## Application for Admission:

## GRACE SCHOOL OF THE BIBLE

**P.O. BOX 97** 

Bloomingdale, IL 60108

Tel.: (630) 529-0520

<ul> <li>FOR OFFICE USE ONLY</li> </ul>
Date application received
Application fee received
References received
Date approved

Name				
Address	Ci	City, State, Zip		
Phone	Email	Date of Birth		
Name and address of	of parent/guardian, if under 21			
I wish to wo	ork toward the Diplomaoly as a tutorial student with no testing and	no credit		
MARITAL STAT	US (check one)			
	Name of spouse_	of children, if any		
If married, is your s	pouse in agreement with your desire to ent	er G.S.B.?		
CHURCH AFFIL	IATION			
Church you	attend			
Pastor's nam	e and address			
List any mu	sical instruments you play or special talents	s you or your spouse have		
<b>EDUCATIONAL</b>	<u>EXPERIENCE</u>			
Name and lo	gh school graduate? cation of high school ble institutes, professional schools etc. you			

Employer	Job Title	Date and reason for leaving
PERSONAL REF	<u>ERENCES</u>	
List three persons (	other than relatives or Pastor	listed above) who are well acquainted with you:
PERSONAL RES	<u>UME</u>	
How did you becon	ne interested in the Pastoral T	raining Course offered by G.S.B?
	and/or individuals in order of	importance:
a. b.		
c.		
Concerning the Doodisagree?	ctrinal Statement, is there any	thing which you would like to have clarified or with which you
Please give a brief	statement as to how and when	you came to know the Lord Jesus Christ as your Savior:
I understand that if	I am accepted into the program	m I cannot duplicate class lessons without specific permission
Date		Signature