

## IGNITE BIBLE COLLEGE and SEMINARY APPLICATION FOR ADMISSION

\*\*Please note that this application must be returned by Oct 31, 2025. Please follow the admissions checklist to ensure that you submit a complete application. Incomplete applications will be placed on hold.

FIRST NAME	LAST NAME		EMAIL ADDRESS				
PROGRAM APPLYING FOR:							
☐ Associate Biblical Studies	☐ Bachelor Biblical Studies ☐ Master Theology						
DATE OF BIRTH	GENDER						
	□ Male □ Female						
HOME ADDRESS	CITY		STATE	ZIP CODE			
HOWL ADDRESS	CITT		SIAIL	ZIP CODE			
HOME/CELL PHONE NUMBE	WORK PHON	WORK PHONE NUMBER					
( )	( )	( )					
Emergency Contact:	Phone Number	Phone Number: ( )					
Relation to Emergency Contact:							
MARITIAL STATUS (check only one):							
☐ Single ☐ Married	□ Divorced □ W	/idowed					
ETHNICITY:							
☐ Caucasian ☐ African	□ Latin □ Na	ntive 🗆 Asia	an □ Other:				

HIGHEST EDUCATION COMPLETED								
☐ HS Diploma ☐ GED/Equivalent ☐ College: ☐ Associates ☐ Bachelors ☐ Masters ☐ Doctorate								
EDUCATIONAL HIST	ORY (List most current first,	):						
	,	•						
Name of School	Address	From	То	Major	Degree			
EMPLOYMENT HISTORY (List two most current employers):								
Name of Employer	City and State	From	То	Job Title				
Do you have any financial obligations that would hinder you from paying your tuition?								
□ Yes □ No								
CHURCH AFFLIATIO	<b>N</b> (complete additional Past	toral Recommendation F	orm):					
How many churches have you attended in the last 5 years? How many churches have you joined in the last 5 years?								
What church are you currently a member of:								
Pastor's Name:		Pastor's Phone Number:						
ESSAY: In a separate d help you change and ir	ocument please include a one mpact the world.	e-page essay explaining w	hy you b	elieve attending b	ible college will			
I certify that the information contained in this application is true and accurate. OFFICE USE ONLY								
I affirm that I will fulfill my academic and financial obligations to obtain my								
degree.				Date Rec'd ☐ Complete				
				☐ Incomplete/I				
Signature of Applican	t	 Date	_	INITIALS:				