbox"/> P | <input type="checkbox"/> Rheumatic Fever  | <input type="checkbox"/> F | <input type="checkbox"/> P | <input type="checkbox"/> Tuberculosis        | <input type="checkbox"/> F | <input type="checkbox"/> P | <input type="checkbox"/> Ear Disease             |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Hay Fever      | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Nephritis        | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Mental Disorder     | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Heart Disease           |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Sinusitis      | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Stomach Disorder    | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Kidney Disease          |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Spinal Disease | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Diabetes         | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Epilepsy            | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Rheumatism              |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Hernia         | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Typhoid          | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Pneumonia           | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Genital-urinary disease |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Goiter         | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Paralysis        | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Seizures                |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Cancer         | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Appendicitis     | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Eye Disease         | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> Aids                    |

From those checked above that occurred in the past five years, state nature and length of illness, place of hospitalization, date of occurrence, any surgeries and their dates and permanent effects. Please list any other illness or condition that you may have that is not listed above including physical handicaps or defects.

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Please list all current medications and the dosage of each in case emergency care is needed:

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Please answer the following questions truthfully.

1. Have you ever used tobacco?  Yes  No If yes, are you presently using tobacco?  Yes  No If no, when did you stop? \_\_\_\_\_
2. Have you ever used alcohol?  Yes  No If yes, are you presently using alcohol?  Yes  No If no, when did you stop? \_\_\_\_\_
3. Have you ever used illegal or habit-forming drugs?  Yes  No If yes, what drug(s) did you use and for how long? \_\_\_\_\_
4. Are you presently using illegal or habit-forming drugs?  Yes  No If yes, what drug(s) are you presently using? \_\_\_\_\_

## MEDICAL CONSENT

I hereby grant permission to In Christ International Bible College or its consulting physician, to render me to any emergency treatment, medical or surgical care that might be deemed necessary. Also, when necessary for executing such care, I grant permission for hospitalization at an accredited hospital.

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Student Name (print)

-----  
Student Name (signature)

-----  
Date

**VIII. EDUCATION INFORMATION**

HAVE YOU PREVIOUSLY ATTENDED THE IN CHRIST INTERNATIONAL BIBLE COLLEGE?  YES  NO

|                             |                        |                       |                |   |
|-----------------------------|------------------------|-----------------------|----------------|---|
| HIGH SCHOOL NAME*           | START DATE (MM / YYYY) | STOP DATE (MM / YYYY) | STUDY EMPHASIS | DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> DIPLOMA <input type="checkbox"/> NO <input type="checkbox"/> G. E. D. |
| COLLEGE / UNIVERSITY NAME** | START DATE (MM / YYYY) | STOP DATE (MM / YYYY) | MAJOR          | DIPLOMA / DEGREE EARNED   |
|                             |                        |                       |                |   |
|                             |                        |                       |                |   |
|                             |                        |                       |                |   |

**ALL EDUCATION BACKGROUND INFORMATION MUST BE SUPPORTED BY THE FOLLOWING DOCUMENTATION:**

\*\* List schools including Bible Institutes, Bible Colleges, other Colleges or Universities. Must have original, sealed, official transcripts sent directly to our local campus.

\*If you have not attended college: Must send a copy of your high school transcript, diploma, or G.E.D.

**Note: It is the applicant’s full responsibility to order, pay for, and– if necessary– follow-up on all transcripts ordered.**

**Non-Discrimination Policy**

The In Christ International Bible College 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, hereinafter referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the CODE:

The Code provides for an institution to establish a category of student information termed “directory information.” When available in college records, any information falling in the category of “directory information” will be available to all persons on request (i.e., the IRS, FBI, or other government agencies, and for use in ICIBC publications). ICIBC has identified the following student data as “directory information:”

- |                      |                               |   |
|----------------------|-------------------------------|---|
| 1. Name              | 5. Date & Place of Birth      | 9. Dates of Attendance                                    |
| 2. Address           | 6. Major Field of Study       | 10. Degrees & Awards Received                             |
| 3. Telephone Listing | 7. Church Membership          | 11. Most Recent Previous Educational Institution Attended |
| 4. Race              | 8. Denominational Affiliation |   |

All other information, such as social security numbers, health and medical records, disciplinary records, records of personal counseling, required student and family financial income 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. Such information will not be released to second parties without consent of 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 other 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 In Christ International Bible College official Student Handbook and Course Catalog.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE