

International Ministries Fellowship Bible College

Physical Address: 608 Nolan Trace, Leesville, LA 71446

Mailing Address: P.O. Box 4014, Leesville, LA 71496

Phone: 337-238-1151 / Fax: 337-238-1175

www.imfbiblecollege.com

Application for Enrollment

This document also includes an **Application Checklist** to ensure all requested material has been submitted, any missing documentation will result in a delay or possible denial of registration.

Please type or print. It is important to complete all information.

Professionalism, neatness and accurateness in completing your application package is important

Submission Options:

Postal Mail To: P.O. Box 4014, Leesville, LA 71496

Email: imfbiblecollege@gmail.com or Fax: 337-238-1175

PART I: Personal

1. Last Name _____	First Name _____	Middle Initial _____
2. Address _____ (or) P.O. Box _____		
3. City _____	State _____	Country _____ Postal Code _____
4. Phone Number _____	E-Mail _____	
5. Date of Birth (mm/dd/yy) _____ / _____ / _____	SSN/SIN _____ - _____ - _____	Sex Male Female
6. Church membership: _____		
7. Pastor's Name: _____	Phone: _____	
8. Church Address _____ P.O. Box _____		
9. City _____	State _____ (Country) _____	Postal Code _____

PART II: Credits

1. Total years of Christian Service _____	Type(s) of Service _____
2. Total years of allied military service _____	Details _____
3. Total classroom hours in attendance of Christian workshops and seminars _____	

Name of Seminar or Workshop	Date	Location	Completed	Yes	No
1.					
2.					
3.					
4.					

PART III: Education

Check all that apply: High School Diploma _____ GED _____ College Degree _____
List <i>all</i> colleges, universities, schools, and seminars attended. Include workshops, certificate courses, and other significant formal training. Attach legible copies of diplomas, certificates, transcripts or other verifiable documentation of training. Evaluation for credit will be made by the information you supply.
(Attach additional sheets if needed)

PART III: Education (continued)

School or College Attended	Location	Dates	Degree/Certificate
1.			
2.			
3.			
4.			

PART IV: Application Checklist

1.	I have attached a written account of my salvation experience.
2.	I have enclosed a current photograph of myself.
3.	I would like to receive a free Bible.
4.	I would like to take the refresher course, <i>ED-34163 Foundational English for Bible Students</i>
5.	I have attached a resume (history) of my life, work, and ministry experience.
6.	<p>I wish to enroll in the following checked program (check one) See the catalog for prerequisites.</p> <p> <input type="checkbox"/> Class Audit <input type="checkbox"/> Biblical Studies Certificate <input type="checkbox"/> Christian Worker's Certificate <input type="checkbox"/> Teacher's Certificate <input type="checkbox"/> Pastoral Certificate <input type="checkbox"/> Associate Degree* <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree </p> <p align="center">* If you plan to enter a higher degree, an Associate Degree is not required.</p>
7.	<p>I plan to major in (check one):</p> <p> <input type="checkbox"/> Biblical Studies <input type="checkbox"/> Christian Criminal Justice <input type="checkbox"/> Divinity (Master only) <input type="checkbox"/> Church History <input type="checkbox"/> Theology <input type="checkbox"/> Christian Journalism <input type="checkbox"/> Liberal Christian Studies <input type="checkbox"/> Youth Ministry <input type="checkbox"/> Ministry <input type="checkbox"/> Christian Education <input type="checkbox"/> Christian Counseling Psychology <input type="checkbox"/> World Missions <input type="checkbox"/> Church Business Management </p>

PART V: Payment Information

1.	I have enclosed US\$_____ (<u>Minimum of \$60</u> unless pre-approved) for the first month's tuition payment PLUS \$35 for the cost of the first textbook (any differences will be adjusted)
2.	I have chosen to pay my tuition in full and enclosed \$_____ tuition and \$_____ for textbooks.
3.	<p>I would like to charge my payment option above to my ___Master Card ___ Visa</p> <p><i>Credit card #</i> _____</p> <p><i>Expiration date</i> _____ / _____ <i>CSV Code</i> _____</p>

This application must be completed and signed before it will be processed. If you have questions about the application process, please call or email.

Signature of Applicant

Date Signed