



Latin American Bible Seminary

Student Application
37 Wilkes Street
Springfield MA 01119
Phone: 413- 731-6507

Applicant Information

1. Name in full: _____
2. Date of Birth: ____/____/____ Cell phone or Landline: _____
3. Home Address: _____
4. Which relationship best describes you? Single Married Divorced Widowed
 Separated Divorced Remarried
5. Nationality _____

A. Christian Experience

1. When were you converted? _____
2. What church are you a member of? _____
3. What Christian work have you done? _____

B. Health

1. Rate your health in general? _____
2. List any severe illness or injury you have had: _____
3. Are you or have you ever been subjected to the any of the following? Epilepsy Diabetes
 Asthma heart trouble or Nervous Disorder

C. Education

1. What year will you be entering in the Latin American Bible Seminary? _____
2. Have you ever been dismissed from any other school? ____ Yes ____ No
3. Are you a high School graduate? ____ Yes ____ No
4. Last grade completed _____

5. Name and Address of High School _____

D. Plans and Interests

1. Have you a definite call to Christian work? _____
2. What field? _____ Please explain _____
3. Purpose for studying Latin American Bible Seminary? _____

Submission Authority

Since we consider the following question most important both to you as the student in training and to us who are over in the Lord, we ask you to give your prayerful consideration. If accepted as a student, are you willing to submit cheerfully to all the regulations of the school, obeying all of those who shall have authority over you?

Signature: _____ Date: ____/____/____

Pastor signature of approval for studying on Mondays from 6pm- 9pm.

Pastor signature: _____

Pastor's information: Print name: _____

Church Name: _____

Address: _____

Cell phone: _____ Email: _____