



BIBLICAL LIFE COLLEGE & SEMINARY

P. O. Box 588 | Marshfield, MO 65706-2399
Phone: (417) 859-0881 | **Fax:** (417) 468-2037
E-Mail: registrar@biblical-life.com
Internet Web Site: <http://www.biblical-life.com>

Application for Enrollment for Catalog Version 27

Personal Information

| | | | | | | | |
|---------------------------------------|--|---------------|--|---|-----|--|--|
| Name | | | | | | | |
| Address | | | | | | | |
| City | | State | | | Zip | | |
| Marital Status | | Date of Birth | | Sex | | | |
| SSN | | Home Phone | | () | | | |
| Daytime 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 | | <div style="font-size: 2em; font-weight: bold;">✍ Notes</div> |
| 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 \$60.00 = _____
 Graduate: _____ SCHS x \$70.00 = _____
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: _____

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: _____

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: _____

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 I enrolled. I also agree to lift the School, its professors, staff and students up before the Lord in prayer daily.

(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.

Prior Learning Evaluation

Please use our Prior Learning Evaluation Form for a comprehensive assessment of life experience learning, prior education and life works. This evaluation is provided free of charge.

All four pages of this enrollment application must be sent in with your enrollment



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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 417-859-0883. 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

| | Church/Institute | Dates Attended | # of Classes Completed | I have enclosed copies of transcripts/certificates |
|-----------------|------------------|----------------|------------------------|--|
| Institute Level | | | | <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 |

| | School Name | Major | Years Attended | # of Credits Earned | Degree Completed | Degree Earned |
|---------------------------------------|-------------|-------|----------------|---------------------|--|---------------|
| College/University/ Seminary Level | | | | | <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 | |
| | | | | | <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