



APPLICATION FOR ADMISSION UNITY BIBLE COLLEGE

Name (Last, First, Middle): _____

Preferred Name: _____ Social Security Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Gender: Female Male Date of Birth: ___/___/___ Phone: _____ Cell: _____

Email Address: _____ Country of Citizenship: _____

Is English your primary language? Yes No

Marital Status: Single Married Separate Divorced Widowed Name of Spouse (if applicable): _____

Emergency Contact (Name, address, and phone):

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Please list the names and relationship of any relatives who have attended or are attending UBC:

1.		
2.		
3.		

The following questions are used for statistical purposes only: You are not required to complete this section of the application. If you complete this section, the information will not be used in evaluating your application for enrollment. UBC does not discriminate against applications on the grounds of race, color, sex, age, national origin, disability, or veteran status.

CURRENT MINISTRY STATUS (check all that apply)

Are you a minister? Yes No (Ordained Licensed) Credentials issued by: _____

If you are currently involved in ministry, what is your role? _____ If other, please list: _____

- ◆ If you are a Senior Pastor, Please supply the following Information:

Church Name: _____

Mailing Address (city, State, Zip): _____

Phone: _____ Fax: _____ Cell: _____

PERSONAL INFORMATION

Briefly, why do you want to attend Unity Bible College?

Briefly, what are your academic and professional goals? Please list short and long-term goals.

DEGREE INTENTIONS

For which degree/Certificate level(s) are you applying?

<input type="checkbox"/> Associates	<input type="checkbox"/> Doctor
<input type="checkbox"/> Bachelor	<input type="checkbox"/> PhD
<input type="checkbox"/> Master	<input type="checkbox"/> Certificate / CEU

In which degree program are you enrolling?

<input type="checkbox"/> Biblical Studies	<input type="checkbox"/> Music Ministry
<input type="checkbox"/> Ministry Training	<input type="checkbox"/> Biblical Counseling
<input type="checkbox"/> Youth Ministry	<input type="checkbox"/> Religious Studies (PhD)

Name, title, and phone number of three (3) personal references in Ministerial Leadership

EDUCATION INFORMATION

Please include both Traditional Four Year and Non-Traditional School Attendance including Bible Training and Seminaries.

#1 Institution Name: _____ Institution City, State: _____

Major: _____ Hours Earned: _____ Degree Completed? Yes No Date of Completion: _____

#2 Institution Name: _____ Institution City, State: _____

Major: _____ Hours Earned: _____ Degree Completed? Yes No Date of Completion: _____

#3 Institution Name: _____ Institution City, State: _____

Major: _____ Hours Earned: _____ Degree Completed? Yes No Date of Completion: _____

PASTORAL AND MINISTERIAL EXPERIENCE

Please complete this section; a brief description of your ministerial duties would be greatly appreciated. This information may be considered for transfer credit for the lifetime learning program. Please include additional information on your resume.

CURRENT MINISTRY INVOLVEMENT

Name of Church/Ministry: _____ Pastor/Overseer: _____

Ministerial Position: _____ Begin/End Dates (month/year) _____ to _____

Type of Ministry Duties: _____

MINISTRY EXPERIENCE

Name of Church/Ministry: _____ Pastor/Overseer: _____

Ministerial Position: _____ Begin/End Dates (month/year) _____ to _____

Type of Ministry Duties: _____

MINISTRY EXPERIENCE

Name of Church/Ministry: _____ Pastor/Overseer: _____

Ministerial Position: _____ Begin/End Dates (month/year) _____ to _____

Type of Ministry Duties: _____

<input type="checkbox"/> Prophet	<input type="checkbox"/> Elder	<input type="checkbox"/> Music Ministry	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Evangelist	<input type="checkbox"/> Administration	<input type="checkbox"/> Video/Tape Ministry	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Pastor	<input type="checkbox"/> Co-pastor / Assoc. Pastor	<input type="checkbox"/> Deacon	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Teacher	<input type="checkbox"/> Youth / Children's Ministry	<input type="checkbox"/> Armor bearer	<input type="checkbox"/> Other: _____

STATEMENT OF TRUTH

I understand that all items submitted to Unity Bible College as part of the application process becomes the permanent property of UBC and will not be returned to me. All information submitted to UBC is strictly confidential and will not be released to any party without written request directly from the student. All students must provide written requests when requesting transcripts or other documentation from the university.

I hereby state that the information contained in this application is correct and true. If UBC is notified that any information contained herein is false, it will be grounds for my immediate denial or dismissal. I also understand that completion of this application in no way guarantees or imply acceptance and/or enrollment as a student at UBC.

I declare that all information given to be true to the best of my knowledge.

Signature: _____ Date: _____