



Biblical Life COLLEGE & SEMINARY

A CHARTERED MINISTRY OF RESTORATION FELLOWSHIP INTERNATIONAL

P. O. Box 588 | Marshfield, MO 65706-0588 | USA

Phone: (417) 859-0881 | Fax: (888) 958-3564

Website: <http://www.biblical-life.com> | E-Mail: biblicallife@centurytel.net

New BLCS Enrollment Requirements

Effective August 1, 2016

1. Complete enrollment application
2. Include transcripts of all previous education
3. Three letters of recommendation
4. Application essay

Essay must be typed: 12-point font with line spacing of 1.5. Essay should be between four to eight pages in length.

In your essay, detail the following:

1. How teachings through Biblical Life TV, the Kingdom Intelligence Briefing Podcasts, and/or books written by Dr. Michael Lake have affected your life and walk with God.
2. Describe your salvation experience.
3. Detail your call to ministry.
4. Share why you feel that an education through Biblical Life College and Seminary will enhance your walk with God and equip you for the ministry that Almighty God has called you to.



BIBLICAL LIFE COLLEGE & SEMINARY

P. O. Box 588 | Marshfield, MO 65706-2399
 Phone: (417) 859-0881 | Fax: (888) 958-3564
 E-Mail: biblicallife@centurytel.net
 Internet Web Site: <http://www.biblical-life.com>

Application for Enrollment for Catalog Version 28

Personal Information

Name							
Address							
City		State			Zip		
Marital Status		Date of Birth		Sex			
SSN	XXX-XX-	Home Phone		()			
Mobile Phone		()		Fax	()		
E-Mail							
Do you hold credentials for ministry?				<input type="checkbox"/> Licensed Minister		<input type="checkbox"/> Ordained Minister	
If yes, with whom?							

Information on Previous Education

List all schools attended (including High School) and credits and/or degrees earned

Institution	Years Attended	Number of Credits Earned	Degree Earned

Please have official transcripts for all colleges attended sent to the School Registrar.

Office Use Only

Date Received		Notes
Status		
Student Number		
Assigned Advisor		
Date Processed		
Date Graduated		
GPA		
Other		

Program Selection (Please Check One)

School of Theology and Ministry

	Diploma in Biblical Studies		Master of Divinity
	Associate of Biblical Studies		Doctor of Theological Studies
	Graduate of Biblical Studies		Doctor of Theology
	Bachelor of Biblical Studies		Doctor of Ministry
	Master of Theological Studies		
	Master of Theology		

School of Biblical Counseling

	Diploma in Biblical Counseling		Master of Divinity in Biblical Counseling
	Associate of Biblical Counseling		
	Graduate of Biblical Counseling		Doctor of Biblical Counseling
	Bachelor of Biblical Counseling		
	Master of Biblical Counseling		

School of Christian Education

	Master of Christian Education		Doctor of Christian Education
--	-------------------------------	--	-------------------------------

School of Hebraic Heritage Studies

	Diploma in Hebraic Heritage Studies		Associate of Biblical Studies in Hebraic Heritage
	Graduate of Hebraic Heritage Studies		Bachelor of Biblical Studies in Hebraic Heritage
			Master of Divinity in Hebraic Heritage Studies

 ***Enrollment Plan***

Plan A - One Course At A Time

1. Check appropriate program track on page 2.
2. Name of Course Desired: _____
3. Tuition on Course:
 Undergraduate: _____ SCHS x \$65.00 = _____
 Graduate: _____ SCHS x \$75.00 = _____
4. Course Tuition: _____
 Enrollment Fee: \$50.00
 Total: _____
 I have enclosed a check or money order for the total made payable to: BLCS
 Please charge my MasterCard or VISA
 Card Number: _____

Expiration Date: _____ CVV: _____
Authorizing Signature: _____

Plan B - Full Program Using the BLCS Student Loan Program

1. Check appropriate program track on page 2.
2. Cost of Program shown under Plan B: _____
3. Enrollment Fee: \$50.00
4. Total: _____

I am requesting that the School grant a Student Loan for the program I am enrolling into. The total of the loan is _____ (from line 4 -total tuition plus application fee). I agree to pay **\$100.00 down** (includes \$50.00 enrollment fee & \$50.00 toward tuition) with enrollment and will make monthly payments of \$_____ * until the balance is paid in full. I give my word as a Christian that I will be faithful in my monthly obligations. If difficulties arise that would hinder making payments on time, I will contact the School immediately.

Signature Date

- I have enclosed a check or money order for **\$100.00** made payable to: **BLCS**
 Please charge my MasterCard or VISA

Card Number: _____
Expiration Date: _____ CVV: _____
Authorizing Signature: _____

* Monthly payment must be as outlined in the current catalog.

Plan C - Full Program and Pay Tuition in Full

1. Check the appropriate program track on page 2.
2. Tuition for Program: _____
3. Deduct a full 20%: - _____
4. Enrollment Fee: _____
5. Total: _____

- I have enclosed a check or money order for the total made payable to: **BLCS**
 Please charge my MasterCard or VISA

Card Number: _____
Expiration Date: _____ CVV: _____
Authorizing Signature: _____

BLCS Student Covenant

(1) I am in agreement with the BLCS Statement of Faith, and I agree to abide by the policies of the School as outlined in the catalog at the time of enrollment. I also agree to pray daily for the School, its professors, staff and students.

(2) If I am using Plan B (Monthly Payment Plan), I give my word as a believer that I will be faithful in my monthly tuition payments. If I have any financial problems, I will contact BLCS immediately to make arrangements regarding my monthly payments.

Signature

Date

For spouses to enroll, make a copy of this enrollment form and mail both together. Remember, the spouse will receive a 50% discount on tuition. The monthly payment will also be half of what is shown in the catalog. Spouse discount cannot be combined with any other offer.

Enrollment Application Check List

Please ensure the following is included with your application for enrollment:

- ✓ Completed Application for Enrollment Form (all four pages)
- ✓ Free Prior Learning Evaluation Request Form (only for experienced ministers seeking life experience credits)
- ✓ Official transcripts of all previous education (both secular and sacred)
- ✓ Three letters of recommendation
- ✓ Application essay
- ✓ Tuition payment

All of these items must be received in our office before we can begin reviewing your application.

Please send all required items together for review.



Biblical Life College & Seminary

P. O. Box 588 | Marshfield, MO 65706-0588 | USA
 Phone: (417) 859-0881 | Fax: (888) 958-3564 | E-Mail: biblicallife@centurytel.net

Free Prior Learning Evaluation Request Form

Please fill out this form completely for your free prior learning evaluation. Make sure to include the appropriate additional documentation to assist us in this process. You can either mail this information in or fax it to our offices at 888-958-3564. If you provide an e-mail address, we can e-mail the results to you.

Personal Information	Name	
	Address	
	City/State/Zip	
	Home Phone	
	Daytime Phone	
	Date of Birth	
	E-Mail	

Educational Information

Institute Level	Church/Institute	Dates Attended	# of Classes Completed	I have enclosed copies of transcripts/certificates
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

College/University/ Seminary Level	School Name	Major	Years Attended	# of Credits Earned	Degree Completed	Degree Earned
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

See back page to complete form

Life Experience Learning

Do you hold credentials for ministry? Yes No
If yes, at what level? Commissioned Licensed Ordained
Who are your credentials through? _____

Present Ministerial Position:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Full-Time Paid Ministry | Total Years of Ministry |
| <input type="checkbox"/> Part-Time Paid Ministry | Years of Full-Time Ministry: _____ |
| <input type="checkbox"/> Bi-Vocational | Years of Part-Time Ministry: _____ |
| <input type="checkbox"/> Volunteer Ministry | Year of Volunteer Ministry: _____ |

Other Information We Will Need for a Complete Assessment

- Resume of Ministerial Experience.
- Three (3) Letters of Recommendation.
- Recent photo of yourself and the Church where you minister.
- Copies of certificates from seminars, classes you attended and college transcripts.

 **Get Maximum Credit**

You can also receive college credit for books, booklets and teaching series (if longer than 8 tapes) that you have developed. To receive credit for this type of work, you must send a copy of these materials with this evaluation request. They will be returned upon completing the evaluation.

Your Desired Educational Goal

What program are you looking to complete with BLCS?

Certifying Information Provided

I, _____ certify that the information I have provided is true and complete to the best of my knowledge.

Signature

Date