

FAITH IN ACTION BIBLE COLLEGE
James 2:17

APPLICATION

STUDENT NAME: _____

FAITH IN ACTION BIBLE COLLEGE

Application

INSTRUCTIONS FOR APPLICATION COMPLETION:

1. Please TYPE or PRINT LEGIBLY. Answer all questions completely. If a question does not apply, please answer with "not applicable" or "N/A".
2. Request Official Transcript from each college, university or institute of ministry that you have previously attended. *Note: Official sealed transcripts must be mailed directly from the university to the FIABC admissions office.*
3. If college transcripts will not be provided, submit one of the following proofs of high school graduation: Diploma, G. E. D. equivalent. *Note: Proof of high school is not necessary for Certificate only (non-credit) students.*
4. An application fee of \$25.00 to Faith In Action (FIA) with the completed application must be submitted to the FIABC admissions office.

Attach Recent Photo Here	1. PERSONAL INFORMATION								
	<input type="checkbox"/> MR. <input type="checkbox"/> MRS.	LAST NAME		FIRST NAME		M.I.			
	<input type="checkbox"/> MS. <input type="checkbox"/> DR.								
	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____	MAIDEN NAME, IF APPLICABLE		MAILING ADDRESS					
	CITY	STATE / PROVINCE	ZIP CODE	HOME AREA CODE & PHONE NUMBER ()		WORK AREA CODE & PHONE NUMBER ()			
PHYSICAL ADDRESS		CITY	STATE/ ZIP CODE	CELL PHONE NUMBER ()		ALTERNATE CONTACT NUMBER ()			
BIRTHDATE (MM / DD / YYYY)		PLACE OF BIRTH		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHAT COUNTRY ?	
RACE <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN				SOCIAL SECURITY NUMBER			E-MAIL ADDRESS		
CHURCH BACKGROUND / DENOMINATION		CHURCH PRESENTLY ATTENDING (INCLUDE CHURCH LOCATION) CHURCH PHONE #				PASTOR'S NAME			
EMERGENCY CONTACT (OTHER THAN SPOUSE)					EMERGENCY PHONE #: ()				

II. MARITAL STATUS INFORMATION

MARRIED ENGAGED SEPARATED SINGLE

III. SPOUSE / FIANCEE INFORMATION

LAST NAME	FIRST NAME	M.I.
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IV. DEPENDENT INFORMATION

DEPENDENT NAME	AGE	DATE OF BIRTH			GRADE
		Month	Day	Year	
1.					
2.					
3.					
4.					
5.					
6.					

V. MINISTRY AND EDUCATIONAL GOALS

1. What degree program are you interested in completing at FIABC and why?

2. Please briefly state your ministry goals (include short-term and long-term goals).

3. Please list or describe your experience in serving or ministry.

VIII. EDUCATION HISTORY

HAVE YOU PREVIOUSLY ATTENDED BIBLE COLLEGE? YES NO

HIGH SCHOOL NAME*	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	STUDY EMPHASIS	DID YOU GRADUATE? r YES r DIPLOMA r NO r G. E. D.
COLLEGE / UNIVERSITY NAME**	START DATE (MM / YYYY)	STOP DATE (MM / YYYY)	MAJOR	DIPLOMA / DEGREE EARNED

ALL EDUCATION BACKGROUND INFORMATION MUST BE SUPPORTED BY THE FOLLOWING DOCUMENTATION:

** List schools including Bible Institutes, Bible Colleges, other Colleges or Universities. Must have original, sealed, official transcripts sent directly to our local campus.

*If you have not attended college: Must send a copy of your high school transcript, diploma, or G.E.D.

Note: It is the Applicant's responsibility to request, pay for, and follow-up on all Transcripts requested.

VII. PERSONAL HEALTH STATUS

HEIGHT	WEIGHT	YOUR GENERAL HEALTH: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
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Briefly describe your health history or current conditions as relates to the ability to complete our course of study:

Please list all current medications and the dosage of each in case emergency care is needed:

MEDICAL CONSENT

I hereby grant permission to Faith In Action Bible College, to render me to any emergency treatment, medical or surgical care that might be deemed necessary. Also, when necessary for executing such care, I grant permission for hospitalization at an accredited hospital at no expense to FIABC.

Student Name (print)

Student Name (signature)

Date

Non-Discrimination Policy

The Faith In Action Bible College does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students of the college.

Privacy Rights of Students

STATUTE 20, UNITED STATES CODE, 1232g and regulations adopted pursuant thereto, hereinafter referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the CODE:

The Code provides for an institution to establish a category of student information termed "directory information." When available in college records, any information falling in the category of "directory information" will be available to all persons on request (i.e., the IRS, FBI, or other government agencies, and for use in FIABC publications). FIABC has identified the following student data as "Directory Information:"

1. Name
2. Address
3. Telephone Listing
4. Race
5. Date & Place of Birth
6. Major Field of Study
7. Church Membership
8. Dates of Attendance
9. Degrees & Awards Received
10. Educational Institution Attended

All other information, such as social security numbers, health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties without consent of the student.

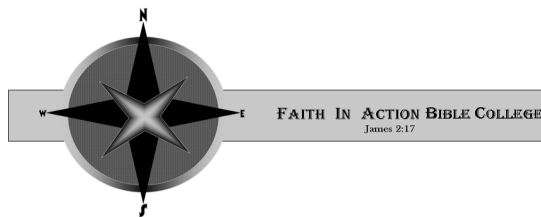
Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon written authorization from the student or upon a subpoena by a court of law.

PLEASE READ CAREFULLY THE AFFIDAVIT OF AGREEMENT BEFORE SIGNING.

1. I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of admission should falsehood be discovered after acceptance to the college and expulsion may be necessary.
2. I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, 1232g.
3. I certify by my signature that I agree to abide by the policies of FIABC as described in the Faith In Action Bible College official Student Handbook and Course Catalog.

STUDENT SIGNATURE

DATE



Student Application Checklist:

- Completed Application
- Proof of High School Diploma or GED
- Official Transcripts requested
- Application Fee of \$25.00
- Recent Photo Attached

Mail Completed Application & Check To:

Faith In Action Bible College
P.O. Box 2187
Foley, AL 36536

**Official College Transcripts may also be mailed
to the address above.**