



How long have you been attending? \_\_\_\_\_

Have you accepted Jesus Christ as your personal Lord and Savior? Yes \_\_\_ No \_\_\_

If yes, how long have you been saved? \_\_\_\_\_

Do you have the baptism of the Holy Spirit with the evidence of speaking in other tongues? Yes \_\_\_\_\_ No \_\_\_\_\_.

Has your spouse accepted Christ as his/her personal savior? Yes \_\_\_\_\_ No \_\_\_\_\_

Does he/she have the baptism of the Holy Spirit with the evidence of speaking in other tongues? Yes \_\_\_\_\_ No \_\_\_\_\_.

**FAMILY INFORMATION**

Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Denomination Preference \_\_\_\_\_

Does your spouse approve of your attending FBIMA? Yes \_\_\_\_\_ No \_\_\_\_\_

If you marked "yes" please explain how often or how long ago since your last participation, and what your thoughts are on the subject.

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**CERTIFICATION OF GOOD HEALTH**

**Briefly state the general condition of your health.**

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**Have you had any major illnesses within the last 2 years?    Yes \_\_\_\_\_ No \_\_\_\_\_**  
**If yes, please explain \_\_\_\_\_**

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**Are you presently taking prescription drugs of any kind?    Yes \_\_\_\_\_ No \_\_\_\_\_**  
**If yes, please explain \_\_\_\_\_**

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**Do you have any physical handicaps, weaknesses or chronic diseases which could interfere with your performance at FBIMA?    Yes \_\_\_\_\_ No \_\_\_\_\_**

**In case of an emergency, who should we contact?**

**Name \_\_\_\_\_**  
**Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**  
**Home phone(\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_**  
**Relationship \_\_\_\_\_**

**MEDICAL CONSENT**

**I, the undersigned, do hereby state that on the date indicated, I do hereby grant full permission to FBIMA, or any related or consulting physician to render or give emergency medical aid, care or treatment that is deemed necessary. I also state that by granting such permission, I absolve Faith Builders International, Inc. and their staff members of any financial liability pertaining to such medical treatment of hospitalization.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**STATEMENT OF TRUTH**

**I understand that all items submitted are now property of Faith Builders International, Inc. as a part of the application process and will not be returned to me.**

**I hereby state that the information contained in this application is correct and true. If FBIMA is notified that any information contained herein is false, it will be grounds for my immediate denial or dismissal. I also understand that completion of this application in no way guarantees or implies acceptance and or enrollment as a student of FBIMA.**

**I understand that the following information contained on the Personal Recommendation Form and the Pastoral Recommendation Form is confidential. I understand that a criminal screening will be preformed on all applicants applying for Faith Builders International Ministerial Academy. I hereby waive my right to see the confidential information therein, and release information to become the property of Faith Builders International, Inc.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**All items pertaining to the application process should be mailed to:**

**Faith Builders International, Inc.  
FBIMA  
P.O. Box 452  
DeSoto, Ks 66018**