Truth Bible College

Pre-Application For Admission

Equipping Men & Women To Effectively Proclaim The Gospel Throughout The World

● 159 Clark Road ● Jacksonville, FL 32218
Office (904)765-9400 **Fax** (904) 768-2811

Name (Mr/Mrs/Ms) _____ Date _____
(Last) (First) (MI)

Address _____
(City) (State) (Zip)

Telephone (HM) ( )_____ (WK) ( )_____ (OTH) ( )_____

Social Security Number: _____ Date of Birth (MM/DD/YYYY) _____

Sex: (M) _____ (F) _____ E-mail Address _____

Select your class schedule: (**Circle one**) Monday Student/Tuesday Student/Distance Education Student

Projected Start Date: _____ Referred by: _____

Educational History

High School Completion or GED (Y) _____ (N) _____ When? (MM/YYYY) _____

Additional education? ☐ College ☐ Trade School ☐ Vocational ☐ Other: _____

Please specify what type of degree(s) you've earned: _____

If applying for a degree program, check one degree level **and** one program area you are interested in:

- ☐ Associate
- ☐ Bachelors
- ☐ Masters
- ☐ Doctorate
- ☐ Biblical Studies
- ☐ Theological Studies
- ☐ Biblical Ministerial Counseling
- ☐ Ministerial Education & Evangelism

If applying for a non-degree program, list the course title: _____

Church Affiliation

Name of Home Church _____

Name of Pastor(s) _____

Address of Church _____

FOR OFFICE USE ONLY

1) Advisory Session Date _____
2) Application Fee Paid (Y) _____ (N) _____
3) Transcripts Provided (Y) _____ (N) _____
4) New Student _____ Returning Student _____
5) Staff Advisor Initials _____

NOTES: _____