

COLLEGE OF THE SCRIPTURES, PO BOX 18027, LOUISVILLE, KENTUCKY 40218

OFFICE OF THE DEAN

STUDENT APPLICATION FORM

(Type or Fill out in ink)

Name: _____ Phone: _____

Address: _____

Parent or Guardian: _____ Address: _____

1. Age: _____ Sex: _____ Date of Birth: _____

2. Completed grade school: _____ YES _____ NO

Number of years in high school: _____

Completed high school: _____ YES _____ NO Where? _____

3. I have gone to the following colleges: _____

4. I will need self help and have experience in the following: _____

5. Christian: _____ YES _____ NO (i.e., immersed believer).

6. My interest is to become a minister _____, teacher _____, church worker _____, or missionary _____ (check one).

7. Do you smoke? _____ Do you chew? _____ (You understand that we do not permit the use of tobacco on the premises.)

8. Please answer the following: It will be kept confidential. Are you married? _____ If married, have you been married before? _____ If divorced, on what grounds? _____

How many times have you been married? _____ How many former partners are now living? _____ (Correct answers may not hinder your admittance to the college. Incorrect answers would prove embarrassing.)

9. Give two people for character references: (Include full addresses) _____

10. Indicate if you plan to receive Veteran benefits: _____

I pledge to abide by the rules and regulations of the College of the Scriptures.

Signed: _____ Date: _____