APPLICATION

Vineyard Harvester Bible School and Seminary

Undergraduate Programs

Name		
Social Security Number	Date of birth	
AddressTel. No		
City	StateZip	
Place of employment	Work Telephone_	
In case of an emergency, a person	whom we may contact and telephone number:	
Name		
Status of enrollment (Transfer student, first time studer	nt with high school diploma, or first time studer	it with GED, or other)
High School	Graduate? Whe	n?
GED? Date Receive	d	
List any previous schools since high	n school:	
Name of institution	Address	Dates of enrollment
Do you wish to have an evaluation	of your previous college transcripts for transfer	r of credit?
(If so, you must have an official tra	nscript from each school sent to: Dean of Acado	emic Affairs, Vineyard

Harvester Bible School and Seminary, 5 Jones Mill PL, Cartersville, Georgia 30120)

page if needed)

Please check one of the following:				
I just want to take some courses for enrichment				
I want to pursue a degree program				
If you are applying for a degree, please check which degree and program of study you are applying for:				
Associate of Theology in Biblical Studies Degree Program				
Bachelor of Theology in Biblical Studies Degree Program				
Bachelor of Theology in Christian Therapy Degree Program				
What is your career goal in life?				
Are you a member of a local church? Name of church				
Name of your pastor				
Why have you chosen to study at Vineyard Harvester Bible School and Seminary? (Use back of last				

List the names and addresses of two references:
<u>ACKNOWLEDGEMENT</u>
I,
The primary purposes of this degree are to help strengthen my walk with God, and to help in equipping me for Christian ministry.
I am fully aware that this is a Christian ministry, which believes the Bible is the Word of God and that the Bible is the authority upon which my spiritual growth and prayer ministry will be based.
I declare that I am enrolling in Vineyard Harvester Bible School and Seminary willingly and of my own free will.
<u>RELEASE</u>
I,

persons are named to such an extent as the proceedings relate to training provided to myself.

I have read the Acknowledgment & Release carefully and have had the opportunity to seek counsel in advance of signing this form.

Signature of Applicant			
NOT A FAMILY MEMBER,			
Signature of Witness		Date	
Name of Witness			_
Address of Witness			
City	State	Zip Code	_
Return to:			
Vineyard Harvester Bible School and Seminary 5 Jones Mill PL Cartersville, Georgia 30120			
Signature of applicant		Date	_
Application approved by		Date of approval	_

\$25.00

Application Fee