

# FREDERICKSBURG BIBLE INSTITUTE AND SEMINARY

Campus Location: 4430 Lee Hill School Drive, Fredericksburg, VA 22408

Mailing Address: P.O. Box 507, Fredericksburg, VA 22404

Telephone: (540) 898-5077

DATE \_\_\_\_\_

## NEW STUDENT APPLICATION

### I. PERSONAL INFORMATION: (Please print neatly in ink or type. All information must be accurate and complete.)

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NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)  
(NAME MUST BE THE SAME AS APPEARS ON YOUR SOCIAL SECURITY CARD)

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM HOME ADDRESS)

E-MAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_  
(MUST BE SAME AS ON SOCIAL SECURITY CARD)

TELEPHONE NUMBER: \_\_\_\_\_  
(HOME) (WORK AND WORK EXT.)

EMERGENCY CONTACT PERSON & TELEPHONE NUMBER \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ M/F \_\_\_\_\_  
(MALE OR FEMALE)

MARITAL STATUS:  
SINGLE \_\_\_\_\_ SEPARATED \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CHURCH YOU ATTEND: \_\_\_\_\_

DENOMINATION: \_\_\_\_\_

### II. ACADEMIC INFORMATION:

BEGINNING WITH THE MOST RECENT, LIST ALL SCHOOLS YOU HAVE ATTENDED, INCLUDING HIGH SCHOOLS, COLLEGES, AND UNIVERSITIES. **IT IS YOUR RESPONSIBILITY TO PROVIDE OUR ADMISSIONS OFFICE WITH ONE COPY OF EACH OF YOUR OFFICIAL TRANSCRIPTS FOR OUR RECORDS.**

NAME OF SCHOOL	CITY AND STATE	YEAR(S) ATTENDED	DIPLOMA OR DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**III. ENROLLMENT INFORMATION:**

1. HOW DID YOU LEARN ABOUT THE FREDERICKSBURG BIBLE INSTITUTE? \_\_\_\_\_  
\_\_\_\_\_

2. WHAT IS YOUR PURPOSE FOR ENROLLING IN THE FREDERICKSBURG BIBLE INSTITUTE AND SEMINARY?  
\_\_\_\_\_  
\_\_\_\_\_

3. DO YOU HAVE ANY "LIFE EXPERIENCE" SUCH AS PASTOR, ASSOCIATE PASTOR, MUSIC DIRECTOR, OR YOUTH MINISTER THAT MAY BE USED FOR CREDIT? IF SO, PLEASE STATE WHICH AREA AND ATTACH A COPY OF THE "LIFE EXPERIENCE" FORM OBTAINED AT THE FRONT OFFICE, SIGNED BY YOUR PASTOR AND CHURCH CLERK.

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_

4. PROPOSED DATE OF ENROLLMENT AT THE FREDERICKSBURG BIBLE INSTITUTE: (CHECK ONE)

SPRING SEMESTER \_\_\_\_\_ SUMMER SEMESTER \_\_\_\_\_ FALL SEMESTER \_\_\_\_\_

5. PLEASE LIST ALL OF THE SUBJECTS YOU ANTICIPATE TAKING DURING THE SEMESTER YOU PLAN TO ATTEND. **YOU WILL HAVE THREE (3) WEEKS AT THE BEGINNING OF EACH SEMESTER TO ADD, CHANGE, OR DROP A SUBJECT.** IT IS VERY IMPORTANT THAT YOU NOTIFY THE ADMISSIONS OFFICE IF YOU ADD, CHANGE, OR DROP A SUBJECT; IT AFFECTS YOUR TUITION COST! AFTER THREE WEEKS YOU WILL BE LOCKED IN TO THE SUBJECTS YOU HAVE CHOSEN.

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
(4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

6. CORRESPONDENCE COURSES:

**IF YOU PLAN TO TAKE A CORRESPONDENCE COURSE PLEASE MAKE AN APPOINTMENT WITH THE ACADEMIC DEAN.** HE WILL ASSIST YOU IN PLANNING YOUR COURSES. YOU WILL HAVE A LIMITED AMOUNT OF TIME TO WORK ON A BOOK AND EACH MUST BE TURNED IN AT THE END OF THE ACADEMIC YEAR. YOU MUST PAY FOR THE BOOK BEFORE IT CAN BE ORDERED. CREDITS MUST BE PAID FOR WHEN THE BOOK IS TURNED IN FOR GRADING. A LIST OF BOOKS IS KEPT IN THE ACADEMIC DEANS OFFICE.

Fredericksburg Bible Institute & Seminary will accept students of any race, color or ethnic origin entitled to all the rights, privileges and activities made available to any students.

**Fredericksburg Bible Institute and Seminary  
Payment Agreement**

I \_\_\_\_\_ agree with the administrative policy of the  
Fredericksburg Bible Institute and Seminary.  
(Please print name clearly)

I will pay a one time **New Student Fee of \$10.00** and a **\$30.00 Registration Fee** due at the time I register at the beginning of each semester and understand that these are not reimbursable.

**NEW POLICIES (as of fall semester, 2008):**

I understand my full tuition is due at registration; however, if I choose not to pay this tuition in full by the end of the fourth class, my account will be charged a **service fee of \$20.00** which will be added to my account.

If I do not pay in full, my plan for paying the following amount \_\_\_\_\_ is as follows: \_\_\_\_\_  
( ) weekly ( ) every other week ( ) monthly so that I will have the entire balance cleared by the end of the 12<sup>th</sup> week of each semester.

I also understand that I will not receive credit for my semester work nor will I be able to reenroll for the next semester until I have cleared my balance.

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**WITNESS SIGNATURE**

\_\_\_\_\_  
**DATE AGREEMENT SIGNED**

.....  
**GENERAL INFORMATION:**

**ALL TEXTBOOKS AND CORRESPONDENCE BOOKS ARE CASH SALES. WE DO NOT ACCEPT ANY CREDIT CARDS AT THIS TIME. ALL TEXTBOOKS AND CORRESPONDENCE BOOKS MUST BE PAID FOR AT THE TIME OF PURCHASE. NO BOOKS WILL BE ORDERED OR GIVEN OUT UNLESS THEY ARE PAID FOR IN ADVANCE.**