

# NEW GENERATION INSTITUTE OF BIBLICAL STUDIES AND THEOLOGICAL SEMINARY

Admission Application

Complete application and return to

instituteandseminary@gmail.com

Name: \_\_\_\_\_ Date of Registration: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status (Check One): ☐ Married ☐ Divorced ☐ Widowed ☐ Single (Never Married)

In Case of an Emergency Contact:

Name	Phone Number	Relationship
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## Certificate Program of Study (Select One):

- ☐ Foundational Church Ministries Certificate
- ☐ Foundational Church Ministries Certificate - Teaching Certificate
- ☐ Foundational Church Ministries Certificate - Deacons Certificate
- ☐ Foundational Church Ministries Certificate - Ministers Certificate
- ☐ **\*New\* Graduate of Theology Certificate \*New\***

## Degree Program of Study (Select One):

- |  |   |
|--|---|
| <input type="checkbox"/> Associates of Sacred Literature   | <input type="checkbox"/> Masters of Ministry            |
| <input type="checkbox"/> Associates of Religious Education | <input type="checkbox"/> Masters of Religious Education |
| <input type="checkbox"/> Bachelors of Ministry             | <input type="checkbox"/> Masters of Divinity            |
| <input type="checkbox"/> Bachelors of Religious Education  | <input type="checkbox"/> Doctor of Religious Education  |

Church Affiliation: \_\_\_\_\_  
Church Name City State

Are you a member of this church? Yes \_\_\_\_\_ No \_\_\_\_\_

In what ministries are you currently involved in at this church? \_\_\_\_\_

Have you enrolled in any formal Bible College? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer to the previous question is "yes", what is the name of the school?

School Name	Address	City	State
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Formal Education (circle highest grade completed)

Grammar School      6      7      8      9      10      11      12

College      1      2      3      4      Master's Degree      Doctorate

Name of the College: \_\_\_\_\_ Years Attended: \_\_\_\_\_

By signing this application form I am indicating that I am in full agreement with the doctrinal statement of New Generation Institute of Biblical Studies and Theological Seminary and, if I am accepted as a student, I agree to abide by the policies set forth in the catalog of the Institute.

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

Please enclose a non-refundable registration fee of \$35.00