

## Free Gospel Bible Institute

Preparing Men and Women for Pentecostal Ministry Since 1958

## Official International Application

Name				
First	Middle	Family Name (	Surname)	
Address				
RD # PO E	Box and/or Street Number & f	Name, Apt #		
City	State	Zip Code		<del></del>
Age Male	Female	Birth Date_ N	/ Month Day	/_ Year
City of Birth	Email Address			
Country of Birth	Country of Citizenshi	p l	<sup>2</sup> hone()	
Father's Name	Christian	YesNo		
Mother's Name	Christian	YesNo		
Marital Status:Single	Widow/WidowerS	eparatedEnga	ıged	How Long?
Is fiancee a Christian?Yes	sNo Intended Wed	ding Date		
Married? How Long?	Number of C	hildren		
If accepted as a student, what pro	ovision have you made for the	eir support?		
Have you ever been divorced	_YesNo Has your s	oouse ever been divord	:ed?Yes_	No
If yes, please explain			<del>-</del>	
Church Affiliation: Of what church	ch are you a member?			
Are you in agreement with the Doo	ctrinal Basis of Free Gospel E	Bible Institute?Yes	No	
When were you converted?	Have you back	slidden since?Ye	sNo	
If so, when were you reclaimed?_	Are you calle	d of God for Christian	service?Y	esNo

Do you feel that God is leading you to attend Free Gospel Bible Institute?YesNo
Have you received the Baptism of the Holy Ghost according to Acts 2 - 4?YesNo
If not, are you earnestly seeking this?YesNo
What leads you to believe you have a call?
Musical Abilities: Do you sing?YesNo
List any instruments that you play
Special Skills: Please list any special skills that you have (computer, carpentry, mechanics, electrical, building, etc)
Ministry Experience: List any ministries in which you have been involved and the duration
Previous Education: Are you a high school graduate?YesNo Date:
If not, last grade completed
If you have attended any other schools/institutes/colleges, please submit a copy of your transcript to fgbiacademicdean@gmail.com
Military Service: Have you been in any military service?YesNo If yes, what branch?
How long? Date honorably discharged
Health: What is the general condition of your health?
Do you have any problems that might interfere with you studies or duties here as a student?YesNo
If so, please explain:
Employment: Are you employed at present?YesNo If yes, where?
Have you any means of contributing regularly towards the expense of FGBI?YesNo
Commitment: Will you commit yourself to complete the 3 year course required for graduation?YesNo
Will you cheerfully abide by any circumstances that may arise?YesNo
Will you obey all rules and regulations and those in authority of FGBI?YesNo
Are you in harmony with the principles that FGBI maintains?YesNo
How did you hear of FGBI?

Name	Name
Address	Address
City	City
State Zip	State Zip
Phone:()	Phone:()
Email	Email
PASTOR:	
Name	
Address	
City	
State Zip	
Phone:()	
Email	
Which term are you applying for? Fall (August)S	pring (January) of(School Year

PLEASE GIVE 2 CHARACTER REFERENCES THAT ARE NOT RELATIVES OR PEERS:

## \*\*\*IMPORTANT\*\*\*

Date:\_\_\_\_\_

Signature:\_\_\_\_\_

A \$150.00 non-refundable application fee is required to be submitted with this form.

This can be submitted under the "giving" tab at fgbi.org

Please submit this application along with a recent photograph of yourself to fgbiregistrar@gmail.com