



APPLICATION FOR ADMISSION

Date you plan to enter NBBS

Date application submitted

APPLICANT

1. Name:

Last

First

Middle/Maiden

2. Local Address

Number

Street

City

State

Zip

Home Address (if you have relocated to FTW to attend school)

Number

Street

City

State

Zip

3. Cell Phone Number

Home Phone Number

PERSONAL INFORMATION

4. Date of Birth

Place of Birth

5. Sex:

Marital Status:

6. Number of Children

Ages

7. What is the general condition of your health?

Have you had any serious illness in the past few years?

If so, what?

8. Do you belong to any secret society, party, or lodge?

9. Do you use tobacco?

Do you use alcoholic beverages?

10. Are you saved?

Please give your testimony of salvation and your call to ministry/desire to serve the Lord.

11. What Christian work have you done?

12. Is your membership in an Independent Baptist Church?

13. What is the name and address of the church where you are a member?

Give the name of your pastor.

14. Have you ever lead anyone to accept Christ as Savior?

15. What musical instruments do you play?

Do you sing?

16. Do you plan to graduate from NBBS?

17. What plans do you have for Christian work after leaving the Seminary?

18. What is your stand on the charismatic movement?

19. Is there anything in your past life (court record, personal problems, etc.) which we should know about?

FAMILY

1. Spouse's name

2. Father's name

Occupation

Living?

3. Mother's name

Occupation

Living?

4. Name and address of person to be notified in case of an emergency.

Number

Street

City

State

Zip

Phone number

Cell number

FINANCES AND EMPLOYMENT

1. Are you prepared to handle your financial obligations for the first year?

2. Will it be necessary for you to work to earn part of your expenses?

3. How many hours a week do you estimate it will be necessary to work?

4. For what type of work are you especially trained or qualified?

5. Will you have employment when you enter school?

6. What is your present occupation?

7. Will you have an automobile at school?

Do you carry full public liability insurance on your car?

8. Do you have a current driver's license?

SIGNATURE

DATE