AMBASSADORS FOR CHRIST BIBLE SCHOOL

APPLICATION FOR ENROLLMENT

1. Attach a PHOTO.
2. Non-refundable application fee of $50.00 must be attached.
3. Please TYPE or PRINT CLEARLY. If the question does not apply, respond N/A.
4. The persons completing the Pastoral and Personal Recommendations must return the forms directly to: ACBS.

OFFICE USE ONLY
Date Received _____
Ck. No. _____ Amount $_____
Recommendations Received:
Personal _____
Pastoral _____

PLEASE ATTACH PHOTO HERE

TO: Ambassadors for Christ Bible School
P.O. Box 331 Stn B
Toronto, ON, Canada M9W 5L3
TEL (416) 745-3272
Email: acbs@biblefatih.com
Web: www.biblefaith.com

A. PERSONAL DATA

Please PRINT or TYPE full legal name

NAME (Last) (First) (Middle) MAIDEN NAME

PRESENT ADDRESS CITY PROV/STATE COUNTRY CODE/ZIP

TELEPHONE (with area code) E-MAIL ADDRESS FAX NUMBER

❑Yes ❑No

SOCIAL INSURANCE/ SECURITY NUMBER | GENDER | BIRTH: Month/Day/Year | AGE | Canadian Citizen? | If landed immigrant, provide documentation.

MARITAL STATUS

❑ Engaged Fiance(e)'s full legal name _____
❑ Married Spouse's full legal name _____
❑ Single ❑ Remarried ❑ Widowed ❑ Separated ❑ Divorced

Is your spouse or fiance(e) in agreement with your decision to attend ACBS? ❑ Yes ❑ No

I AM APPLYING FOR - CHECK ONE:
1st Year - Saturday Session 9:00am to 1:00pm 2nd Year - Saturday Session 9:00am to 1:00pm

B. CHURCH AFFILIATION

List the name of the church you currently attend.

Name of Church | Senior Pastor | Telephone

Address | City | Prov/State | Code/Zip

How long have you attended this church? _____

If less than one year, state the reason, and list the name of the last church you attended, including the pastor's name, address and phone number, how long you attended, and the reason for leaving.

If you are not currently involved in your local church, BRIEFLY explain on a separate sheet.

Are you ❑ Licensed ❑ Ordained ❑ Neither If so, with what organization? _____

C. STATEMENT OF FAITH

❑ Yes ❑ No Do you believe the Bible is the inspired Word of God and the only infallible guide in matters pertaining to conduct and doctrine?

❑ Yes ❑ No Do you believe in the Holy Trinity, that our God is one, but manifested in three persons; the Father, the Son and the Holy Spirit?

❑ Yes ❑ No Do you believe in the deity of the Lord Jesus Christ, that He is God made flesh, and He is the only mediator between God and man?

D. PASTORAL RECOMMENDATION

Give the Pastoral Recommendation form to your pastor for completion. Remember to sign the waiver at the top of the form first.

NAME | Address

City | Prov/State | Code/Zip | Telephone

E. PERSONAL RECOMMENDATIONS

Give the Personal Recommendation forms to individuals who have known you for at least 3 years (other than relatives).

NAME | Address

City | Prov/State | Code/Zip | Telephone

NAME | Address

City | Prov/State | Code/Zip | Telephone

F. ENROLLMENT INFORMATION

Date you were saved. _____ Were you raised in a Christian home? ❑ Yes ❑ No

BRIEFLY state how you know you are saved. _____

_____

_____

Date you received the Baptism in the Holy Spirit with evidence of speaking in other tongues. _____

BRIEFLY state how you know you are filled with the Holy Spirit.

_____

_____

_____

BRIEFLY state why you want to attend Ambassadors for Christ Bible School.

_____

_____

_____

G. EDUCATIONAL HISTORY

❑ Yes ❑ No Can you read, write and comprehend the English language?

Education Circle the highest level attained.

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical 1 2 3 4

College 1 2 3 4 Master's _____ Specialist _____ Doctorate _____ Other _____

Beginning with High School, list educational institutations attended. If applying for the second year program, please include the name of the bible school where you completed first year and attach a copy of your diploma and grades.

Name & Address of School **Dates** **Major** **Diploma or Degree**

H. STATEMENT OF TRUTH

I hereby state that all the information contained in this application is correct and true. If ACBS is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal.

_____ _____

Signature Date

I understand that all items submitted to ACBS as part of the application process become the permanent property of ACBS and will not be returned or copied for the applicant's use.

_____ _____

Signature Date

❑ Yes ❑ No Have you ever been convicted of a crime?
If yes, please explain on a separate sheet.

❑ Yes ❑ No Have you ever used any form of tobacco products?
If yes, when did you last use them?

_____

❑ Yes ❑ No Have you ever used alcohol (including wine)?
If yes, when did you last use it?

_____

❑ Yes ❑ No Have you ever used illegal or habit-forming drugs?

If yes, when did you last use them?

_____

If you have answered yes to any of the above questions and use has occurred within the past year, please give an explanation including dates and details on a separate sheet of paper.

We feel that in order for a person to assume a leadership role in the Christian ministry, the highest standards of personal conduct are expected. This includes abstinence from the use of tobacco, alcohol, and/or illegal or habit-forming drugs WHILE ATTENDING AMBASSADORS FOR CHRIST BIBLE SCHOOL AND AFTER GRADUATION.

Understanding our position on this matter, please indicate your decision concerning our policy.

❑ Yes, I will abide by this policy. ❑ No, I cannot abide by this policy.

I understand that if ACBS is notified that I have violated the above-stated policy, it will be grounds for immediate dismissal.

Signature _____ Date _____

If any changes occur after you sign this application, you must inform our office with details in writing.

❑ APPROVED **FOR OFFICE USE ONLY** ❑ UNAPPROVED

_____ _____
Signature Date