



Admission Application

TRINITY EVANGELICAL BIBLE SEMINARY

2111 N .Main St. Pearland, TX 77581
WWW.TEBSEMINARY.COM

Circle Semester you wish to enter: Fall 20__ Spring 20__ Summer 20__

Non-Refundable Application Fee of \$65.00 is due with submission of application for the Undergraduate Program. Non-Refundable Application Fee of \$105.00 is due with submission of application for the Graduate Program.

The Registration Fee must be received before application will be processed

Expected date of enrollment: _____

Name: _____
First middle last

Preferred Name: _____

_____ street

_____ city state zip code

Email address: _____ Cell phone: _____

Home phone: (____) _____ Work phone: (____) _____

I hereby apply for admission to the Trinity Evangelical Bible Seminary

Signature: _____ Date: _____

PERSONAL HISTORY

Social security number for transcript: _____

Date of birth: _____ Citizenship: _____

Marital status: Single Engaged, wedding date if known: _____ Married, date: _____

Separated, date: _____ Divorced, date: _____ Widowed, date: _____

Name of spouse/prospective spouse: _____

Spouse's occupation: _____

Children's Names	Dates of birth	Entering grades	Children's Names	Dates of birth	Entering grades

Person to notify in case of emergency: _____
name relationship

_____ street city state zip code

Home phone: _____ Work phone: _____ Cell phone: _____

CHURCH RELATIONSHIP

Congregation to which you belong: _____
name

_____ street city state zip code

_____ pastor

How long have you been a member there? _____

ACADEMIC BACKGROUND

Level of education achieved: (High school, college, graduate school, post-graduate)	Location	Dates attended	Degree or Diploma	Graduation month/year

If completed college, please answer the following:

Undergraduate G.P.A.: _____ Undergraduate Major(s): _____

Do you feel your transcript is an adequate indicator of your abilities? _____
If not, please include an explanation in your autobiography.

Extracurricular activities: _____

Special academic or non-academic honors: _____

What languages do you speak? write? read? What is your level of fluency? _____

WORK EXPERIENCE

Type of work – please list current or most recent work history first	Years

FINANCIAL INFORMATION

How do you plan to finance your college education? _____

Educational loans outstanding: \$ _____ Personal loans: \$ _____

ITEMS NEEDED TO COMPLETE THIS APPLICATION:

1. Autobiography of four to seven pages, typewritten and double-spaced. *Please note that you may utilize your candidacy essay in lieu of writing an additional essay for the admissions committee.* Please include in your autobiography: your faith journey and call, including church activities and gifts for ministry; your family history. You may also include other information that will help the committee learn about you, such as: an introduction to your heroes/heroines, mentors or guides; a description of what makes you happy/unhappy; what exhausts/energizes you; other's thoughts on your application to seminary.

2. Candidacy essay: four to seven pages, typewritten and double-spaced why do you want to enroll in seminary

3. Letter of recommendation from your pastor

4. References from these two people:

<p>Your pastor: <i>not a family member</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Home phone: _____</p> <p>Work phone: _____</p> <p>Email: _____</p>	<p>Lay member of your congregation: <i>not a family member</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Home phone: _____</p> <p>Work phone: _____</p> <p>Email: _____</p>
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5. Official transcripts for all academic work since high school from the registrar of each institution (if applicable)

6. Recent photograph of yourself

In compliance with Title IX of the Education Amendments of 1972, 20 U.S.C. §§ 1681 et. seq., and federal regulations, 34 C.F.R. Part 106, it is the policy of Trinity Evangelical Bible Seminary to consider candidates for academic admission, for financial assistance, and for employment, without regard to gender, race, age, marital status, disability, religion, national or ethnic background, and sexual orientation, or any characteristics protected by law. As an organization of the church, however, the seminary and its extension program may consider religious factors, including policies of the church and decisions of candidacy committees.

NOTIFY IN CASE OF EMERGENCY

Name _____ Relationship _____
 Home Phone (_____) _____ Work (_____) _____

If you are under 18 years of age and unmarried, have a parent or guardian sign below:
“In the event of any emergence, I give my permission for my son/daughter to receive necessary medical treatment.”
 Date: _____ Parent’s/Guardian’s Signature: _____

Circle any of the following which you have had or are having. Give dates and the appropriate details.
 Allergies Drug Addiction Headache (Migraine) Asthma (Respiratory Ailments) Hypertention Diabetes Epilepsy Typhoid
 Dizziness Tuberculosis Emotional/nervous disturbances.

Drug Allergies (Please List) _____

Do you have any other physical/emotional conditions that required a physician’s attention?
 If so, Explain:
