

SPRINGS OF LIFE BIBLE COLLEGE

Application for Admission

Type or Print All Items

Enclose \$70.00 for Application Fee

Campus: _____

Date of Application: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ CELL: _____

TYPE OF RESIDENT (C=citizen S=student visa V=visitor I=immigrant visa) _____

BIRTHDATE: _____ AGE: _____ BIRTHPLACE: _____

MARITAL STATUS: _____ NAME OF SPOUSE: _____

NAMES OF CHILDREN: _____

RELIGIOUS PREFERENCE (Denomination) _____

MEMBER(Y or N) _____ ATTEND REGULARLY(Y or N) _____

NAME/ADDRESS OF CHURCH: _____

NAME/ADDRESS OF PASTOR: _____

HIGH SCHOOL(Name, City, State, Zip): _____

DATE OF GRADUATION: _____

SPECIAL TRAINING (Non-college): _____

COLLEGES YOU HAVE ATTENDED (An official transcript must be sent to Springs of Life)

College Name	City	State	Date attended	Degree/Credits Earned
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1) _____

2) _____

3) _____

WORK EXPERIENCE/ MINISTERIAL EXPERIENCE/ RECOGNITION (Use back of page if necessary)