



Scofield Bible Institute and Seminary

Application for Admission

(Please print in ink or type all information)

PERSONAL

Last name _____
Last First Middle Maiden

Usually called _____ DOB _____ Telephone No. _____

Mailing address _____
Street City State Zip

Cell Phone No. _____ Email _____

Male Female

Are you as US Citizen? Yes _____ No _____ if no, admission number _____

Marital Status: Married: (Spouse's first name) _____ Widowed ___ Separated ___

Divorced ___ Single ___ Last four digits of Social Security number _____ (This becomes your student number)

EDUCATION

High School now attending or from which you graduated _____

Graduation or expected graduation date _____ Telephone _____

Mailing Address _____
Street City State ZIP

Previous College or Seminary _____

Transferred Credits _____ Transcripts mailed from Institution? _____

Are you currently a regular attending member of a local Bible-believing church? ___ Yes ___ No

Pastor's Name _____ Phone No. _____

Are you in general agreement with the doctrinal statement of the College? _____

When did you place personal faith in and on the Lord Jesus Christ, where you received Him as Lord and Savior?
(Write out on separate sheet)

I certify that the information given on this application is true, complete, and accurate. I also understand that I am financially responsible for the payment of all fees and tuition. If I, the student named on this application, am accepted for enrollment, I understand that my matriculation status will end at any time that I fail to pay the required tuition and fees to the Institute in accordance with the policy of registrar's office.

Applicant's Signature _____ Date _____