



Association of Independent Holiness Churches

APPLICATION FOR ADMISSION

Please complete every item on this form that applies to you, sign and date the application, and return it to the Office of Admission along with a recent photo. Failure to complete every item on this form relevant to your status may delay processing.

Personal Information

Citizenship (check one): U.S. citizen Resident immigrant Other (specify): _____

Name (please print): _____
First Middle/Maiden Last

Current Mailing Address: _____

Number & Street

Apartment No.

City State Zip Country (if not U.S.)

Home phone (area code + number)

E-mail address

Date of Birth(mm/dd/yyyy): _____ Gender (check one): Male Female

Ethnicity (check one): Asian or Pacific Islander Native American Hispanic Black, African-American White, Caucasian Other (specify): _____

Educational Plans

Please indicate the year you are planning to receive your Certificate of Ordination or License:

Year _____

Did you receive your Certificate of Completion in Biblical Studies from AIHC-SBS?

Yes No

Please indicate the year you graduated with your Certificate of Completion in Biblical Studies:

Year _____

Secondary Educational Information High School (name): _____

Location _____ Graduation Date: _____

Issuing Agency: _____ Date Received the GED: _____

Issuing Agency: _____

Post-Secondary Educational Information (list schools you have attended beyond high school)

Name Location Dates Attended Major Certificate/Degreed Earned

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Attach additional sheet if necessary. International Students: Please submit proof of passing the TOEFL test.

Employment & Financial Information

Are you employed? (check one) Yes, full-time Yes, part-time No, not employed

Name of Employer	Location	Phone	Your Occupation/Title
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How do you plan to finance your education at the AIHC School of Biblical Studies? (Check all that apply): Savings Parents Full/Part-time Work Sponsorship

Religious Information

Your denomination or religious tradition: _____

The local church that you attend or serve: _____

Location Pastor/Minister's Name

How do you serve in your local church? _____

Are you Licensed or Ordained (state which): _____ Date of Ordination: _____

Denomination/Church issuing above credentials: _____

To what form of Christian service do you want to devote your life?

Military History

Military status (check one): Veteran Member of Reserve group Branch of Service: _____

Dates of Military Service: _____ Type of discharge: _____

Marital Status

What is your marital status? (check one) Single Married Widowed Separated Divorced

Health/Medical Status

Are you currently under any form of medical or psychiatric care? (circle one) Yes No

If "Yes", please explain: _____

Emergency contact person:

Relation to You	Name	Address	Phone #
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Reference Information

Pastor's Name	Address (number & street)	City	State	Zip	Country	Telephone
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Other reference (not a relative) who has known you for at least a year:

Name	Address (number & street)	City	State	Zip	Country	Telephone
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I certify that the information provided in this application and other supporting documents is accurate and true. I further certify that giving false information or withholding information may make me ineligible for admission or to continue my enrollment.

Applicant's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY Date Received (mm/dd/yyyy): ____/____/____ Application Fee: ____

Full tuition : ____ References: ____ Bio/Personal statement: ____ Admission Decision:

Approved: ____ Denied ____ Date: ____ By: _____

Comments: _____
