



BIBLICAL LIFE SCHOOL OF MINISTRY, INC.
P.O. Box 44380
Indianapolis, Indiana 46244

APPLICATION FOR ADMISSION

NOTE: This application is for ADMISSION only. DO NOT use this application for Church affiliation. Complete the entire application using NA to those questions not applicable to you. Include any other supporting documents. Mail all papers along with the appropriate admission dues to the HIP general office as listed above.

- TYPE OR PRINT ALL INFORMATION LEGIBLY -

1. Date of this application: ____/____/____
2. Student Name: _____
3. Physical Address: _____
City _____ ST _____ Zip _____
4. Mailing Address if different from above: _____
City _____ ST _____ Zip _____
5. Emergency Contact: _____
6. Relationship to Student: _____
7. How did you learn of BLSM? _____

ACCOUNTABILITY

8. Are you a member in good standing with your local assembly (Church or ministry) Yes____ No____
9. Church Name: _____
Address: _____
Pastor's Name: _____

EDUCATION

List your previous academic record (Provide photocopies of diploma, certificates or degrees)

10. Ministry References:

NAME: _____ Telephone _____

NAME: _____ Telephone _____

NAME: _____ Telephone _____

Mail all associated fees & required documents along with the Application:

P.O. Box 44380

Indianapolis, Indiana 46244

To the Admissions Department: I hereby agree to abide by all the guidelines of BLSM. By affixing my signature to this form I confirm that all information is true and correct to the best of my knowledge and I hereby request affiliation with BLSM.

Signature _____ Date _____

OFFICE USE ONLY:

Date Rec'd ___/___/___ Dues Rec'd \$ _____ Ck # _____ App Notarized? _____

Date Approved: ___/___/___ Declined ___/___/___ Data Entry ___/___/___ Date Cert mailed ___/___/___

Comments: