



VISAYAN NAZARENE BIBLE COLLEGE

St. Mary's Drive, Apas, Cebu City

Cebu City

APPLICATION FORM

Name: _____ Status: _____
Date of Birth: _____ Place of Birth: _____
Home Address: _____
Program applied: _____ ABTH/Pastoral Min. _____ ABRE/C.E. Admin.
_____ ABRE/Pre -School Ed./Admin.

A. FAMILY BACKGROUND

Parents' Names: _____
(Father) (Mother)
Address: _____
Occupation: _____ Yearly Income: _____
Do your family own properties: _____
Church Affiliation: _____
No. of Children in the Family: _____
(Brothers) (Sisters)
Do your parents approved of your studies in VNBC? _____

B. SPIRITUAL EXPERIENCE

Save? Yes _____ No _____ Sanctified? Yes _____ No _____
Church Membership: _____ Baptized? _____
Church Ministry Involvement: _____
For how long have you been involved in this ministry? _____
Other ministries: _____

C. EDUCATIONAL BACKGROUND

Elementary School Attended: _____
Year Graduated: _____
High School Attended: _____
Year Graduated: _____
Honors received in High School: _____ GPA Rating: _____
College Attended: _____ Course: _____
No. of Unit/s earned if course has not been completed: _____

D. HEALTH CONDITION

Health Problem: Allergies: _____ Hearing Problem: _____ Eye Problem: _____
Do you have any physical disability? _____ YES _____ NO
When was the last time you were hospitalized? _____
For what reason/s: _____

E. SOCIAL LIFE

Do you enjoy being with people? _____ Yes _____ No
Have you been away from home long enough to give you the sense of independence?
_____ Yes _____ No
Are you in a special way related with someone of your opposite sex? _____ Yes _____ No
If yes, for how long has this relationship been going on? _____
Do you parents approve of this relationship? _____ Yes _____ No with Some reservation



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F. FINANCES

What kind of support are you going to receive from the following sources? (Please have the signature of the authorized person below the amount pledged)

District:	Amount/week/month/semester	_____
	DS Signature :	_____
Home Church:	Amount/week/month/semester	_____
	Pastor's Signature :	_____
Parents:	Amount/week/month/semester	_____
	Parents' Signature :	_____
Sponsor:	Amount/week/month/semester	_____
	Sponsor's Signature :	_____

G. Give two names of lay members of your church whom you would consider good referrals: (Include their mailing address)

Name	Mailing Address
_____	_____
_____	_____
_____	_____
_____	_____

H. I certify that the above information is true and correct.

I agree to abide by and respect the doctrines of the Church of the Nazarene. Any deliberate attempt on my part to show disrespect or down grade these doctrines or the Church of the Nazarene in general will mean my being subject to the discipline the school may deem appropriate

I solemnly submit to the instructions, rules, and regulations of the Visayan Nazarene Bible College and to the discipline the school may impose for any violations of the said rules and regulations.

_____	_____
Date	Signature over Printed Name

THIS FORM AND ALL OTHER REQUIREMENTS FOR ADMISSION SHOULD BE MAILED DIRECTLY TO THE OFFICE OF:

The Registrar
Visayan Nazarene Bible College
P.O. Box 261
6000 Cebu City