

## **Pacific Islands Bible College**

Overseen by Forest Park Church of Christ

P.O. Box 623 Forest Park, GA 30298-0623 U.S.A. Phone: 770-507-5290 Fax: 770-507-5291 Email: robertfiji@aol.com

## **APPLICATION FOR ADMISSION**

Thank you for applying for enrollment to **Pacific Islands Bible College**. Please fill out this form and mail it to: P.O. Box 623, Forest Park, GA 30298-0623. Answer every question by filling in the blank or checking the appropriate square. If an answer requires an added explanation, use a separate sheet and number the explanation with the matching item number.

Print your last name, first name and n square leaving one blank square between		nicknames. Print one letter to	
Mailing address			
City/Town/Village/Island and Countr	у		
Birthdate	7. Sex:   Male Female	8. Age	
Citizenship			
. Race	11. Marital Status:	☐ Single	
	☐ Married	☐ Divorced	
	☐ Separated	☐ Widowed	
	☐ If you or your wife have ever been divorced, please attach a complete explanation.		

13.	Names and ages of children			
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l <b>4.</b>	Do you use tobacco, alcohol or other drugs in any form?		☐ Yes	☐ No
	Would you be willing to stop using tobacco, alcohol or other drugs? If yes, attach a complete explanation.		☐ Yes	□ No
16.	Explain your reason for entering this training program	. 3	9 3 4 4 1	7
		24 2 30 4		V 1 2
17.	Proposed date of enrollment	· ~ ,		E = 12
18.	When and where were you baptized?			
19.	Name and address of congregation you attend	ra v mw	0 C MANAGEMENT A	N
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	nere is anything in your life or background of importance or significance v PIBC should know, please attach information to application.	which you fe	el the admini	stration
I ce	rtify that the preceding statements and information are correct and comp	lete.		