

Elwood Bible Baptist Institute
Application for Admission
Ministry of Elwood Bible Baptist Church
Dr. Terry L. Coomer, Pastor
504 North 12th Street
P.O. Box 535
Elwood, IN 46036
765-552-1973
www.elwoodbiblebaptistchurch.com
tlcoomer@juno.com

PLEASE PRINT IN PEN OR TYPE ALL INFORMATION

Please attach a
small personal photo

Personal Information

Student Information _____
Last *First* *Initial*

Address _____

City/State/Zip _____

Phone number () _____ **S.S. #** _____

Birth date _____ **Age** _____

Current marital status:

(Include a note of explanation if the categories marked with an asterisk apply to you or your spouse)

____ Single ____ Engaged ____ Married ____ Widowed ____ Seperated* ____ Divorced* ____ Remarried*

Citizenship: ____ USA ____ Canada ____ Other _____

If not a USA citizen: Do you have a student visa? ____ Yes ____ No

Parent/Guardian Information:

Name(s) _____

Address _____ Phone number () _____

City/State/Zip _____

Educational Information:

High school attending or graduated from _____

City /State/Zip _____

Are you being home schooled? ____ Yes ____ No

Please list all post secondary schools you have attended:

If you have attended more than two schools, submit additional school information on a separate sheet.

College _____ Dates attended _____

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Have you been denied enrollment, suspended, or dismissed from any school? _____

If so please explain on a separate sheet.

Do you have any outstanding college debts? _____

Christian Life Information

Have you trusted Jesus Christ as your Saviour? _____ Yes _____ No When? _____

Briefly describe your salvation experience _____

Are you a faithful church member? _____ Yes _____ No

Church Name _____ Pastor _____

Church Address _____

City/State/Zip _____

Phone () _____ Email _____

Are your parents in full time Christian service? _____ Yes _____ No Position _____

If so please list

Name of ministry _____

Ministry address _____

City/State/Zip _____

Phone () _____ E-mail _____

Acceptance Agreement

I certify the information given on this application and all related application forms is complete and accurate. I understand that knowingly providing false information or failure to provide true information may result in dismissal from the Institute. I also understand that I am financially responsible for the payment of this account.

Applicant's signature _____ **Date** _____

Please include application fee payable to Elwood Bible Baptist Church.

Application Fee is: \$25.00 and is due with application

Mail this form and application fee to:

Elwood Bible Baptist Institute

Elwood Bible Baptist Church

P.O. Box 535

Elwood, IN 46036

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