

APPLICATION FOR ADMISSION

Contextualized Leadership Development – **FALL 2018**

Center: Heartland Center for Continuing Education
Semester Deadlines: Fall – August 1st
 Spring – January 1st

for MBTS Office use only
 _____ \$25 Application fee (\$26 if paid online)
 _____ Application received

ALL information must be filled out and TRANSLATED INTO ENGLISH in order for the Application to be approved. If any information is missing, this will delay your acceptance.

Mail completed form to Heartland Center for Continuing Education, P. O. Box 6157 or drop it off at 2100 S. 51st Street, Omaha, NE 68106

PERSONAL INFORMATION

Name: _____
Last First Middle (circle name preferred)

Current Mailing Address: _____
Street (Include complete apartment number or box number)

_____ City State Zip

Phone: (____) _____ Alternate Phone: (____) _____

E-mail address: _____ Social Security Number: _____

Age: _____ Birthdate: _____ Birthplace: _____

Marital Status: single married divorced widow/widower Sex: Male Female

Race: Native American Asian/Pacific Islander African American Hispanic
 Caucasian Other _____

Home City and State: _____

Country of Citizenship: _____ If Not USA, Visa Status: _____

EDUCATIONAL GOALS

Semester/Term you plan to begin:

Year: _____ Fall Spring

Program you plan to enter: (All Must include copy of high school transcript or diploma)

- Certificate in Biblical Studies (12 hours)
- Certificate in Church Ministry (12 hours)
- Certificate in Christian Ministry (12 hours)

What is your purpose in furthering your education?

CHURCH INFORMATION

Month and year of acceptance of Christ _____ Denomination _____

Current Church Membership

_____ Church Name Pastor

_____ Address City State Zip

Are you the pastor of the church? YES NO (If yes, please give the name and phone number of your church clerk.)

EDUCATION

YES NO High School Graduate or GED

YES NO College Graduate

Colleges (list all schools attended):

Name Degree Received Date

Other Schools:

Name Degree Received Date

Have you previously applied to MBTS? YES NO

When? _____ What center: _____

Have you been refused admission to a school? YES NO

What School? _____ Why: _____

Have you been dismissed from a school? YES NO

What School? _____ Why: _____

FAMILY

Name of Spouse: _____

Birthdate of spouse: _____ Home state of spouse: _____

Children

Name	Sex	Birthdate	Name	Sex	Birthdate
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REFERENCES

Below list two individuals you would like to use as references. They CANNOT be family members.

1. Name: _____ Address/City/State Zip: _____
Phone: _____ E-mail: _____

2. Name: _____ Address/City/State Zip: _____
Phone: _____ E-mail: _____

Briefly explain how you became a Christian. Please use a separate sheet of paper. **THIS MUST BE TRANSLATED INTO ENGLISH.**

Signature: _____ Date: _____

MBTS/MBC admits students of any race, color, and national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, national, and ethnic origin, or handicap in the administration of its educational or admissions policies, scholarship, grant, loan, or other school-administered program. MBTS/MBC is an Equal Education Opportunity Institution.

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