



FAMILY LIFE INTERNATIONAL BIBLE INSTITUTE ADMISSIONS APPLICATION

Spring 2020
 Summer 2020
 Fall 2020
 email application: admissionsflibi@gmail.com

Submission Check List:

Fee: \$75.00

Transcripts

Personal Statement

3 Personal Reference Forms

Legal Name _____
Enter name exactly as it appears on official documents First/Given Middle(complete) Jr. etc.

Preferred name, of not first name (choose only one) _____ Former last name(s), if any _____

Birth Date _____ Female Male US Social Security Number _____ Denomination _____

Preferred Telephone Home Cell Home (____) _____ Cell (____) _____

E-mail Address _____ IM Address _____

Permanent home address _____
Number & Street Apartment #

City/Town County or Parish State/Province Country Zip/Postal Code

If different from above, please give your current mailing address for all admission correspondence
(from _____ to _____)
 (mm/dd/yyyy mm/dd/yyyy)

Current mailing address _____
Number & Street Apartment #

City/Town County or Parish State/Province Country Zip/Postal Code

ABOUT YOU

Church Affiliation: _____		Pastor/Leader's Name _____	
What is your role? _____			
1. Highest level of education <input type="checkbox"/> High School/GED Year Graduated _____ <input type="checkbox"/> Some College How many credits? _____ <input type="checkbox"/> Under Grad Year Graduated _____ <input type="checkbox"/> Graduate Year Graduated _____	List Name of Institution(s) Schools Attended _____ _____	Credits/Degree Earned _____ _____	Major/Minor Field of Study _____ _____
2. What degree/certificate are you seeking _____		_____	
3. Are you saved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. When were you saved? _____			
5. When did you receive your calling? _____		7. What are your life plans regarding your ministry? _____	
6. What is your calling? _____			

DEMOGRAPHICS

Citizenship Status: _____ Non-US Citizenship (<i>Years lived in the US?</i>) _____ Country of Residence _____ Birthplace: _____ Marital Status: _____	RACE ("check" those with which you identify) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown or not reported	ETHNICITY ("check" ONLY one with which you MOST CLOSELY identify) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown or not reported
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Please submit with your completed application your list of at least 3 References. Be sure to include their Name, Title, Email and phone number.