**Foundation Institute**

**Center for Biblical Education**

**P.O. Box 3490, McKinney, TX 75070-8189**

**(972) 521-7777**

The Mission of Foundation Institute Center for Biblical Education is to teach the doctrines of the Holy Bible and the Fundamental Beliefs of the Church of God, a Worldwide Association, and to impart understanding of God’s Word and how to apply the Scripture in order to live righteously and develop godly character.

**Application for Admission**

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| **Name** | **Birth Date** |
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| **Address** | **Sex** |
|       | [ ]  Male [ ]  Female |
| **City** | **State** | **Postal Code** | **Country** |
|       |    |       |       |
| **Marital Status** |
|  [ ]  Single [ ]  Married [ ]  Divorced [ ]  Widow/Widower |
| **Home Phone** | **Cell Phone** | **Work Phone** |
|       |       |       |
| **Preferred E-mail (Please Print)** | **Alternate E-Mail (If available)** |
|       |       |

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| **Highest Level of Schooling Completed:**Please attach a recent photo of yourself here. |
| **Name of School or Institution** | **Diploma/Degree Completed** |
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[ ]  High School Diploma or Equivalent

[ ]  Some University Credits

[ ]  University Degree

[ ]  Graduate Degree

If available, please attach a copy of your

academic transcript. (An official transcript

is NOT necessary.)

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| **References – Pastor, Camp Director, etc.** |
| **Name:** | **Relationship to you:** | **Phone Number:** |
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| **Do you have a background in the Church of God? If so, please describe.** |
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| **Have you attended and/or served as staff at a Church youth camp? If so, in what capacities?** |
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| **How do you plan to meet your financial needs while attending Foundation Institute Center for Biblical Education?** |
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| **Are you in good health? Do you have any physical conditions that could limit your ability to fully participate in the program? Are you covered by a valid health insurance policy?** |
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| **Do you have any special training, skills or talents – e.g. music, graphic arts, computer skills?** |
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| **If you are accepted as a student, what are your plans after completing the program?** |
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| **Briefly explain why you wish to participate in this program at this time.** |
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*(Please continue on reverse side.)*

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| **Autobiography: Please give a brief autobiographical sketch, including any experiences that have shaped your character.** |
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I understand that my enrollment in the Foundation Institute Center for Biblical Education will not be complete, even if I am otherwise accepted into the program, until I pay my tuition of $1500 before I attend any classes.

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|  |  |       |
| Your Signature |  | Date |

Please return the completed application to: **Foundation Institute**

**Center for Biblical Education**

**P.O. Box 3490**

**McKinney, TX 75070-8189**

Foundation Institute Center for Biblical Education is not accredited by the Southern Association of Colleges and Schools and is not recognized by the Texas Higher Education Coordinating Board, the U.S. Dept. of Education, or any other state, agency or accrediting body as a licensed degree-granting institution.