

APOSTOLIC BIBLE INSTITUTE

APPLICATION FOR ENROLLMENT



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WWW.APOSTOLIC.ORG
6944 HUDSON BLVD N
ST. PAUL, MN 55128
651.739.8676

Application for Admissions

We are pleased that you are applying for admission to Apostolic Bible Institute!

Admission Procedure

- APPLICATION

Please type or neatly print application and medical history. Send the completed application with the \$35.00 non-refundable application fee to: Apostolic Bible Institute Admissions, 6944 Hudson Boulevard North, Saint Paul, MN 55128-7021.

- APOSTOLIC BIBLE INSTITUTE PERSONAL CONDUCT COVENANT

Please read and sign. A copy of this covenant will be returned to you upon admission to the Apostolic Bible Institute. This is required for acceptance of ALL applicants.

- HIGH SCHOOL TRANSCRIPT

Request an official transcript to be sent directly to the Admissions Office. A high school transcript request form is included in this application. GED students, request an official copy of your GED results and your high school records be sent directly to the Admissions Office.

- COLLEGE TRANSCRIPT (if applicable)

Request an official transcript from each institution you have attended to be sent directly to the Admissions Office. A college transcript request is included in this application. Transfer students: High school records and ACT or SAT scores must be provided if you have attended fewer than twelve semester hours at another college or university with a minimum cumulative 2.000 GPA. Only college transcripts on file at ABI before a class begins will be considered for transferring courses.

- PASTOR'S RECOMMENDATION

Please have your pastor complete the recommendation form and send it directly to the Admissions Office. This is a requirement for acceptance of ALL applicants. As a courtesy, attach a stamped envelope addressed to the Admissions Office.

Ordinarily two to three weeks after ALL application materials have arrived, the Admissions Office will notify you concerning your admission status.

ENROLLMENT INFORMATION

Anticipated date of entrance: Fall _____ Spring _____
Year Year
 Have you ever applied to Apostolic Bible Institute before? Yes No If yes, when? _____
 Are you enrolling as a: Freshman Transfer Student Re-admit student
 Intended major or program (see list below): _____

2 Year Program Associate in Theology/Christian Ministries Associate in Theology/Music
 4 Year Program Bachelor in Theology/Christian Ministries Bachelor in Theology/ Music
 Full-time Part-time
 Auditing Class: _____

PERSONAL INFORMATION

Name: _____
First Middle Last Preferred First Name

Home Address: _____
Number and Street City State Zip Code (Area Code) Phone Number

Address to which admissions information should be sent (notify promptly if changed): _____
Number and Street City State Zip Code (Area Code) Phone Number Date Effective Until

E-mail Address: _____ Work Cell Phone Number: _____

STATISTICAL REPORTING DATA: The information contained within the boxed area is used for institutional statistical reporting. None of these items are related to admissions qualification, nor do they impact acceptance to Apostolic Bible Institute.

Sex: M F Age: _____
 Social Security Number: _____ Birthdate: _____
 Marital status: Single Widowed Separated Divorced Married _____
 Ethnicity: Race and Ethnicity unknown Nonresident alien Hispanic of any race
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Two or more races
Spouse's Name

Denomination Affiliation: _____ Licensed Minister? Local General Ordained None
 Nation of Citizenship: _____ If not U.S.A., give temporary visa number: _____ Exp. Date: _____
 If a permanent resident of the United States, give Alien Registration Number: _____
 Date of Issuance: _____ Attach a Photocopy of Visa or both sides of permanent registration card.
 Military Service Yes No Dates: _____ to _____ Are you eligible for Veteran's Benefits? Yes No
 Are you currently a member of the Reserves or National Guard unit? Yes No

REFERENCES: List the name and contact information of requested references. Apostolic Bible Institute may contact these references as a standard part of the admissions qualification process. Please inform references of this possibility.

References	Name, Title and Address	Relationship	Years Known	Phone Number(s)
Faculty or Counselor				
Friend or Mentor				

EDUCATIONAL INFORMATION

Year of High School Graduation: _____ Type of School: Public Private Home School GED

Last High School Attended: _____
Name City State Zip Code

Have your ACT/SAT scores been sent to Apostolic Bible Institute? Yes No

Date test was/is to be taken: _____

List all colleges you have attended, are currently attending or plan to attend before enrolling at Apostolic Bible Institute.

Dates of Attendance	Name of College/University	City, State	Degree/Date Enrolled
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____

Were you ever on academic/disciplinary probation or dismissed from any educational institution? Yes No

Are any academic/disciplinary charges from any institution pending against you? Yes No If yes, explain:

AUTOBIOGRAPHICAL INFORMATION

In case of emergency we should contact: _____
Name Relationship

Number and Street City State Zip Code (Area Code) Phone Number

Home church: _____
Name Number and Street City State Zip Code

Pastor's Name Number and Street City State Zip Code (Area Code) Phone Number

Yes No Have you been Baptized in Jesus Name (Acts 2:38)? Date: _____

Yes No Have you received the Holy Ghost evidenced by speaking in tongues (Acts 2:4)?
Date: _____

Yes No Were you ever convicted of a crime other than a minor traffic or juvenile offence?
If yes, explain below.

Yes No Are there any criminal charges pending or expected to be brought against you? If yes, explain below.

Yes No Have you ever been dishonorably discharged from military service? If yes, explain below.

Yes No Have you ever received counseling for a chemical dependency or mental/emotional health condition?

Yes No Do you currently smoke?

Yes No Do you currently use non-medicinal drugs?

Yes No Do you currently drink alcoholic beverages?

Explanations: _____

MEDICAL HISTORY

Note: Our interest in your response to the questions on this health form is based on our desire to be of assistance to you. It will not affect the admission decision. The information is restricted to the use of the Apostolic Bible Institute and will not be released to anyone else without your consent.

Name: _____
First Middle Last

Home Address: _____
Number and Street City State Zip Code (Area Code) Phone Number

Name of Next of Kin: _____ Relationship: _____

Address of Next of Kin: _____
Number and Street City State Zip Code (Area Code) Phone Number

Next of Kin's Business Address: _____
Number and Street City State Zip Code (Area Code) Phone Number

Family History (Answer with "N/A" if a question is not applicable)

	Age	State of Health	Occupation	Age at Death	Cause of Death
Father					
Mother					
Brother(s)					
Sister(s)					

Have any of your Relatives ever had any of the following?

	Yes	No	Relationship (if 'yes')	Yes	No	Relationship (if 'yes')
Tuberculosis						Arthritis
Diabetes						Stomach Disease
Kidney Disease						Asthma, Hay fever
Heart Disease						Epilepsy, Convulsions

PERSONAL HISTORY

Please answer all questions. Following the questionnaire, space will be provided for your comments. Please comment on any positive responses.

Have you had:	Yes	No
Scarlet Fever		
German Measles		
Chicken Pox		
Gum or Tooth Troubles		
Sinusitis		
Ear, Nose, Throat Trouble		
Frequent Anxiety		
Worry or Nervousness		
Recurrent Colds		
Asthma, Hay fever		

Have you had:	Yes	No
Measles		
Mumps		
Malaria		
Hepatitis		
Eye Trouble		
Insomnia		
Frequent Depression		
Recurrent Headaches		
Head Injury with Unconsciousness		
Tuberculosis		

Have you had:	Yes	No
Shortness of Breath		
Chronic Cough		
High Blood Pressure		
Rheumatic Fever or Heart Murmur		
'Trick' Knee, Shoulder, Etc.		
Tumor, Cancer, Cysts		
Stomach, Intestinal Trouble		
Recurrent Diarrhea		
Dizziness, Fainting		
Venereal Diseases (STD's, AIDS, etc.)		
Frequent Urination		
Allergic Reactions (If yes, explain in detail below)		

Have you had:	Yes	No
Pain/Pressure in Chest		
Heart Palpitations		
Low Blood Pressure		
Disease or Injury of Joints		
Back Problems		
Jaundice		
Gallbladder trouble or Gall stones		
Recent abnormal gain/loss of weight		
Weakness, Paralysis		
Albumin/Sugar in Urine		
Goiter (thyroid trouble)		
Surgery (If yes, explain in detail below)		

Females Only

Irregular Periods		
Excessive Flow		
Abortion		

Severe Cramps		
Bleeding Between Periods		

Please answer the following:

- Has your physical activity been restricted during the past five years?
 Yes No (If yes, give reason and duration below)
- Have you had difficulty with school, studies, or teachers? Yes No (If yes, give details below)
- Have you received treatment or counseling for any emotional or physical problems?
 Yes No (If yes, give details below)
- Have you had any illness or injury or been hospitalized other than has already been noted?
 Yes No (If yes, give details below)
- Have you consulted or been treated by clinics, physicians or other practitioners within the past five years, other than routine checkups? Yes No (If yes, give details below)
- Do you have any other physical problems of which we should be aware?
 Yes No (If yes, explain below)
- What is your height? _____ feet ___ inches
- What is your weight? _____ pounds

Give Comments Below

Applicant's Signature: _____

Date: _____

PERSONAL CONDUCT COVENANT

If accepted as a student of Apostolic Bible Institute:

-I commit to conduct every aspect of my private and public life for the glory of God and the encouragement of God and others.

-I will, at all times, dress modestly as defined in the Apostolic Bible Institute General Policies and Procedures Handbook.

-I will be completely truthful.

-I will not use profanity.

-I will not cheat.

-I will not steal.

-I will maintain sexual purity.

-I will not view or read pornographic material.

-I will not attend movie theaters.

-I will not have a television or VCR in my dorm room.

-I will not watch DVD movies (including Playstation 2, computers, etc.) in my dorm room.

-I will not use tobacco in any form.

-I will not take illegal drugs or abuse prescription drugs.

-I will not have weapons (guns, swords, etc.) on campus.

-I will not gamble.

-I will not attend professional or collegiate sporting events.

-I will faithfully attend and participate in all church/college services and functions.

-I will faithfully support the local church with my tithes and offerings.

-I will attend classes daily.

-I will stay current with my financial obligations to Apostolic Bible Institute.

-I understand that if I fail to adhere to the terms of this covenant, I will be subject to dismissal from Apostolic Bible Institute.

STATEMENT OF COMMITMENT

All information is true, complete and accurate to the best of my knowledge. I have read the Personal Conduct Covenant and am willing to receive an education in accordance with these standards. I will be responsible for payment of my school account.

Signature of Applicant

Date

Parent/Guardian if under 18

Date

PASTOR RECOMMENDATION

To the applicant: Please complete this top portion and give this form to your pastor with a stamped envelope addressed to: Admissions, Apostolic Bible Institute, 6944 Hudson Boulevard North, St. Paul, Minnesota 55128-7021. If your parent is the pastor, please select someone in a position of authority in your church. If someone other than your pastor completes this form, please explain here:

Applicant's Name: _____
First Middle Last Preferred First Name

Address: _____
Number and Street City State Zip Code

I hereby request that the following reference be submitted to Apostolic Bible Institute.

- I waive my right to review this recommendation when completed and understand it will remain confidential.
- I do not waive my right to review this recommendation.

Signature: _____ Date: _____

To the Pastor: The person named above is applying to Apostolic Bible Institute and has requested your recommendation. The Institute is an Apostolic, Christ-centered institution committed to educating and training leaders according to Christian principles. Your thoughtful and candid responses will assist us in our admissions evaluation. **Please keep in mind that the applicant's file will not be reviewed until this form is received.**

How long have you known the applicant? _____

- How well do you know the applicant?
- Just by name and sight.
 - Casually, few personal contacts.
 - Fairly well, numerous personal contacts.
 - Very well, close pastoral/parishioner relationship.

Has the applicant been baptized in Jesus' Name? Yes No
 Has the applicant received the baptism of the Holy Ghost? Yes No

- Please rate the applicant's involvement in your church:
- Very irregular attendance, shows little interest.
 - Seldom participates, but regularly attends.
 - Is cooperative and usually willing to help.
 - Enthusiastically involved.

Please rate the applicant:	Excellent	Above Average	Average	Below Average	Unknown
Integrity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty, moral character					
Maturity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal development, ability to cope					
Personal Appearance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness, grooming					
Interpersonal Relationships:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation, attitude toward others					
Spiritual Commitment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genuineness, depth					
Work Habits:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative, motivation, resourcefulness					

Please rate the applicant:	Excellent	Above Average	Average	Below Average	Unknown
Emotional Stability: Mood stability, reaction to stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathy: Sensitivity to the needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership: Competence, self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Responsibility: Ability to handle finances, budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In light of the Apostolic Bible Institute's commitment to be an Apostolic, Christ-centered institution, please evaluate how you feel the applicant would function and relate to the community.

What do you perceive to be the applicant's strengths and special abilities?

Do you see any areas where the applicant might need special attention?

Additional Comments:

Recommendation for study at Apostolic Bible Institute: I highly recommend
 I recommend
 I recommend with reservations
 I do not recommend

Recommender's Signature: _____ Date: _____
Recommender's Title: _____ Name: _____
Church: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____

Please note, **NO ACTION CAN BE TAKEN ON THIS STUDENT'S APPLICATION UNTIL THIS SIGNED FORM IS RETURNED.** Thank you for taking the time to complete and return this recommendation. Your thoughtfulness in its preparation is appreciated.

I would like to speak with someone regarding this applicant: Yes No Call me if you wish.
I would like a packet of ABI literature to be sent to the church for the youth group: Yes No
I would like an admissions counselor or ABI representative to speak to our youth group: Yes No



HIGH SCHOOL TRANSCRIPT REQUEST FORM

Apostolic Bible Institute
6944 Hudson Blvd North
Saint Paul, MN 55128-7021
(651) 739-7686 Fax (651) 730-8669

Applicant: Please provide the information requested below. Send or take this form with any appropriate fees to your high school guidance office immediately so that a transcript will be sent DIRECTLY to Apostolic Bible Institute.

Applicant's Last Name: _____ First: _____ Middle: _____
Maiden Name: _____ Date of Birth: _____ Social Security #: _____
Address: _____
Name of High School: _____ Year of Graduation: _____

Please send a copy of the following to Apostolic Bible Institute at the address above:

1. My current high school transcript (if currently enrolled).
2. My ACT and/or SAT scores.
3. My final high school transcript including date of graduation and any other material.

I hereby authorize the release of my academic records and related material to Apostolic Bible Institute.

Signature: _____ Date: _____



COLLEGE TRANSCRIPT REQUEST FORM

Apostolic Bible Institute
6944 Hudson Blvd North
Saint Paul, MN 55128-7021
(651) 739-7686 Fax (651) 730-8669

Applicant: Please provide the information requested below. Send or take this form with any appropriate fees to your College registrar's office immediately so that a transcript will be sent DIRECTLY to Apostolic Bible Institute.

Applicant's Last Name: _____ First: _____ Middle: _____
Maiden Name: _____ Date of Birth: _____ Social Security #: _____
Address: _____
Name of College: _____ Year of Graduation: _____

Please send a copy of the following to Apostolic Bible Institute at the address above:

1. My current College transcript (if currently enrolled).
2. My CLEP Tests Results.
3. My final College transcript including date of graduation and any other material.

I hereby authorize the release of my academic records and related material to Apostolic Bible Institute.

Signature: _____ Date: _____

If you have attended more than one college or university, photocopy this form for use by additional institutions.

