



**BIBLE ENRICHMENT SCHOOL OF THEOLOGY
B.E.S.T.**

Registration/Application Form

INSTRUCTIONS FOR COMPLETING APPLICATION

1. All of the following must be completed in order for this application to be processed.
2. Have official transcripts from all schools sent directly to Bible Enrichment School of Theology (B.E.S.T.)
3. Submit a non-refundable **\$40.00 application fee**. Make check payable to B.E.S.T.
4. Attach photograph and typed essays

Submit the completed application and application fee directly to the Office of Admissions. You may submit the application by email, but you MUST follow-up by mailing the original copy.

PLEASE PRINT OR TYPE:

PERSONAL INFORMATION				
Name: Last	First:	Middle:		
Address:	City:	State:	Zip:	Home Phone: ()
Soc. Sec. No.	Sex:	Date Of Birth:	Age:	Work Phone: ()
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you born again? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Student Status: Circle One Level One Student Level Two Student	
CHURCH AFFILIATION				
Identify the denomination in which you consider yourself to have been raised:				
List the name of the Church you currently attend:				

Are you a member of Bible Enrichment Fellowship International Church? Yes No

EDUCATIONAL AND OCCUPATIONAL HISTORY

Educational (Circle highest level attained):

1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 5 Masters Specialist Doctorate

List in chronological order ALL schools attended since high school.
Please have official transcripts from EACH school sent directly to Bible Enrichment School of Theology

Name Of College/University-Location	Field of Study	Degree Earned	Dates	
			From	To

Beginning with the most recent please list in chronological order your employment history with inclusive dates.

Employer	City	State	Position	Dates	
				From	To

Identify the area(s) of ministry to which you feel God is calling (or has called) you:

Pastor Evangelist Teacher Other _____

SPIRITUAL BACKGROUND

Full Official Title of Denomination/Fellowship _____

Name of Local Church _____

Mailing Address _____ City _____ State _____ Zip _____

Pastor's name _____ Phone Number _____

Are you a member? Yes No Years of attendance _____

Are you currently in ministry? Yes No Position _____

Are you a licensed minister? Yes No
By whom were you licensed? _____ Date Licensed _____

Are you ordained? Yes No Date of ordination _____
By whom/which ministry were you ordained? _____

REFERENCES

List the name/contact information of at least 3 (three) persons other than family members who have known you for at least one year and whom Bible Enrichment School of Theology personnel may contact. Please inform references of this possibility. If a faculty reference is unavailable, choose a colleague or friend with at least an undergraduate degree.

Name _____ Position _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ email address _____

Years known: _____

Name _____ Position _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ email address _____

Years known: _____

Name _____ Position _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ email address _____

Years known: _____

Name _____ Position _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ email address _____

Years known: _____

AUTOBIOGRAPHY – WRITING SAMPLES

To enable the Admissions Committee to better know you, please answer the following questions thoroughly and reflectively. Each question should receive a two-to-three page answer. Responses should be typed. **These typed pages are to be attached to the application.** Please understand that these responses will constitute a writing sample for the Admissions Committee and provide a sample of your ability to communicate clearly.

- A. Reflect on your spiritual walk with the Holy Spirit and describe your spiritual journey chronologically, including a discussion of your personal relationship with Jesus Christ and the most significant events and influences upon your life. What major events, traumas (i.e., family death, divorce, career change, etc.) have occurred in your life and what has been their impact upon you?
- B. Present a statement of your call to ministry and how you feel the program of the Bible Enrichment School of Theology will equip you for this ministry. How do you perceive a theological degree will benefit your call?

The Bible Enrichment School of Theology may require a personal interview, academic testing, or other information in order to process your application for admissions.

I hereby apply for admission to the Bible Enrichment School of Theology and certify that to the best of my knowledge the information given in this form is correct. If admitted, I will uphold and abide by all the standards and regulations of Bible Enrichment School of Theology that are detailed in the student handbook. I understand that confidential forms may be requested of persons named on this application. Such forms will be sent directly to the Admissions Office with the understanding that their contents are not available to me. I hereby waive my right to their content. I understand that the information contained in my application and student file is available to the faculty and administration of the Bible Enrichment School of Theology for evaluation and advisement purposes.

Signature

Date

Bible Enrichment School of Theology (BEST) admits students without regard to race, color, gender, national or ethnic origin, handicap or disability, age, marital status or veteran status.

APPLICATION CHECKLIST

- Completed Application and attached essays
 - Attached photograph
 - Official Transcripts requested from all schools since high school
 - \$40.00 Application fee
-

EMERGENCY INFORMATION

Nearest relative or person to be notified in case of an emergency:

Name	Relationship	Street Address
_____	_____	_____ () _____
City	State	Zip Telephone Number

MEDICAL CONSENT

I hereby grant permission to **Bible Enrichment Fellowship International Church/Bible Enrichment School of Theology** or its consulting physician to render to me any emergency treatment or medical surgical care that might be deemed necessary. Also, when necessary for executing such care, I grant permission for hospitalization at an accredited hospital. If applicant is under 18, the signature of parent or guardian is required. (*You must check yes or no and sign*).

I hereby grant permission:

Yes No _____ Date _____
Signature

Please print your email address _____

Return completed application to:

Bible Enrichment School of Theology – B.E.S.T.
400 East Kelso Street
Inglewood, California 90301

OFFICIAL SCHOOL USE ONLY

Date Received _____ Application Fee Received _____