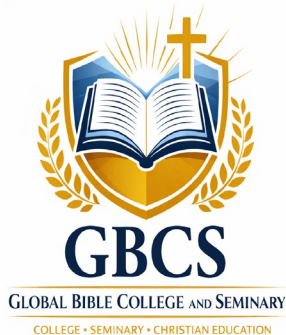


2073 Palmetto Street, #482  
Middleburg, FL 32050



**ATTACH A RECENT  
PHOTOGRAPH  
HERE!!!  
APPLICATION WILL  
NOT BE PROCESSED  
WITHOUT PHOTO.**

Please print or type, and answer all questions.

**STUDENT INFORMATION AND EVALUATION**

<b>TITLE (circle one):</b> Mr. / Mrs. / Miss / Rev. / Other:					<b>DATE:</b>												
<b>LAST NAME:</b>			<b>FIRST</b>			<b>MIDDLE</b>											
<b>PHONE: (Home): Area Code</b>			<b>Number</b>			<b>(Work): Area Code</b>			<b>Number</b>								
<b>ADDRESS:</b>					<b>CITY:</b>			<b>STATE:</b>		<b>ZIP:</b>							
<b>e-mail address:</b>																	
<b>HOW DID YOU HEAR OUR COLLEGE?: (circle one)</b> Magazine / Friend / Associate / Newspaper / Television / Radio / Direct Mail / Yellow Pages / Other:																	
<b>DATE OF BIRTH: (Month/Day/Year)</b>						<b>SEX: (Circle One)</b>			<b>Male</b>		<b>Female</b>						
<b>PLACE OF BIRTH: (City)</b>						<b>(State)</b>			<b>SOCIAL SECURITY NUMBER:</b>								
<b>U.S. CITIZEN?: (Circle One)</b>						<b>Yes</b>			<b>No</b>			<b>IF NOT, WHICH COUNTRY?:</b>					
<b>(OPTIONAL) RACE: (Circle One)</b>						<b>MARITAL STATUS:</b>						<b>Single</b>					
<b>White / Black / Hispanic / Asian / Other:</b>						<b>Married</b>						<b>Name Of Spouse:</b>					
<b>NEAREST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY: (Not Husband or Wife)</b>																	
<b>Name</b>						<b>Relationship</b>				<b>Phone Number</b>							
<b>ADDRESS:</b>					<b>CITY:</b>			<b>STATE:</b>		<b>ZIP:</b>							
<b>HEIGHT:</b>			<b>WEIGHT:</b>			<b>PLACE OF EMPLOYMENT:</b>											
<b>CHURCH BACKGROUND/DENOMINATION:</b>						<b>CHURCH ATTENDING/SERVING:</b>											
<b>PASTOR:</b>																	
<b>ADDRESS:</b>					<b>CITY:</b>			<b>STATE:</b>		<b>ZIP:</b>							
<b>EXPERIENCE</b>																	
<b>CURRENT STATUS IN MINISTRY:</b>																	
<b>Licensed</b>			<b>Ordained</b>			<b>Denomination/Organization:</b>											
<b>Pastor</b>			<b>Teacher</b>			<b>Evangelist</b>			<b>Missionary</b>			<b>Layman</b>					
<b>Other:</b>																	
<b>NUMBER OF YEARS IN MINISTRY:</b>			<b>AREAS OF INVOLVEMENT IN MINISTRY:</b>														
			<b>Pastorate</b>			<b>Teaching</b>			<b>Evangelism</b>			<b>Radio/TV</b>			<b>Other:</b>		

EDUCATION			
BEGINNING WITH HIGH SCHOOL/SECONDARY SCHOOL, LIST ALL EDUCATIONAL INSTITUTIONS ATTENDED:			
NAME OF SCHOOL	DATES	MAJOR	DIPLOMA OR DEGREE
ARE YOU A HIGH SCHOOL GRADUATE? _____ GED? _____ OTHER: _____			

**COURSE ENROLLMENT INFORMATION**

- ☐ Certificate of Christian Ministry Program
- ☐ Diploma of Christian Ministry Program
- ☐ Associate in Biblical Studies Degree Program
- ☐ Associate in Christian Ministry Program
- ☐ BA in Theology/Biblical Studies Degree Program
- ☐ BA in Christian Ministry Degree Program
- ☐ BA in Christian Counseling Degree Program
- ☐ MA in Theology/Biblical Studies Degree Program
- ☐ MA in Christian Ministry Degree Program
- ☐ MA in Christian Counseling Degree Program
- ☐ Doctor in Christian Ministry Degree Program
- ☐ Ph.D. in Theology/Biblical Studies Degree Program
- ☐ Dual Degree: BA in Christian Ministry/MA in Theology
- ☐ Dual Degree: MA in Theology/Biblical Studies/Doctor in Christian Ministry
- ☐ Academy of Apostles
- ☐ Academy of Prophets
- ☐ Academy of Evangelists
- ☐ Academy of Pastors & Teachers

**IMPORTANT START DATES:**

- Spring Semester: January 15
- Fall Semester: September 1

Preferred Start Date: (MM/DD/YYYY) \_\_\_\_\_

Enrollment Status – 100% Online Study

## TESTIMONY

(A brief testimony about your relationship with Jesus Christ and how it began.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Emergency Contact Information

- **Emergency Contact Name:**  
(First Name, Last Name) \_\_\_\_\_
- **Relationship to You:**  
(e.g., Parent, Spouse, Friend) \_\_\_\_\_
- **Emergency Contact Phone Number:**  
(Primary Contact Number) \_\_\_\_\_
- **Emergency Contact Email Address:**  
(Valid Email Address) \_\_\_\_\_

## Payment Information

### • Payment Option:

☐ Monthly Payment Plan   ☐ Upfront Payment Plan

### • How do you plan to pay the course fees?

☐ Credit/Debit Card   ☐ PayPal (email – [globalbiblecs2020@gmail.com](mailto:globalbiblecs2020@gmail.com))

☐ Check/Money Order (payable to Global Bible College and Seminary)

### • Would you like to be considered for any available discounts or scholarships if available?

☐ Yes   ☐ No   ☐ Please send me more information

## Agreement and Signature

By submitting this application, I understand that I am enrolling in courses at Global Bible College and Seminary for personal enrichment purposes only. I acknowledge that I will not receive a certificate or diploma for these courses. I also acknowledge that I opt-in to messaging. The opt-in information is stored in our customer management system. I agree to adhere to all group rules, policies, and procedures set forth by GBCS.

### DISCLOSURES - Acknowledgement SMS:

I acknowledge that I have opted in to messaging.

The opt-in information is stored in our customer management system.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Submit this completed application - Admin & Technology Fee (\$165) is required before the first class. \***

- **Online:** Upload the form and pay online at [www.globalbiblecollege.com/apply](http://www.globalbiblecollege.com/apply) OR
- **Mail:** Send the form and payment to:  
Global Bible College and Seminary  
2073 Palmetto Street, #482  
Middleburg, FL 32050 OR
- **Scan:** Email form to: [registrar@globalbiblecollege.com](mailto:registrar@globalbiblecollege.com) and go to [www.globalbiblecollege.com](http://www.globalbiblecollege.com) to pay online.

For questions or assistance, please get in touch with us at [support@globalbiblecollege.com](mailto:support@globalbiblecollege.com) or call [\(904\) 478-1206](tel:9044781206).

We look forward to supporting your educational journey!

