



1

ENROLLEMNT APPLICATION FORM

APPLICANT: All Information Provided Is Kept Confidential. Please complete the application thoroughly and return it to the address provided. Spouses must complete separate applications. Couples do not pay an application/registration fee if applying together. Submit a non-refundable application/registration fee of \$50

SECTION A - PERSONAL INFORMATION

Full	Legal	Name
	First Name Middle Name Last Name(s) Maiden Name (if applicable)	-
Postal	6.6	Address
~	Street/P O Box City State Zip/Postal Code Province/Country)
Cell Phone	Home Phone	
E-Mail Addres	Fax Number	
Resident Addr	ess (if different from above):	
	Street/PO Box City State Zip/Postal Code Province/	Country
Date of Birth _	Place Of Birth (City, State And Country)	
Ethnic Origin_	Gender: Male Female Languages	
Nationality	Height Weight Color of Eyes	
SECTION B -	- MARITAL STATUS	
Married	Single Separated Divorced Remarried Widowed	
Single Parent _	Never Been Married Other	
Full Legal Nan	ne of Spouse	
Date and Place	Of Marriage	
Brief Informat	ion of Spouse	
Does your fam	ily support you in your desire to pursue the ministry?YesNo	Other

Diligentia Fertilis Virtus	-	DILIGENCE PRODUCTIVITY EXCELLENCE
----------------------------	---	-----------------------------------

SECTION C - PERSONAL DESCIPLINE

Do you smoke? Yes No Do you have problem with prescription drugs? Yes No								
Have you ever used or are you currently using illegal drugs?NoYes								
If yes, when is the last time you used any drug?								
Do you drink alcoholic beverages?NoYes Are you an alcoholic?								
Have you ever been arrested?NoYes. If yes, attach an explanation of the incidence.								
Have you ever been convicted of a crime? NoYes; If yes, attach an explanation.								
SECTION D - CHURCH FELLOWSHIP AND AFFILIATION								
CURRENT CHURCH AFFILIATION								
Current Church Name								
Denomination/Fellowship/Affiliation								

City, State, Country ____

How Long Have You Been Attending This Church?

Credentials, Duties, Positions Held

Name Of The Pastor

Address Of The Church

Phone #	E-Mail Address:	1. S. A. C.

Home Church Information: (if different from Current Church).

Specify Denomination/Fellowship/Affiliation Address, City, State, Country

SECTION E - EDUCATION INFORMATION

High Sch	ool:		_City/State		
□Public	□Christian	□Private Non-Christian	□ Home School	□Other	
Graduatic	on Date (Month/	Year): Did	l you earn a standa	rd high school diploma? 🗆 Yes	□No
Colleges	Attended:				

 $\mathcal{E}^{(i)}$

.....

Name:

Date Attended:

Degrees Earned:

1

-

2

SECTION F - ENTRANCE ESSAYS

Please answer the following entrance essays to the best of your ability. Failure to complete this section of the application could cause your application to be rejected. Use separate sheets if needed.

- 1. Describe your born-again experience when you confessed the Lord Jesus Christ as the only true God and asked Him to be your Lord and Savior.
- 2. Do you believe in speaking in tongues? Are you baptized in the Holy Spirit with the evidence of speaking in unknown tongues? Please describe your experience. What is speaking in an unknown tongue? If you have not yet had this experience, please indicate if you are presently seeking it.
- 3. Describe your current relationship with the Lord Jesus Christ and what He means to you.
- 4. Describe your personal calling and vision.
- 5. Why do you want to attend Doxa Global Bible College?
- 6. Please describe your home environment, including relationship with parents and the current spiritual state of immediate family members.
- 7. Are you called to any of the 5-fold office of The Holy Spirit? If Yes which office? ____ Apostle ____Prophet

a. ____Teacher ____Pastor ___Evangelist

- 8. What is your spiritual gift(s)?_____
- 9. What is your vocation?
- 10. List any Christian work or ministry you have participated in. Include any other information, academic, spiritual, or marital, that the Admissions Office should be aware of?
- 11. What is your topmost talent(s)/gift(s)? Use separate sheets if needed.
- 12. Briefly expound on the following: Acts 1:8 and Galatians 5:1, 14-16
- 13. What is the general condition of your health?
- 14. Do you have any issue which might interfere with your studies or duties as a student of DEBC? __Yes__

-

15. No: If "Yes" please explain:

- 16. Do you expect to complete the work required for graduation? _____ Yes _____ No
- 17. Will you cheerfully abide by or be in control of any circumstance that may arise? Yes No
- 18. Will you obey all rules and regulations and those in authority of Doxa Elite Bible College? Yes No
- 19. Are you in harmony with the principles which Doxa Elite Bible College maintains? ____Yes ____No

20. Are you presently employed? ____Yes ____No. If Yes, Where? _____

21. How did you hear about Doxa Elite Bible College?

DILIGENTIA FERTILIS VIRTUS - DILIGENCE PRODUCTIVITY EXCELLENCE

SECTION G - REFERENCES

APPLICANT: Please send a Recommendation Form to each of the following references

- 1. Clergy Recommendation Form To be completed by your current Pastor or any Pastor you are close to. Name of Pastor Church Name Address City, State, Postal Code, Country:
- 2. Personal References. Recommendation by any close associate. (cannot be a family member or relative). Name of Reference Address City, State, Postal Code Relationship to Applicant:
- 3. Family Recommendation Form. To be filled by any family member or relative. Name of Reference Address City, State, Postal Code Relationship to Applicant:



Name Of Applicant: Signature...... Date:

4