

United American Free Will Baptist Bible College

A Member of the Mount Carmel Education Management Group, Inc.

PO Box 532, Havelock, North Carolina 28532

Application for Enrollment

(252) 259-0202 (252) 444-4681 fax

<http://www.uafwbiblecollege.net>

Please type or print. It is important to complete all information.

Professionalism, neatness and accurateness in completing your application package is important

Submission Options:

Postal Mail: P.O. Box 532, Havelock, North Carolina 28532

Email: rise_2@hotmail.com

Fax: (252) 444-4681

PART I: Personal

1. Last Name _____ First Name _____ Middle _____
2. Address _____ (or) P.O. Box _____
3. City _____ State _____ (Country) _____ Postal Code _____
4. Home phone _____ Office _____ E-Mail _____
5. Date of Birth (mm/dd/yy) ____ / ____ / ____ SSN/SIN ____ - ____ - ____ Sex ____
6. Church membership: _____
7. Pastor's Name _____ Phone _____
8. Pastor's Address _____ P.O. Box _____
9. City _____ State _____ (Country) _____ Postal Code _____

PART II: Credits

1. Total years of Christian Service ____ Type(s) of Service _____
2. Total years of allied military service ____ Details _____
3. Total classroom hours in attendance of Christian workshops and seminars ____

	Name of Seminar or Workshop	Date	Location	Completed	Yes	No
1						
2						
3						
4						

PART III: Education

Check all that apply: High School Diploma ____ GED ____ College Degree ____

List *all* colleges, universities, schools, and seminars attended. Include workshops, certificate courses, and other significant formal training. Attach legible copies of diplomas, certificates, transcripts or other verifiable documentation of training. Evaluation for credit will be made by the information you supply.

(Attach additional sheets if needed)

School or College Attended	Location	Dates	Degree/Certificate
1.			
2.			
3.			
4.			

PART IV: Application Checklist

1.	I have attached a written account of my salvation experience.
2.	I have enclosed a current photograph of myself.
3.	I have attached a resume (history) of my life, work, and ministry experience.
4.	<p>I wish to enroll in the following checked program (check one) See the catalog for prerequisites.</p> <p> <input type="checkbox"/> Class Audit <input type="checkbox"/> Biblical Studies Certificate <input type="checkbox"/> Christian Worker's Certificate <input type="checkbox"/> Pastoral Certificate <input type="checkbox"/> *Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree </p> <p>* If you plan to enter a higher degree, an Associate Degree is not required.</p>
5.	<p>I plan to major in (check one):</p> <p> <input type="checkbox"/> Biblical Studies <input type="checkbox"/> Christian Counseling & Psychology <input type="checkbox"/> Divinity (Master only) <input type="checkbox"/> Ministry <input type="checkbox"/> Theology </p>

PART V: Payment Information

1.	I have enclosed US\$_____ (Minimum of \$450.00 unless pre-approved) for the first month's tuition payment PLUS \$50.00 non refundable application fee. (Total \$500.00)
2.	I have chosen to pay my tuition in full and enclosed \$_____ tuition.
3.	<p>I would like to charge my payment option above to my <input type="checkbox"/> Master Card <input type="checkbox"/> Visa</p> <p>(Credit card # _____ Expiration date _____)</p>

This application must be completed and signed before it will be processed. If you have questions about the application process, please call or email.

Signature of applicant

Date signed

Signature of applicant's parent or legal guardian (if applicant is under age 18)

Other Information

- How did you find out about United American Free Will Baptist Bible College? _____
- Why did you choose United American Free Will Baptist Bible College? _____
- Would you like information on how to start classes at your church?** _____
- Suggestions or comments: _____