



# APPLICATION FOR ADMISSION

Full Name (First, Middle, Last)

Today's Date (MM-DD-YYYY)

Email Address

Phone Number

Address

City

State

Zip Code

Country

Date of Birth

Country of Citizenship

Marital Status

If married: name of spouse

Is your spouse in agreement with this application and your training?

Number and ages of children

How did you learn about Clarkston Bible Institute?

What do you expect to gain from this experience?

## Medical Information

How would you describe your general physical health?

Do you have any diseases, physical disabilities or infirmities which would hinder your training and learning?

If Yes, Please Explain

Have you ever had any emotional or psychological problems?

If Yes, Please Explain

## Educational Background

What is the Highest Education Level that you have obtained?

Name and location of School.

## Church or Denominational Membership

Of what church are you a member?

What is your church address?

Name of church pastor:

Church/Pastor contact information.

Do you have an official responsibility in this church? If so, please explain?

## Financial Information

How do you intend to financially support yourself and/or family while you are in training?

Briefly describe your spiritual pilgrimage including significant factors in your growth as a Christian, and your personal devotional life:

## Vocational/Ministry Plans

Why do you desire to attend this one year residency and how do you intend to specifically use the training you receive in serving Christ and His church?

## Christian Experience

Briefly describe your spiritual pilgrimage including significant factors in your growth as a Christian, and your personal devotional life:

In what church and/or ministry activities are you now involved?

Are you ordained or licensed as a pastor? If so, by whom?

## Personal Beliefs and Qualifications

Are you substantially in agreement with the Clarkston Bible Institute Statement of Faith?

Please list any specific areas of disagreement with the Statement of Faith.

## References

Please list at least two (2) professionals or personal friends who could recommend you. One must be your pastor.

Name:

Postion/Title:

Email Address:

Phone Number:

Address:

Name:

Postion/Title:

Email Address:

Phone Number:

Address:

Name:

Postion/Title:

Email Address:

Phone Number:

Address:

## ACKNOWLEDGMENT

I hereby certify that the information on this application is true and correct to the best of my knowledge and belief. I further acknowledge my substantial agreement with the Statement of Faith and agree to obey all rules and regulations of the residency if accepted.

I understand that this application will be reviewed by an application committee, that I will be contacted for a personal interview, and the references I have listed will be contacted.

If accepted, I understand that I may be dismissed at the discretion of those responsible for my training at anytime for academic or other reasons where it is determined that my continued participation is not wise for me and/or those sponsoring or conducting the residency.

*Name*

*Signature*

*Date*



## STUDENT REFERENCE FORM

*(Applicant's name)*

has applied for One Year **Multi-Cultural Residency Experience** and has given your name as a reference.

Please answer the following questions honestly and accurately, sign and date this form, and return this confidential form in the included self-addressed, stamped envelope. Thank you very much for your kind assistance.

How long have you personally known this applicant?

In what ways does the applicant show signs of spiritual maturity?

How do you think he/she would benefit from this program?

How would you describe his/her ministry skills, experience and spiritual gifts?

Do you know of any reason why he is not biblically or personally qualified to be a pastor or church leader?

Can you recommend this applicant without any conditions?

Signed

Address

Date

Address

Phone Number

Email Address