

# APPLICATION

## Vineyard Harvester Bible College

### *Undergraduate Programs*

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone 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 (if additional space is needed, please use the back):

**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 College, P. O. Box 687, Cedartown, GA 30125)

Do you plan to enter a certificate or degree program? \_\_\_\_\_

Which program? \_\_\_\_\_

Page 2 of Vineyard Harvester Bible College Application

Will you be pursuing a certificate or degree? \_\_\_\_\_ What is your career goal in life?

Are you a Christian? \_\_\_\_\_. If so, tell in your own words what you believe it means to be saved.

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 College?

List the names and addresses of two references:

\_\_\_\_\_  
\_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Application approved by \_\_\_\_\_ Date of approval \_\_\_\_\_

Please enclose the application fee of \$15.00 with this application and mail it to:

Vineyard Harvester Bible College  
1890 Rome Highway P. O. Box 687  
Cedartown, GA 30125