



Shalom Bible College & Seminary

Application for Admission

4007 High Street, West Des Moines, IA 50265 U. S. A.
(515) 225-6651 Fax: (515) 225-9095 Email: shlom77@juno.com

For Official Use Only
Registration Fee Paid: _____
Date of Entrance: _____

Name: First: _____ Middle: _____ Last: _____

Present Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Fax Number: _____ E-mail: _____

Date of Birth: _____ Place of Birth: _____

Age: _____ Sex: _____ Race: _____ Eyes: _____ Hair: _____ Height: _____

Marital Status: Married Single Divorced Separated

If Married, to whom: _____ Number of Children: _____

Work at: _____ Address: _____

Hours are: _____ Position: _____ Office Phone: _____

In an emergency when home can not be reached, call: _____

Their name is: _____ Address: _____

Previous College: Name: _____ City & State: _____

Year Graduated: _____ Degree Received: _____

Conversion Date: _____ Baptized: _____

Baptized in the Holy Spirit? _____ Religious Faith: _____

What Church do you attend? _____

Pastor's Name: _____ Address: _____

Pastor's Phone: _____ E-mail: _____

References (Not Relatives)

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

✧ Please include a personal Photograph and on the reverse side of this application write a short biography including family background, circumstances of conversion and reasons for desiring to attend Shalom Bible College and Seminary.

✧ Also include a resume of your Christian service or Ministerial Activity. Be sure to include your registration fee of \$25.

✧ Christian Life Experience (credit) is available. There is a \$25 Evaluation Fee. Please inquire if you think you qualify for CLE.

✧ Please send copies of any transcripts or certificates you may have earned along with a resume of your educational background both secular and Christian.

Date: _____ SS.#: _____ Signature: _____