

Free Gospel Bible Institute

Preparing Men and Women for Pentecostal Ministry Since 1958

Official American Application

Name					
First	Middle	Li	ast		
Address		 			
AddressRD # PO Box	and/or Street Number & Na	ıme, Apt#			
City	State		de		·····
Age Male	Female	Birth Da	ate Month	/ Day	/ Year
City of Birth	Email Address				
Country of Birth	_ Country of Citizenship_		Phone(_)	
Father's Name	Christian	_YesNo			
Mother's Name	Christian	_YesNo			
Marital Status:Single	_Widow/WidowerSep	oaratedE	ngaged		_How Long?
Is fiancee a Christian?Yes	No Intended Weddi	ng Date			
Married? How Long?	Number of Chi	ldren	-		
If accepted as a student, what provis	sion have you made for their	support?			
Have you ever been divorcedY	esNo Has your spo	use ever been div	vorced?	Yes_	No
If yes, please explain					
Church Affiliation: Of what church a	are you a member?				
Are you in agreement with the Doctri	nal Basis of Free Gospel Bib	ole Institute?	YesNo		
When were you converted?	Have you backsl	idden since?	YesNo)	
If so, when were you reclaimed?	Are you called	of God for Christi	an service?	Ye	sNo

Do you feel that God is leading you to attend Free Gospel Bible Institute?YesNo
Have you received the Baptism of the Holy Ghost according to Acts 2 - 4?YesNo
If not, are you earnestly seeking this?YesNo
What leads you to believe you have a call?
Musical Abilities: Do you sing?YesNo
List any instruments that you play
Special Skills: Please list any special skills that you have (computer, carpentry, mechanics, electrical, building, etc)
Ministry Experience: List any ministries in which you have been involved and the duration
Previous Education: Are you a high school graduate?YesNo Date:
If not, last grade completed
If you have attended any other schools/institutes/colleges, please submit a copy of your transcript to fgbiacademicdean@gmail.com
Military Service: Have you been in any military service?YesNo If yes, what branch?
How long? Date honorably discharged
Health: What is the general condition of your health?
Do you have any problems that might interfere with you studies or duties here as a student?YesNo
If so, please explain:
Employment: Are you employed at present?YesNo If yes, where?No Have you any means of contributing regularly towards the expense of FGBI?YesNo
Commitment: Will you commit yourself to complete the 3 year course required for graduation?YesNo
Will you cheerfully abide by any circumstances that may arise?YesNo
Will you obey all rules and regulations and those in authority of FGBI?YesNo
Are you in harmony with the principles that FGBI maintains?YesNo
How did you hear of FGBI?
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Name	Name
Address	Address
City	City
State Zip	StateZip
Phone:()	Phone:()
PASTOR:	
Name	
Address	
City	
State Zip	
Phone:()	
Which track are you applying for? Traditional Track (3-ye	ear)Dual Track (4-year)
Which term are you applying for? Fall (August)	Spring (January) of(School Year)
Signature:	Date:

PLEASE GIVE 2 CHARACTER REFERENCES THAT ARE NOT RELATIVES OR PEERS:

IMPORTANT

A \$35.00 non-refundable application fee is required to be submitted with this form. This can be done under the "giving" tab at fgbi.org

 $Please\ submit\ this\ application\ along\ with\ a\ recent\ picture\ of\ yourself\ to\ fgbiregistrar@gmail.com$