Grace and Truth Bible Institute



(To be completed by the student applicant)

Date of Application (mm/dd/yyyy):					
STUDENT INFORMATION					
Full Name:					
Gender: (circle one)	MALE	FEMALE	Date of Birth: (mm/dd/yyyy)		
Address: (include City, State, Zip)					
Mailing Address: (if different)					
E-mail Address:					
Cell Phone:			Home Phone:		
Marital Status (circle one):					
Single	Married	Separate	d Divo	oiced	Widowed
CITIZENSHIP & RESIDENCY INFORMATION					
Place of Birth:					
Country(s) of citizenship:					
Country of residency:					
Native language:					

EDUCATION INFORMATION

Did you graduate from high school? (circle one):

Yes	No		
ne following:			
Name of High School		State	Date of Graduation (mm/yyyy)
Educ	ation Beyond High Sc	hool	
t all institutions atte	nded, including college, and seminary.	university, graduate	school,
City & State	Credits Earned (based on semesters or quarters?)	Dates Attended (mm/yyyy - mm/yyyy	Degree Received and Graduation Date
SP	IRITUAL INFORMATIO)N	•
What church do you currently attend?			
Address: (include City, State, Zip)			
Name of Pastor:			
	Educt all institutions atte	Education Beyond High Sc t all institutions attended, including college, and seminary. City & State Credits Earned (based on semesters or quarters?) SPIRITUAL INFORMATION arrently attend?	Education Beyond High School t all institutions attended, including college, university, graduate and seminary. City & State Credits Earned (based on semesters or quarters?) Dates Attended (mm/yyyy - mm/yyyy or quarters?)

What church ministries have you been involved with in the past and present?						
Are you planning to pursue full	-time Christian minist	ry? (circle one):				
	Yes	No				
If yes, in what specific area of	ministry:					
			ng of your answers to the prompts and s with this application.			
Do you know for certain	n (100%) if you died to	oday you would go	to Heaven?			
 If you were to die tonigle eternity with Him, what 		od, and He were to	ask you why He should let you spend			
Do you believe that a saved person can ever lose his/her salvation? Please explain.						
Personal testimony of salvation.						
Briefly explain the main factor(s) in your applying for GTBI.						
CONTACT INFORMATION						
Name of Relative or Friend:						
Address: (include City, State, Zip)						
Phone Number:		Email Address:				

	s are considered without regard to race, national GTBI Administrator will review the applicant's academic				
•	n that I have carefully read the entirety of this inforgree to abide by the policies as set forth by the elder				
In addition, I have correctly filled out the application to the best of my knowledge. I realize that falsification or withholding of requested information may result in my disqualification or dismissal.					
Signature:		Date:			

Complete this form and send it to kevin@gracetruthbible.org