

Application for Admission

Attach recent
photo here or
scan and attach

APPLICATION FEE: \$15

OFFICE USE ONLY

Date Rec'd _____

Ack. _____

Ref. _____

- Personal Profile
- Fee
- High School Transcript
- College Transcript(s)
- Minister's Reference
- Supervisor's Reference
- Personal Reference

Accepted _____

Status _____

Personal Information

Name _____ Male Female
Last First Middle (Maiden)

Address _____
Number & Street City State Zip County

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____ Age _____

Phone Numbers: Home: (____) ____-____ Work: (____) ____-____ Cell: (____) ____-____

Email Address: _____

Marital Status Single Married Separated Divorced Widowed Number of Children _____

If married, name of spouse _____
Last First Middle (Maiden)

Employer _____ Job Title _____

Of what country are you a citizen? _____ Race _____

Do you have a police record? Yes No (If yes, please attach a brief letter of explanation.)

How are you planning on attending classes? Check one: In Person Online

Academic Information

Preferred degree program _____ Anticipated date of enrollment _____

Student Status (choose one):

New Freshman Transfer Student

Graduate Student Audit (not for credit)

Date of High School graduation ____/____/____

or date GED passed ____/____/____

Name of High School _____

Address _____
Number & Street City State Zip

Certification

I certify the information provided on this application is true. I understand that if LBC finds my answers to be false or incomplete, LBC can terminate the application acceptance and/or my attendance at LBC.

Signature _____ Date _____

References

Please list the names and *complete* mailing addresses of people who know you well and would be willing to fill out a personal reference questionnaire for you. Please note that these references must not be related to you.

1. Minister who knows you personally (or another church leader if the minister is related to you).

Name _____ Phone Number (____) ____ - _____

Address _____
Number & Street City State Zip

2. Teacher or employer under whose supervision you have worked.

Name _____ Phone Number (____) ____ - _____

Address _____
Number & Street City State Zip

3. Elder, Christian mentor, or friend.

Name _____ Phone Number (____) ____ - _____

Address _____
Number & Street City State Zip

In order for your references to comment freely, do you waive the right to review their comments? Yes No

Applicant's Signature: _____ Date _____

Name _____
(please print)

**Please return the completed application,
non-refundable application fee, and a recent photo of yourself to:**

**Admissions Office
Louisville Bible College
PO Box 91046
Louisville, KY 40291**