



GRACE OF CALVARY BIBLE INSTITUTE

TEACHING AND TUNING THE HEART FOR THE HARVEST
PROVERBS 23:12 APPLY THINE HEART UNTO INSTRUCTION, AND THINE EARS TO THE WORDS OF KNOWLEDGE.

APPLICATION

Thank you for beginning your application for admission to Grace of Calvary Bible Institute.

You will need to be prepared to include information about your spiritual testimony (2-4 paragraphs), schools that you have attended, and your criminal background. You will also need to be prepared to pay your \$35 application fee with check or cash upon completion of the application. Upon payment of your application fee, you will receive an email with further instructions concerning your transcripts and references. All together, the application should take no longer than 20 minutes to complete.

The Admissions team is here to serve you in any way possible. Please contact us at pastor@graceofcalvary.com or 814-866-4747 and let us know how we can help!

Name: First _____ Middle _____ Last _____

Maiden Name: (if applicable)
If you do not have one, insert N/A

Address: Street Address _____

Address Line 2 _____

City _____ State/Province/Region _____

Postal/Zip Code _____ Country _____

Primary Phone _____ - _____ - _____ **Email** _____

Social Security Number _____
###-##-#### - If you are an international student, please insert N/A

How did you first hear about Grace of Calvary Bible Institute?

Marital Status
Please check one

- Single
- Engaged
- Married
- Do you have children?
- Yes
- No
- Separated
- Married Previously Divorced
- Divorced

Gender Male Female
Are you a veteran of the US military?
 Yes No Prefer not to answer

Church Background

What is the name and location of the church where you are currently a member?

What is the pastor's name?

Church Phone

Church Email

What is the denominational affiliation of the church where you are currently a member?

Background Information

The information provided in the section is designed to help us better minister to our current and incoming students. Answering "yes" to any of these questions will not constitute an automatic denial of admission.

Do you require special assistance because of a disability?

Yes

No

Have you been under the care of a psychologist, mental health counselor, or psychiatrist within the last 3 years?

Yes

No

Have you used illegal drugs or abused alcohol or prescription drugs within the last 3 years?

Yes

No

Have you been involved in heterosexual misconduct or homosexual behavior within the last 3 years?

Yes

No

Do you have any communicable diseases?

Yes

No

Are you currently or have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution?

Yes

No

Have you ever been arrested or convicted of a misdemeanor or felony?

- Yes If your legal records have been expunged pursuant to applicable law, you are not required to answer yes. If you are unsure whether to answer yes, we strongly suggest that you answer yes and fully disclose all incidents to avoid any risk of disciplinary action or revocation of your offer of admission.
- No

Have you ever been convicted of a sexual offense?

- Yes If your legal records have been expunged pursuant to applicable law, you are not required to answer yes. If you are unsure whether to answer yes, we strongly suggest that you answer yes and fully disclose all incidents to avoid any risk of disciplinary action or revocation of your offer of admission.
- No

Does your name currently appear on any list of sex offenders?

- Yes If your legal records have been expunged pursuant to applicable law, you are not required to answer yes. If you are unsure whether to answer yes, we strongly suggest that you answer yes and fully disclose all incidents to avoid any risk of disciplinary action or revocation of your offer of admission.
- No

If you answered yes to any of the above questions, please explain.

What medical factors, if any, might interfere with your ability to carry a full academic load while at seminary?

Recommendations

Every applicant must have two recommendations: one from a personal mentor or acquaintance who has known you well for at least a year (non family members) and one from your pastor/church. If you are the pastor, your reference should be an appropriate official within the church or an associational director who can speak to your personal character and church leadership. Please submit the contact information for your references below.

Pastor/Church Recommendation

First _____ Last _____
Phone _____ Email _____
Church Name _____ Address _____

Personal Recommendation

First _____ Last _____
Relationship to you _____
Phone _____ Email _____

Emergency Contact Info:

Name _____ Relationship _____ Address _____
Phone _____ E-mail _____

I understand that this application is only good for one calendar year from the day it is submitted. I agree that I am bound by the institution's regulations concerning application deadlines and admission requirements. I agree to the release of any transcripts and test scores to this institution.

I certify that this information is complete and accurate. I understand that making false or fraudulent statements within this application or residency statement will result in disciplinary action, denial of admission and invalidation of credit or degrees earned.

I hereby waive all future rights to view the contents of the recommendation forms submitted in conjunction with this application.

If admitted, I agree to abide by the policies, rules, and regulations of the institution. Should any information change prior to my entry into the institution, I will notify the Office of Admissions.

I understand that the application fee I submit with this application is a non-refundable fee.

Do you understand and agree to the terms listed above?

Yes, I understand and agree to the terms listed above.

Check of you agree.

Signature Date