CrossRoads Bible Institute
Admission Application

Name: _____ Date: _____
First Middle Initial Last

Address: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

Home Phone: _____ Work: _____ E-Mail: _____

In case of an emergency call: _____ Relationship: _____
Name Phone

Program: ☐ Diploma of Biblical Studies *or* Diploma of Biblical Studies w/Concentration *or* ☐ Audit

- ☐ Emphasis in Pastoral Ministry
- ☐ Emphasis in Biblical Counseling
- ☐ Emphasis in General Church Ministry
- ☐ Emphasis in Children's, Youth, & Christian Education ministries
- ☐ Emphasis in Missions

Are you a member of CrossRoads Ministries? ☐ Yes ☐ No

If no, what church? _____

If no, do you know for sure that you will go to heaven when you die?

☐ Very Sure ☐ Not Sure, but I want to be

If you marked "Very Sure," what do you base this on? _____

_____

Do you have a high school diploma or its equivalency? ☐ Yes ☐ No
(If yes, a copy of your diploma must be provided if taking courses for credit.)

Have you previously completed a college English course? ☐ Yes ☐ No
(If yes, a copy of your transcript must be provided if taking courses for credit. If no, you are required to register for EN 101—English Grammar & Composition in your first semester.)

What is your aim in attending CrossRoads Bible Institute?

☐ Prepare for full-time ministry ☐ Become a better servant in the church ☐ Simply to grow in the grace and knowledge of the Word

By signing this application form I am indicating that I am in full agreement with the doctrinal statement of CrossRoads Bible Institute, and if I am accepted as a student, I agree to abide by the policies set forth in the catalog of the Institute. CrossRoads Bible Institute is a ministry of CrossRoads Baptist Church.

_____
Signature Date