

**SALVATION & CHRISTIAN SERVICE TESTIMONY (Cont.)**

SALVATION EXPERIENCE (continued):

CHRISTIAN SERVICE EXPERIENCE TO DATE & PLANS:

Do you or have you used narcotic drugs or alcohol in the past year?  
 Yes  No. If so, please explain on separate paper.

Have you been indicted or convicted of any crime in the past year?  
 Yes  No. If so, please explain on separate paper.



Attach Small Photo Here

(Passport Photo)

*Ark Baptist College*  
*Student Application*

Committing the "Faith-Full Word" to "Faithful Men"  
in Association with Berean International Bible Institute  
P.O. Box 895, Chambersburg, PA 17201-0895

Mail with \$25 Application Fee to: Ark Baptist College of BMFP, Inc., 307 Anastasia Blvd., St. Augustine, FL 32080.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  Male  Female  
Last Name First Name Middle

Nickname: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_

Mail. Addr.: \_\_\_\_\_  
Street/Box City State Zipcode

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Home Work

Place of Birth: \_\_\_\_\_ U.S. Citizen?  Y  N  
City County Country

Marital Status:  Single  Married  Other \_\_\_\_\_

**ENROLLMENT INFORMATION**

Desired Program of Study:  Basic Cert.  Intern. Cert.  Adv. Cert.  
 Intro. Dipl.  Assoc. Dipl.  Grad. of Theol. Dipl.  Bach. Dipl.

Desired Proficiency Area:  Bibl. Couns.  Chr. Educ.  Lay Min.  
 Missions  Pastoral Studies  Concentrated Biblical Studies

Other Area of Interest? \_\_\_\_\_

Post-Secondary Experience:  H.S. Grad.? If Not, Level? \_\_\_\_\_  
 No Post-Sec. Exp.  Transfer  Return  Other: \_\_\_\_\_

Expected Enrollment:  Full Time  Part Time Starting? \_\_\_\_\_

How did you hear about ABC? \_\_\_\_\_

Where do you attend church? \_\_\_\_\_

How often do you attend?  Regularly  Often  Occasionally  Never

**ACADEMIC INFORMATION**

SECONDARY SCHOOL TRAINING:

High School: \_\_\_\_\_  
Name Phone

Address: \_\_\_\_\_  
Street City State Zipcode

Type of School:  Public  Private  Christian  Home School

Graduation Date or Expected Graduation Date (Month/Year): \_\_\_\_\_

Class Rank: \_\_\_\_\_ out of \_\_\_\_\_ Estimated GPA: \_\_\_\_\_

POST-SECONDARY TRAINING:

Are you currently enrolled in a post-secondary program?  Yes  No

List the names & addresses of ALL post-secondary institutions you have attended (All transcripts should be sent to 307 Anastasia Blvd. St. Augustine, FL. 32080):

School: \_\_\_\_\_ Fm.: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name Mo. Yr. Mo. Yr.

Address: \_\_\_\_\_  
Street City State Zipcode Phone

School: \_\_\_\_\_ Fm.: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name Mo. Yr. Mo. Yr.

Address: \_\_\_\_\_  
Street City State Zipcode Phone

School: \_\_\_\_\_ Fm.: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name Mo. Yr. Mo. Yr.

Address: \_\_\_\_\_  
Street City State Zipcode Phone

School: \_\_\_\_\_ Fm.: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name Mo. Yr. Mo. Yr.

Address: \_\_\_\_\_  
Street City State Zip Code Phone

\*\*If you have taken no college courses, please request ALL High School transcripts be sent.\*\*

**RECOMMENDATIONS & REFERENCES**

PASTORAL REFERENCE (If relative, use Assoc., Asst. or Youth Pastor):

Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_  
Street City State Zipcode

OTHER REFERENCES :

Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_  
Street City State Zipcode

Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_  
Street City State Zipcode

SALVATION EXPERIENCE—Please share your testimony of salvation, including how you know you are on your way to heaven. (Use back if necessary)

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