



Hopkinsville College of the Bible

Application for Admission

DATE: _____

First Time Applicant Re-Admission Non-Degree Full-Time Part-Time

Fall _____ Spring _____

Night _____ Day _____

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street/Number) (City) (Zip Code)

(County) (State) (Telephone Number) (e-mail address/fax)

Date of Birth _____ Social Security Number _____ Male _____ Female _____

Employment _____ Phone _____

Place of Birth _____ County _____ Age _____ Height _____

Martial Status Single Married Divorced Are you a Veteran

Spouse's Full Name _____

Mother's Name _____

High School Attended _____

Date of Graduation _____ GED _____
(Transcript required)

VA Benefits must be approved in advance.

HOPKINSVILLE COLLEGE OF THE BIBLE



Name of School/College

Address

Year

What church activities are you currently involved in? _____

Who will be responsible for your tuition _____

What degree do you plan to pursue?

Postsecondary Diploma of Theology

Bachelor of Biblical Studies
Minor Christian Education
Minor In Theology

Postsecondary Certificate in Christian Mission

I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that if I withdraw from a class, the total amount due according to the HCB reimbursement policy must be paid upon the date of withdrawal.

DATE _____ Signature _____

In the space below give a brief statement of your Christian experience and goals in Christian Service. _____