

APPLICATION

Vineyard Harvester Bible College

Graduate Program

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 (only for resident students in Vineyard Harvester Bible College):

Name _____ Telephone _____

Please list the school(s) from which you received any prior degree(s):

Name of institution	Address	Degree	Major	Date degree received

For which degree are you applying?

Master of Theology		Bible and Biblical Studies Ministry	
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Doctor of Theology		Bible and Biblical Studies Ministry	
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Will you be: Full-time student _____ Part-time student _____

When do you anticipate completing the requirements for your degree? _____

Why have you chosen to study at Vineyard Harvester Bible College?

List the names and addresses of two references:

Please have an official transcript from each school sent to:

Dr. Kenneth Meadors
 Dean of Academic Affairs
 Vineyard Harvester Bible College
 P. O. Box 687
 Cedartown, GA 30125

Signature of applicant _____ Date _____

Application approved by _____ Date of approval _____