

APPLICATION FOR ADMISSION TO:
BIBLE INSTITUTE OF MISSOURI

2540A N. Kansas Expressway, Springfield, MO 65803

Please print this form, complete it with clear and full answers, and mail it to the above address.

Name: _____

Home Phone: _____ Work Phone: _____ E-Mail Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth: _____

When were you baptized? _____ Where? _____ By Whom? _____

Educational level reached? _____

Name of schools of higher learning attended: _____

Degrees obtained, if any: _____

Have you ever had to withdraw or been expelled from any school or college? _____

If yes, please explain: _____

Where were you employed for the last three years? Please include present job and description: _____

Marital Status: Single _____ Married _____ Divorced _____ Divorced and Remarried _____

If divorced and/or remarried, please explain the situation in detail: _____

How many children do you have? _____ Please give their names and ages: _____

Why do you want to attend the Bible Institute of Missouri? _____

If applicable, what are your wife's feelings about your attending a preacher training school? _____

What are your feelings, as well as your wife's, about devoting your life to proclaiming the gospel? _____

What congregation are you now attending? _____

Would they be willing to help you financially to come to school? _____ If so, how much? _____

What experience do you have so far in the work of the church? _____

Could you handle a preaching appointment if such were available? _____

Could you lead singing if invited to do so? _____

Do you use tobacco in any form? _____ If so, please clarify: _____

Do you use alcohol? _____ Do you misuse non-prescription drugs? _____

Do you have any physical handicaps which might hinder your preaching? _____ If yes, please explain: _____

Have you ever served in the military? _____ If so, what is your present status? _____

What minimum monthly support will you require while in school (be specific)? _____

Will you have any or some income while in school (explain)? _____

How much of your support can you supply or raise yourself? _____

How do you plan to do this? _____

What type of additional funds will you need to cover these expenses? _____

Do you have a place to live while in school in Springfield? _____

Do you need assistance in finding a place to live? _____

What date would you like to enroll in school? _____

(If necessary, we are happy to try and assist potential students to raise support. However, it is ultimately the student's responsibility to see that his financial needs are met and organized properly before entering school!)

(Please send all completed applications to the address above and include a photo plus at least four letters of recommendation by a variety of individuals who are willing to be contacted. Please be sure to include an address and/or phone number in order to contact them.)

SIGNATURE OF APPLICANT: _____ DATE: _____