

APPLICATION

Vineyard Harvester Bible School and Seminary

Undergraduate Programs

Name _____

Social Security Number _____ Date of birth _____

Address _____ Tel. No. _____

City _____ State _____ Zip _____

Place of employment _____ Work Telephone _____

In case of an emergency, a person whom we may contact and telephone number:

Name _____ Telephone _____

Status of enrollment

(Transfer student, first time student with high school diploma, or first time student with GED, or other)

High School _____ Graduate? _____ When? _____

GED? _____ Date Received _____

List any previous schools since high school:

Name of institution

Address

Dates of enrollment

Do you wish to have an evaluation of your previous college transcripts for transfer of credit? _____

(If so, you must have an official transcript from each school sent to: Dean of Academic Affairs, Vineyard Harvester Bible School and Seminary, P. O. Box 687, Cedartown, GA 30125)

Please check one of the following:

I just want to take some courses for enrichment

I want to pursue a certificate or degree program

If you are applying for a degree, please check which degree and program of study you are applying for:

Associate of Theology	<i>Bible and Biblical Studies</i>	<input type="checkbox"/>	Bachelor of Theology	<i>Bible and Biblical Studies</i>	<input type="checkbox"/>
	<i>Ministry</i>	<input type="checkbox"/>		<i>Ministry</i>	<input type="checkbox"/>
	<i>Ministry of Christian Therapy</i>	<input type="checkbox"/>		<i>Ministry of Christian Therapy</i>	<input type="checkbox"/>
	<i>Family Studies</i>	<input type="checkbox"/>		<i>Family Studies</i>	<input type="checkbox"/>

What is your career goal in life?

Are you a member of a local church? _____. Name of church _____

Name of your pastor _____

Why have you chosen to study at Vineyard Harvester Bible School and Seminary? (Use back of last page if needed)

List the names and addresses of two references:

ACKNOWLEDGEMENT

I, _____, understand that a degree from Vineyard Harvester Bible School and Seminary (VHSS) does not guarantee a job or ordination in any specific market or ministry, and is not specifically designed to meet any particular licensing requirements. Although Transworld Accrediting Commission International accredits this degree, VHBSS is not listed with the U.S. Department of Education, and a VHBSS degree is specifically not suited for people pursuing jobs as public school teachers, state university professors, state-licensed psychologists, amongst other vocations, and that some states may have restrictions on ways this degree can be utilized in the

marketplace.

The primary purposes of this degree are to help strengthen my walk with God, and to help in equipping me for Christian ministry.

I am fully aware that this is a Christian ministry, which believes the Bible is the Word of God and that the Bible is the authority upon which my spiritual growth and prayer ministry will be based.

I declare that I am enrolling in Vineyard Harvester Bible School and Seminary willingly and of my own free will.

RELEASE

I, _____, in consideration of the ministry to be provided, and being of age of majority, do hereby release Vineyard Harvester Bible School and Seminary, its instructors, professors, directors, officers, and representatives from any and all claims, causes of actions, suits and actions arising out of or in any way connected with the ministry provided by Vineyard Harvester Bible School and Seminary, its instructors, professors, directors, officers, or representatives and I further agree to indemnify the aforementioned from any and all claims including cost, as a result of any proceeding initiated or commenced whereby any of the aforementioned persons are named to such an extent as the proceedings relate to training provided to myself.

I have read the Acknowledgment & Release carefully and have had the opportunity to seek counsel in advance of signing this form.

Signature of Applicant _____

YOUR SIGNATURE MUST BE WITNESSED, INCLUDING NAME & ADDRESS
NOT A FAMILY MEMBER, VHBSS INSTRUCTOR OR STAFF

Signature of Witness _____ Date _____

Name of Witness _____

Address of Witness _____

City _____ State _____ Zip Code _____

Return to:

Vineyard Harvester Bible School and Seminary
40 Lake Creek Rd.
Cedartown, GA 30125

Signature of applicant _____ Date _____

Application approved by _____ Date of approval _____