



BREAD OF LIFE BIBLE INSTITUTE

APPLICATION FORM

(Revised 1/7/08)

Prospective Student's Information Birth Date: _____ Title: _____

Last Name _____ First Name _____ Middle _____

Print

print

print

Gender: () Male () Female Marital Status: _____ Telephone () _____

Mailing Address _____

City _____ State _____ Zip Code _____

Church: _____ Denomination: _____

EDUCATIONAL TRAINING: Please forward a copy of your college transcripts or other training for evaluation or credits.

DATES		NAME & LOCATION OF SCHOOL (PLEASE LIST YOUR BREAD OF LIFE DEGREES BELOW)	Diploma, Certificate, or Degree Received
From	To		

Have you previously taken any Bread of Life Bible Institute Courses? (Yes) or (No)
If yes, Please enter in the space provided the total number of Semester Hours earned _____ **SH.**

Degree you are pursuing at present: _____

Course Title & Number: _____

Location of Class/Workshop: _____ Time of Class: _____

Beginning Day _____ Ending Date: _____

Instructor: _____ # of Contact Hours: _____ # Required: _____

TUITION
\$ _____ This Course (4 Semester Hours)

AMOUNT PAID

BALANCE

NOTE: Add \$15 to the Cost of Distant Learning Courses for mailing. Total \$ _____

\$ _____

\$ _____

♫ - SPECIAL NOTES: _____ **E- Mail Address** _____

1. Tuition is due on the first night of class. However, we can accept a down payment (1st night for Courses \$ _____).
2. Weekend College and Special Workshop (costs) may be paid prior to during course.

Applicant's Signature

Date