



# Bethany

Bible Training Center

## APPLICATION FOR ADMISSION

This application must be completed solely by the applicant, not by any other person.  
Any pertinent question left unanswered will delay processing of the application.

**Please include the following items with your application:**

- Non-refundable \$30.00 application fee (U.S. funds only)
- A copy of your birth certificate
- A copy of your high school diploma, or equivalent
- Christian Character Reference

*Please give to your Pastor to complete and mail to the address below*

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
First Middle Last Preferred First Name (if different)

Mailing Address: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_ City State/Province ZIP Code

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Month Day Year

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bethany Bible Training Center  
Admissions Office  
P.O. Box 6010, Chesapeake, VA 23323  
Phone: 315-429-8521  
admissions@bethanybtc.org • www.bethanybtc.org

## FAMILY INFORMATION

Applicant's Marital Status:  Single  Engaged  Married  Widowed  Separated  Divorced

Please complete all applicable sections:

Spouse's Name: \_\_\_\_\_ Year of Marriage: \_\_\_\_\_

Children – Name, Gender, and Date of Birth:

\_\_\_\_\_

Name of Parent or Guardian (if under 18): \_\_\_\_\_

**If any of the following apply to you, please give details on a separate sheet:**

- If engaged, give an explanation of plans for the future
- If married, explain the status of your family while you are in school
- If divorced, separated, or remarried, please give details

Do you have any physical limitations or restrictions?  Yes  No

*If yes, please explain:*

## MEDICAL INFORMATION

Are you currently taking any medications?  Yes  No *If yes, what?* \_\_\_\_\_

Have you used medication for depression or another psychiatric problem?  Yes  No

*If yes, what medicine and when was the last time you used it?*

In the past, have you used any drugs or tobacco or abused alcohol?  Yes  No

Do you use any of these now?  Yes  No

*If yes, please explain on a separate sheet.*

When is the last time you have used any of the above substances (if applicable)?

\_\_\_\_\_

Have you been involved in an alcohol/drug abuse treatment program?  Yes  No *When?*

\_\_\_\_\_

**Answer the following questions on a separate sheet of paper:**

## ESSAY QUESTIONS

1. When and how did Jesus Christ become personal to you? How are you currently cultivating your spiritual life and growth? Include any past or present Christian work with which you have been involved.
2. Why do you feel the Lord is leading you to Bethany?

## EDUCATIONAL BACKGROUND

Are you a high school graduate?  Yes  No      Year graduated or GED earned: \_\_\_\_\_

High School Name: \_\_\_\_\_ Location: \_\_\_\_\_

List any higher institutions you have attended:

*To transfer previous credits, please submit an official transcript for any Bible school training along with your application.*

NAME OF SCHOOL	CITY, STATE	YEARS ATTENDED	MAJOR	DEGREE

Have you ever been expelled, suspended from, or denied admission to a school?  Yes  No

*If yes, please explain:*

Church Name: \_\_\_\_\_

## CHURCH INFORMATION

Church Address: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City                                      State/Province                                      ZIP Code      (Country)

Pastor's Name: \_\_\_\_\_

Church or Pastor's Email: \_\_\_\_\_

Church Phone: (\_\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_      Are you a member?  Yes  No

On average, how many times each week are you involved in church activities? \_\_\_\_\_

Are you born again (have you experienced regeneration through faith in Jesus Christ)?  Yes  No

Have you been water baptized?  Yes  No

Have you been baptized in the Holy Spirit according to Acts 2:4?  Yes  No

Please list any ministry you are currently involved in, if any:

## APPLICATION AND FINANCIAL INFORMATION

Which program will you enroll in?  Biblical Studies (Two years)  
 Advanced Biblical Studies (Third Year)  
 Short-Term Certificate I or II (Two quarters each)

I am applying as a(n):  On-campus student  Commuting student **-AND-**  Full-Time  Part-Time

**Please be aware that dorm apartments are not guaranteed and are under first come first served basis.**

I am applying for entrance in:

First Quarter 20\_\_\_\_  Third Quarter 20\_\_\_\_  
 Second Quarter 20\_\_\_\_ or  Fourth Quarter 20\_\_\_\_

All Students living in dorms must pay \$100 room/key deposit at Registration.

Are you able to meet this requirement?  Yes  No

Students must pay for each quarter at Registration.

Are you able to meet this requirement?  Yes  No

*Explain how you plan to meet this school year's expenses:*

Do you have any debts you cannot meet before you enroll?  Yes  No

*If yes, please explain:*

Do you feel a call or burden for any specific type of Christian service?  Yes  No

*If yes, please explain:*

## ADDITIONAL INFORMATION

List any extra-curricular or volunteer activities in which you have participated:

List special aptitudes or skills, including musical abilities or instruments played, and hobbies:

Have you ever been incarcerated?  Yes  No

*If yes, when and for what offense?*

---

How did you hear about Bethany?  Family/Friend: \_\_\_\_\_  
 Pastor/Church: \_\_\_\_\_  
 *The Banner/The Voice of One Crying*  
 Other: \_\_\_\_\_

## PARENTAL INFORMATION IF APPLICABLE

Father's Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street/P.O. Box  
\_\_\_\_\_  
City State/Province ZIP Code

Phone: (\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street/P.O. Box  
\_\_\_\_\_  
City State/Province ZIP Code

Phone: (\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_

E-mail Address: \_\_\_\_\_