



Return this application to:

Faith Bible College International
29 Main Road
Charleston, ME 04422

APPLICATION FOR ADMISSION

NOTE: In order to submit your application to Faith we must have all three of your references, a photo of yourself, and your \$35 non-refundable application fee.

Print or type all information

APPLICATION INFORMATION

Classification: Desired enrollment semester/year, desired status, and housing plans

- Checkboxes for Fall 20, Spring 20, Full-time on-campus, Full-time off-campus, Part-time off-campus

PERSONAL INFORMATION

Name Last - Surname First - Given Middle Maiden (if applicable)

Home Phone Cell Phone Work Phone

E-mail Address

Date of Birth MM DD YY Male Female Social Security Number

Present Address Permanent Address

City, State, Zip Country of Citizenship Country of Birth

US Immigration Status Resident Alien Refugee M1 R1 B1 F1 Other
You must submit a copy of your proof of status.

Check one: Single Married

Spouse's name Will your spouse/family come with you? Yes No

Are you a U.S. Veteran? Yes No

If yes, are you eligible for Veteran's educational benefits? Yes No

Date of your conversion

Please give, in brief detail, your conversion experience:

Blank lines for conversion experience details

Are you in agreement with the beliefs and doctrines of *Faith* as found in the catalog? Yes No

Have you ever been arrested, placed under court probation, or sentenced for any reason? Yes No

If yes, when: _____ *Please attach a letter of explanation and a copy of your police record.*

FAMILY INFORMATION

The information below is for: Parent(s) Guardian(s) None, I'm single and independent

_____	_____
<i>Father or Guardian</i>	<i>Mother or Guardian</i>
_____	_____
<i>Address</i>	<i>Address</i>
_____	_____
<i>City, State, Zip</i>	<i>City, State, Zip</i>
_____	_____
<i>Country (if not U.S.)</i>	<i>Country (if not U.S.)</i>
(____) _____	(____) _____
<i>Home Phone</i>	<i>Home Phone</i>
_____	_____
<i>Occupation</i>	<i>Occupation</i>
(____) _____	(____) _____
<i>Work Phone</i>	<i>Work Phone</i>

Is he a *Faith* alumnus? Yes No

Is she a *Faith* alumna? Yes No

SCHOLASTIC INFORMATION

State the last year of high school that you successfully completed:

Below 9th 9th 10th 11th 12th GED

Year/expected year of graduation _____ *Please send a photocopy of your diploma or GED, if applicable.*

Please list below the name and address of the high school you are currently attending or graduated from:

School Name _____

Address _____ Telephone (____) _____

City _____ *State* _____ *Zip* _____

List any honors, awards, and/or recognitions you received during high school and indicate the grade/year in which they were received.

Have you ever been dismissed, suspended, or asked to withdraw from any school? Yes No

If yes, please explain the reasons and circumstances on a separate sheet of paper.

REFERENCE INFORMATION

You are required to furnish three references other than family members: (1) Your pastor (or church leader if your parent is your pastor); (2) Most recent employer or educator (or church leader if unemployed and have been out of school over five years); (3) Christian friend, who knows you very well.

PASTOR REFERENCE

Name _____ Position _____
(_____) _____
Home or Cell Phone _____
(_____) _____
Work Phone _____

Email _____

EMPLOYER or EDUCATOR REFERENCE

Name _____ Position _____
(_____) _____
Home or Cell Phone _____
(_____) _____
Work Phone _____

Email _____

CHRISTIAN FRIEND REFERENCE

Name _____
(_____) _____
Home or Cell Phone _____
(_____) _____
Work Phone _____

Email _____

PLEASE BE SURE TO REVIEW ALL AREAS OF THE APPLICATION THAT APPLY AND COMPLETE THEM BEFORE MAILING, ALONG WITH YOUR NON-REFUNDABLE \$35.00 APPLICATION FEE AND A PHOTO OF YOURSELF. Thank you.

I certify that my answers to all questions in the application process are complete and accurate. I grant permission for a background check to be conducted, specifically concerning the areas of violent crime and sex offenders, if deemed necessary by the application review committee. If accepted, I agree to consider myself under the authority of the administration of *Faith*, and agree to submit any further documentation required by the school, such as, but not limited to, medical or psychological examination certificates, and immunization records.

Signature

Date