

## Student Application

P.O. Box 405 • De Pere WI 54115-0405 • 920-569-6369

### Reflection

What will be the legacy you leave behind? Contrary to what many people think, the number of years one lives is less important than how that lifetime is invested.

“Whatever you do, work at it with all your heart, as working for the Lord, not for men, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving.”

Colossians 3:23-24 NIV

### Personal Information

(Please print legibly or use the fill-in feature.)

\_\_\_\_\_  
Last Name First Name Middle Name Social Security #

\_\_\_\_\_  
Preferred Name/Nickname Place of Birth (City and State) Date of Birth

\_\_\_\_\_  
Street Address (Home)

\_\_\_\_\_  
City State Zip+4

\_\_\_\_\_  
Home Phone # Cell Phone # Email Address

\_\_\_\_\_  
Current School or Employer School or Employer Phone

Male \_\_\_\_\_ Female \_\_\_\_\_ United States \_\_\_\_\_ Canada \_\_\_\_\_ Other \_\_\_\_\_ (Enter country on next line.)

If not U.S. or Canadian, country of citizenship \_\_\_\_\_

Driver License: State \_\_\_\_\_ # \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

#### ALTERNATE CONTACT:

\_\_\_\_\_  
Contact First and Last Name Relationship City/State

\_\_\_\_\_  
Contact Phone # Contact Cell Phone # Contact Email Address

#### DEGREE PLAN:

I am applying for: \_\_\_\_\_ Associate of Biblical Studies  
\_\_\_\_\_ Associate of Biblical Studies in Youth Ministry

## Your Education and Previous Training

### INCLUDING BIBLE AND/OR MINISTRY TRAINING

Dates Attended	School Attended	Location (City, State)	Major/Minor	Degree or Hrs. Credit	Date Completed
From / To					

If currently a student, hours presently enrolled: _____	Plans for further study: _____
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List any specialized training or skills: \_\_\_\_\_

Languages spoken fluently, other than English: \_\_\_\_\_

## Your Employment Experience

**LAST 4 CHURCH AND/OR SECULAR POSITIONS. (ATTACH RESUME, IF AVAILABLE)**

From MM/YY	To MM/YY	Company or Church Name / Position (type of work)	Supervisor's Name / Reason for Leaving	City/State Telephone

## References

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1. *Current Pastor*

Telephone

Mailing Address

City

State

Zip

2. *A Current or Previous Employer*

Telephone

Mailing Address

City

State

Zip

3. *Friend - someone who has known you more than 2 years*

Telephone

Mailing Address

City

State

Zip

## Student Agreement

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By signing and submitting this application I agree that

1. I will submit to and cooperate with the leadership established by Green Bay Bible College related to the completion of my course studies.
2. I give Green Bay Bible College permission to use my picture, voice and/or testimony in any type of promotional advertisement.
3. I understand that I am enrolled with Green Bay Bible College at my own risk, and Green Bay Bible College is not liable in the event of sickness, accident, death, natural disasters or terrorist acts or for transportation or any other expenses beyond that of normal involvement.
4. I understand that after acceptance, I must pay for each course or courses and text materials prior to beginning any part of the requirements of the degree plan.
5. I understand that my acceptance and continuation in Green Bay Bible College depends on my zeal, ability, teachability and cooperation.
6. I understand that in order to be spiritually equipped as a student I need to be consistent in church attendance, in devotions and in fellowshiping with other Christians.
7. I have read and I submit to the Doctrinal Statement of Green Bay Bible College as published on the school's website.

BY TYPING YOUR NAME ON THE *Applicant Signature* LINE AND SUBMITTING THIS COMPLETED FORM TO GREEN BAY BIBLE COLLEGE, YOU ARE ATTESTING THAT:

- THE INFORMATION IS TRUE AND CORRECT,
- THAT YOU ARE THE APPLICANT WHO'S NAME APPEARS,
- YOU AGREE TO THE SIX STATEMENTS ABOVE HEADED "STUDENT AGREEMENT,"
- YOU HAVE READ AND AGREE WITH GBBC'S DOCTRINAL STATEMENT,
- YOU WILL ADHERE TO THE STATEMENTS ABOVE AND THE DOCTRINAL STATEMENT, AND
- SHOULD YOUR BELIEFS CHANGE AT ANY TIME DURING YOUR TIME OF STUDY WITH GBBC, YOU WILL IMMEDIATELY CONTACT THE SCHOOL'S PRESIDENT FOR ADVICE AND DIRECTION.

*Applicant Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
(Required)