



# Deeper Life Bible Institute

P.O. Box 286592  
Chicago, IL 60628

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## Application For Admission

<u>FOR OFFICE USE</u>	License/Ordination/Certification:	Approval
<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	Payment:
<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 4	PROJECTED GRADUATION DATE:

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

Student # \_\_\_\_\_

<b>GENERAL</b>	Name <b>Last</b> <span style="margin-left: 150px;"><b>First</b></span> <span style="margin-left: 100px;"><b>Middle</b></span>
	Mailing Address <b>Street</b> <span style="margin-left: 150px;"><b>City</b></span> <span style="margin-left: 50px;"><b>ST</b></span> <span style="margin-left: 50px;"><b>Zip</b></span>
	Home Phone <span style="margin-left: 150px;">Email</span>
	Other Numbers
<b>PERSONAL</b>	Date of Birth: <span style="margin-left: 100px;">Social Security#</span> <span style="margin-left: 100px;">Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</span>
	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
	If married – Name of Spouse:
	Does your spouse plan to take classes?
<b>SPIRITUAL</b>	Have you trusted Christ as your personal Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 20px;">Date Baptized:</span>
	Name of Church:
	Church Address
	Denomination: <span style="margin-left: 100px;">Pastor:</span>
	Are you actively involved in church? <span style="margin-left: 100px;">What is your position(s)?</span>

	<i>How long have you been in ministry?</i>	Are you licensed? _____ ordained? _____	
<b>SPIRITUAL (cont.)</b>	What office? (Ex: Evangelist, Prophet etc...)		
	Why do you feel you are called to the ministry?		
	What does God want you to do?		
	Have you worked with any other churches/ministries? _____ Name them: _____ _____		
	In what capacity did you work?		
	What spiritual gifts do you have?		
<b>ACADEMIC</b>	<b>CHECK ALL THAT APPLY:</b> <input type="checkbox"/> <b>HIGH SCHOOL GRADUATE</b>	<b>Where?</b>	<b>When</b>
	<input type="checkbox"/> <b>GED</b>		
	<input type="checkbox"/> <b>ASSOCIATE</b>		
	<input type="checkbox"/> <b>BACHELORS</b>		
	<input type="checkbox"/> <b>MASTERS</b>		
	<input type="checkbox"/> <b>DOCTORATE</b>		
	Have you enrolled in any previous formal Christian Education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____		

<b>REFERENCE</b>	Please list at least three people who will supply a reference for you. Have them submit these references to <b>Admissions Office, Deeper Life Bible Institute P.O. Box 286592 Chicago, IL</b>
	<b>Pastoral Reference Address</b>
	<b>General Reference Address</b>
	<b>General Reference Address</b>
	<b>General Reference Address</b>

**Emergency Contact:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**The information I have provided is complete and accurate. By signing I am indicating that I am in full agreement with the doctrinal statement of the Deeper Life Bible Institute and willing to abide by the policies set forth by this institution.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_