APPLICATION FOR ADMISSION 2018 - 2019

PERSONAL INFORMATION

Full Legal Name:	Last	First	MI.
Mailing Address:			
City		State	Zip
Phone:	()	Work: ()
Fax: ()	Cell: (_)
Ill applicants must be	e 18 years of age or old	ler to attend FBIMA.	
Data of Diuth.		Age:	Sex: M F
Marital Status: _	_SingleEngaged	MarriedSeparat owed Remarried	
Marital Status: _ _	_SingleEngaged	dMarriedSeparat	
Marital Status: _ _ How did you lear	_SingleEngaged _DivorcedWidd n about FBIMA?	dMarriedSeparat	ed
Marital Status: _ _ How did you lear	_SingleEngaged _DivorcedWidd n about FBIMA?	dMarriedSeparat owed Remarried	ed
Marital Status: _ How did you lear <u>SPIRITUAL INF</u>	_SingleEngaged _DivorcedWidd rn about FBIMA? 	dMarriedSeparat owed Remarried	ed
Marital Status: How did you lear <u>SPIRITUAL INF</u> Home Church	_SingleEngaged _DivorcedWidd n about FBIMA?	dMarriedSeparat owed Remarried	ed

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.

Please explain why you feel called into the ministry.

MINISTRY EXPERIENCE

Please list your ministry experience, starting with the most recent.

Ministry/Church Name, Address and Phone	From/To	Duties

List ministry skills, special talents and abilities you possess

CERTIFICATION OF GOOD HEALTH

Briefly state the general condition of your health.

Have you had any major illnesses within the last 2 years? If yes, please explain	
Are you presently taking prescription drugs of any kind? If yes, please explain	
Do you have any physical handicaps, weaknesses or chroninterfere with your performance at FBIMA? Yes	

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