New Life Bible College and Seminary

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Dr. Karen L. Hale, Founder and President

## **APPLICATION OF ADMISSION**

	APPLICATIO	N INFORMATION	ı	
Last Name:	Frist Name:		Middle:	
Mailing Address:				
Date of Birth:	SSN:		e/Cell #:	
E Mail Address:				
	EMPLOYMEI	NT INFORMATIO	N	
Current Employer:				
Employer Address:				
City:		State:	Zip Code:	
Employer Phone Number:		How long?		
	MINISTRY	INFORMATION		
Name of Local Church:				
Church Address:		City:	State:	_ ZIP Code
Pastor's Name:	Co	ntact Number:		
Are you a minister? [ ] Yes [ ]	No Licensed [] Yes [	] No Ordained []	Yes [] No Other [	]
If you checked other, please	explain:			
To what denomination or org List other ministries that you	<del>-</del>			
Reference: Relative or Friend Address:			Relationship: _	
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## **APPLICATION OF ADMISSION**

PROGRAM OF DESIRED ENROLLMENT				
[] ASSOCIATE [] BACHELOR [] MASTERS (YEAR 1) [] MASTERS (YEAR 2) [] DOCTORATE CONCENTRATION: [] BIBLICAL STUDIES [] CHRISTIAN EDUCATION [] THEOLOGY [] DIVINITY				
ASSOCIATE MAY CHOOSE CONCENTRATION IN BIBLIAL STUDIES ONLY BACHELOR MAY CHOOSE CONCENTRATION IN BIBLICAL STUDIES OR THEOLOGY ONLY MASTERS AND DOCTORATE MUST CHOOSE ONE CONCENTRATION, CHRISTIAN EDUCATION, THEOLOGY OR DIVINITY				
[] CAUCASION (NON-HISPANIC [] ASIAN PACIFIC ISLANDER [] HISPANIC [] BLACK (NON-HISPANIC)				
WHAT IS YOUR ETHNIC ORIGIN				
[] AMERICAN INDIAN/ALASKAN [] OTHER (SPECIFY)				
CITIZENSHIP				
COUNTRY OF BIRTH: ARE YOU AN AMERICAN CITIZEN: [] YES [] NO IF NO, PLEASE ANSWER THE FOLLOWING QUESTIONS  OF WHAT COUNTRY ARE YOU A CITIZEN?  ARE YOU A PERMANENT U.S. RESIDENT? [] YES [] NO ALIEN REGISTRATION #  DO YOU PRESENTLY HAVE A U.S. VISA? [] YES [] NO IF YES, WHAT TYPE? EXPIRATION DATE:				
EDUCATIONAL INFORMATION				
NAME OF HIGH SCHOOL: COUNTY: STATE: ZIP CODE:  DATE OF GRADUATION:  IF YOU DID NOT GRADUATE, HAVE YOU OBTAINED A GED? [] YES [] NO WHEN?				
LIST ALL COLLEGES THAT YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER				
NAME OF INSTITUTION:  ADDRESS:  CITY:  STATE:  ZIP CODE:  DATE ATTENDED: FROM:  TO:  DEGREE RECEIVED:				
NAME OF INSTITUTION: ADDRESS: CITY: STATE: ZIP CODE: DATE ATTENDED: FROM: TO: DEGREE RECEIVED:				

## APPLICATION OF ADMISSION **COLLEGES CONTINUED** NAME OF INSTITUTION: CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP CODE: \_\_\_\_ ADDRESS: DATE ATTENDED: FROM: TO: DEGREE RECEIVED: NAME OF INSTITUTION: \_\_\_\_\_ CITY: \_\_\_\_\_\_ STATE: \_\_\_\_ ZIP CODE: \_\_\_\_ ADDRESS: DATE ATTENDED: FROM: \_\_\_\_\_\_TO: \_\_\_\_\_\_DEGREE RECEIVED: \_\_\_\_\_ **YOUR CURRENT STATUS** ARE YOU CURRENTLY ENROLLED IN THE LAST INSTITUTION ATTENDED [] YES [] NO IF SO. WHAT WILL BE YOUR LAST DATE OF ATTENDANCE: ARE YOU ELIGIBLE FOR RE-ADMISSION TO ANY OF THE INSTITUTION LISTED [] YES [] NO IF NO, ARE REASONS [] ACADEMIC [] DISPLINARY [] OTHER (ATTACH EXPLAINATION) ADDITIONAL INFORMATION: \$100.00 NON-REFUNDABLE APPLICATION FEE MUST BE SUBMITTED WITH THIS APPLICATION \$100.00 NON-REFUNDABLE APPLICATION FEE MUST BE SUBMITTED WITH THIS APPLICATION TO APPLY FOR **DOCTORAL PROGRAM.** TUITION IS DIVIDED INTO MONTHLY PAYMENTS TEXTBOOK FEES MUST BE PAID BEFORE RECEIPT OF NAY MATERIAL. THE GRADUATIN FEES MUST BE PAID EACH YEAR UPON RECEIPT OF THE DEGREE. THE BALANCE OF THE TUITION MUST BE PAID PRIOR TO GRADUATION WRITE YOUR NAME AS YOU WANT IT TO APPEAR ON YOUR DEGREE: ADULT GOWN SIZE: HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_ CAP SIZE: \_\_\_\_\_ (MOST SIZES ARE ONE SIZE FIT ALL) I HAVE COMPLETED THIS APPLICATION TO THE BESGT OF MY ABILITY AND HAVE BEEN TRUTHFUL TO THE BEST OF MY KNOWLEDGE IN ANSWERING ALL QUESTIONS. I DO HEREBY AGREE TO ABIDE BY THE HIGH ETHICAL STANDARDS SET FORTH BY NEW LIFE BIBLE COLLEGE AND SEMINARY AND TO CONDUCT MYSELF IN ACCOURDANCE TO THE EXSPECTATION OF NLBCS IN ORDER FOR MY LIFE TO BRING GLORY AND HONOR TO THE LORD, JESUS CHRIST. I HAVE READ THE STATEMENT OF FAITH OF NEW LIFE BIBLE COLLEGE AND SEMINARY AND AGREE TO FOLLOW ITS DOCTRINAL STAND IN ACCORDANC TO THE WORD OF GOD. Signature of Applicate: \_\_\_\_\_\_ Date: \_\_\_\_\_