

VICTORIOUS LIVING BIBLE INSTITUTE, INC.  
P.O. BOX 1160  
WAYCROSS, GEORGIA 31502  
Email: admissions@victoriouslbi.org  
Phone: 1-833-884-8880  
Fax: 912-449-5021

Date Rec'd: ___/___/___ LEAD: ___Yes ___No Fees Paid: ___Yes ___No Approved: ___Yes ___No By: _____
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**ENROLLMENT APPLICATION    Date: \_\_\_/\_\_\_/\_\_\_**  
**PROGRAM OF STUDY**

	Certificate Program
	Diploma Program
	Associate Degree
	Bachelor Degree
	Master's Degree
	Doctorate Degree

There is a one-time application fee in the amount of **\$25.00** which is due and payable upon submission of this application.  
Please make all checks or money orders payable to: **VLBI** and return to the address above.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please list all schools attended:

<i>School &amp; Location</i>	<i>Dates Attended</i>	<i>Diploma/Degree</i>
	From: ___/___/___ To: ___/___/___	
	From: ___/___/___ To: ___/___/___	
	From: ___/___/___ To: ___/___/___	
	From: ___/___/___ To: ___/___/___	

1. On a separate sheet of paper please provide us with a sample of your writing by telling us your reasons for enrolling in this Diploma/Degree Program. Please limit to 200 words or less.
2. Using the form on the next page, please request all prior educational institutions forward to VLBI an official Transcript from their institution. Please be advised that Honorary Degrees will not be accepted towards academic requirements.
3. By submitting this application for enrollment, you certify that all information presented herein is true and accurate.
4. By submitting this application for enrollment, you agree to the terms of tuition payment, program enrollment fees (\$50 for certificate/diploma; \$100 degree programs), materials and textbooks. Further, the one-time application fee in the amount \$25.00 is non-refundable.

I, \_\_\_\_\_, hereby certify that all information attached and presented herein is true and accurate to the best of my knowledge. I hereby make application for enrollment in the Certificate, Diploma or Degree Program indicated above, and will endeavor to do my best to adhere to the standards of Victorious Living Bible Institute.

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

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## REQUEST FOR TRANSCRIPT

To: Guidance Office/Office of Registrar and Records (Please Print)

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Name of School/College

I, \_\_\_\_\_, request that you send an official copy of my transcript to: Victorious Living Bible Institute, Inc.

Office of Admissions

P.O. Box 2651

Waycross, Georgia 31501

I last attended your school: \_\_\_\_\_  
Month/Semester Year

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Security Number Signature Date Social

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth Maiden Name (if applicable)

If there is a charge, please contact me at the address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NOTE TO THE APPLICANT:

Passage by Congress of the Family Educational Rights and Privacy Act of 1974 and subsequent legislation passed by certain states requires that permission be granted for the release of academic records by schools. For that reason, it is necessary for you to request that your transcript(s) be mailed to our office. **Transcript(s) marked "Issued to Student" will not be considered as official for admission to programs at Victorious Living Bible Institute.** Please complete and sign the letter above and submit it to your principal or counselor at your high school and/or the registrar at the college(s) you have attended.

*Thank you.*