

# North Carolina School of Biblical Studies

## APPLICATION FOR ADMISSION

PLEASE PRINT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

U.S. CITIZEN?  Y  N VETERAN?  Y  N

MARITAL STATUS  SINGLE  MARRIED  SEPARATED  WIDOWED

DIVORCED AND/OR REMARRIED [*PLEASE ATTACH AN EXPLANATION*]

HIGHEST LEVEL OF EDUCATION ATTAINED \_\_\_\_\_

DID YOU RECEIVE A DIPLOMA OR CERTIFICATE?  Y  N

HOME CONGREGATION NAME \_\_\_\_\_

HOME CONGREGATION ADDRESS \_\_\_\_\_

HOME CONGREGATION TELEPHONE \_\_\_\_\_

PLEASE PROVIDE THREE REFERENCES FROM INDIVIDUALS WHO KNOW YOU WELL:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Please mail all completed forms to:

NCSBS

C/O ACADEMIC DEAN

8999 Lasater Road

Clemmons, NC 27012-8452