

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
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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"/>

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?

List the names and addresses of two references:

Signature of applicant _____ Date _____

Application approved by _____ Date of approval _____