



Association of Independent Holiness Churches
School of Biblical Studies

APPLICATION FOR ADMISSION

Please complete every item on this form that applies to you, sign and date the application, and return it to the Office of Admission along with a recent photo. Failure to complete every item on this form relevant to your status may delay processing.

Citizenship (check one): U.S. citizen Resident immigrant Other (specify):

Name (please print): First Middle/Maiden Last

Current Mailing Address:

Number & Street Apartment No.

City State Zip Country (if not U.S.)

Home phone (area code + number) E-mail address

Date of Birth(mm/dd/yyyy): Gender (check one): Male Female

Ethnicity (check one): Asian or Pacific Islander Native American Hispanic Black, African-American White, Caucasian Other (specify):

Educational Plans

Which academic school year are you applying for? Year:

Please indicate which certificate program you are applying for:

Certificate of Completion in Biblical Studies Audit

If you chose audit, please indicate what you will audit:

Course/Courses Term Certificate Program

Are you also planning to complete the requirements to receive your Certificate of Ordination or License?

Yes No

Secondary Educational Information High School (name):

Location Graduation Date:

Issuing Agency: Date Received the GED:

Issuing Agency:

Post-Secondary Educational Information (list schools you have attended beyond high school)

\_\_\_\_\_  
Name Location Dates Attended Major Certificate/Degreed Earned

\_\_\_\_\_  
Name Location Dates Attended Major Certificate/Degreed Earned

\_\_\_\_\_  
Name Location Dates Attended Major Certificate/Degreed Earned

\_\_\_\_\_  
Name Location Dates Attended Major Certificate/Degreed Earned

Attach additional sheet if necessary. International Students: Please submit proof of passing the TOEFL test.

Employment & Financial Information

Are you employed? (check one)  Yes, full-time  Yes, part-time  No, not employed

\_\_\_\_\_  
Name of Employer Location Phone Your Occupation/Title

How do you plan to finance your education at the AIHC School of Biblical Studies? (Check all that apply):  Savings  Parents  Full/Part-time Work  Sponsorship

Religious Information

Your denomination or religious tradition: \_\_\_\_\_

The local church that you attend or serve: \_\_\_\_\_  
\_\_\_\_\_

Location Pastor/Minister's Name

How do you serve in your local church? \_\_\_\_\_

Are you Licensed or Ordained (state which): \_\_\_\_\_ Date of Ordination: \_\_\_\_\_

Denomination/Church issuing above credentials: \_\_\_\_\_

To what form of Christian service do you want to devote your life?

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

Military History

Military status (check one):  Veteran  Member of Reserve group Branch of Service: \_\_\_\_\_

Dates of Military Service: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Marital Status

What is your marital status? (check one)  Single  Married  Widowed  Separated  Divorced

Health/Medical Status

Are you currently under any form of medical or psychiatric care? (circle one) Yes No

If "Yes", please explain: \_\_\_\_\_

Emergency contact person:

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Relation to You	Name	Address	Phone #
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Reference Information

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Pastor's Name	Address (number & street)	City	State	Zip	Country	Telephone
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Other reference (not a relative) who has known you for at least a year:

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Name	Address (number & street)	City	State	Zip	Country	Telephone
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I certify that the information provided in this application and other supporting documents is accurate and true. I further certify that giving false information or withholding information may make me ineligible for admission or to continue my enrollment.

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

FOR OFFICE USE ONLY Date Received (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Application Fee: \_\_\_\_

Full tuition : \_\_\_\_ References: \_\_\_\_ Bio/Personal statement: \_\_\_\_ Admission Decision:

Approved: \_\_\_\_ Denied \_\_\_\_ Date: \_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_