

# APPLICATION FOR ADMISSION



INSTITUTE

**The Bridge Bible Institute**  
c/o The Bridge Bible Fellowship  
18644 Sherman Way, Reseda, CA 91335  
Phone: 818.776.1500  
[www.BridgeBible.church](http://www.BridgeBible.church)

## INSTRUCTIONS

(Please complete all sections as incomplete applications may have to be returned.)

1. Please print in ink (use blue or black ink only).
2. Submit application with \$30 non-refundable course fee per course. Book fee will be additional.

## BIOGRAPHICAL INFORMATION

Please print or type your full legal name

Name: \_\_\_\_\_  
First Middle Last (Maiden)

Preferred First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ How often do you check your E-Mail? \_\_\_\_\_

Gender: M F (circle) Date of Birth (mo/day/yr.): \_\_\_\_\_

## MARITAL STATUS

Single ☐ Married ☐

## CHURCH AFFILIATION

Name of church you currently attend: \_\_\_\_\_

Address: \_\_\_\_\_

Years in attendance: \_\_\_\_ If you have attended less than one year, name of previous church: \_\_\_\_\_

Are you a member? \_\_\_\_ Do you attend regularly? \_\_\_\_\_

List any ministries or church activities in which you are currently involved. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MINISTRY INFORMATION**

Briefly describe your salvation experience and your relationship with Jesus Christ as well as approximate date of conversion. \_\_\_\_\_

\_\_\_\_\_

Briefly explain why you are taking this class. \_\_\_\_\_

\_\_\_\_\_

Identify the area(s) of ministry to which you feel God has called you: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ From/To Dates: \_\_\_\_\_

If you are currently enrolled in school, where do you go? \_\_\_\_\_ What level? \_\_\_\_\_

**COURSE INFORMATION**

Which Session(s) will you be taking?

1<sup>st</sup> Session: Wednesdays, 7:00 p.m. – 8:30 p.m. ☐

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL CONSENT**

I, the undersigned, do hereby grant full permission to TBBI or any related or consulting physician to render emergency medical aid, care or treatment that they deem necessary. This consent I give freely and voluntarily, fully knowing and understanding all the above and its relation and effect upon me.

Full name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any allergies, please explain below:

\_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Course Fee Attached \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_