

# BIBLE ENRICHMENT SCHOOL OF THEOLOGY (B.E.S.T.)

## Registration/Application Form

APPLICATION INSTRUCTIONS & CHECK	<u>KLIST</u> (IIICOITIPIELE	арриони.	on paoneto min n	ot be proof	,
Email <b>Application Packet</b> to The Office Registrar at Ramona@bibleenrichme			\$40.00 Non-Refur	ndable <b>Appl</b>	ication Fee
Application Packet must include:  ⇒ Registration / Application Form • Complete each page of this application. • For items that do not apply, type in received by the sample #1  ⇒ Writing Sample #1  ⇒ Recent photo of self. ⇒ Transaction ID# from PayPal payment.  □ A request for my Official Transcripts to has been submitted to every school list Education History.  PERSONAL INFORMATION	<ul> <li>Go to the Bible Enrichment School of Theology Webpage</li> <li>Click "Students" Tab</li> <li>Under "Tuition Payment" click "Pay Now"</li> <li>You will be redirected to the PayPal Website <ul> <li>Description: BEST Application Fee for (enter your name)</li> <li>Price Per Item: \$40.00</li> <li>Quantity: 1</li> <li>Hit "Continue"</li> <li>You will be given the option to <ul> <li>1) pay using your PayPal Account or</li> <li>2) pay using a Debit or Credit Card (you choose)</li> <li>Follow System Prompts to complete payment</li> </ul> </li> <li>Enter Transaction ID# (MANDATORY)</li> </ul></li></ul>				
Last Name:	First Name:			Middle Name:	
Street Address:	City:		State:	Zip:	Home Phone:
Last 4-Digits of Social Security Number:	Date of Birth (mm/	e of Birth (mm/dd/yyyy): Email Address:			Cell Phone:
Marital Status:  Married Divorced Widowed	U. S. Citizen	Are you born again?  No Yes Date:		Student Status:  Level One Student  Level Two Student  Audit Student  Alumni	
Single Engaged	□No	Yes		Level -	Two Student Student
Single Engaged  EMPLOYMENT HISTORY: Beginning with		Yes Date:	onological order yo	Level - Audit :	Two Student Student ii
		Yes Date:	onological order yo Position	Level - Audit : Alumr	Two Student Student ii
EMPLOYMENT HISTORY: Beginning with	n the most recent an	Tyes Date:		Level - Audit : Alumr	Two Student Student ii ent history with dates.  Dates
EMPLOYMENT HISTORY: Beginning with	n the most recent an	Tyes Date:		Level - Audit : Alumr	Two Student Student ii ent history with dates.  Dates

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### **EDUCATION HISTORY**:

<b>Level of Education</b> : High School Dip	loma 🗌 GED	Some Colleg	e but Did Not Gi	raduate [	College Graduate			
<ol> <li>List in chronological order, from most recent to oldest, ALL schools attended since high school</li> <li>Submit request to each school to have official transcripts from <u>EACH</u> school listed below sent directly to: The Office of the Registrar, Bible Enrichment School of Theology, 400 East Kelso Street, Inglewood, CA 90301</li> </ol>								
Name of College/University, (City, State)	Field of Study	/ Degree	Earned	Dates: Fr	om (month/yr) - To (month/yr)			
	□AA □B	A Masters	Doctorate					
	□AA □B	A Masters	Doctorate					
	□ AA □ B	A Masters	Doctorate					
CHURCH AFFILIATION & SPIRITUAL BACK Identify the area(s) of ministry to which Pastor Evangelist Teacher	you feel God is c	alling (or has ca	lled) you:					
Identify the denomination in which you	consider yoursel <sup>.</sup>	f to have been r	aised:					
Are you a member of Bible Enrichment Fellowship International Church (BEFIC)? Yes No								
If not a member of BEFIC, then list the n	ame of the Chur	ch you currently	attend:					
Name of Pastor & Phone Number:	1							
Church Denomination:								
Church Mailing Address:								
Street address		city	state		zip			
Are you a member of this church?	☐ Yes ☐ No	Years of attend	ance:					
Are you currently in ministry?	☐ Yes ☐ No	Position(s)						
Are you a licensed minister?	Yes No	Date Licensed: you licensed?						
Are you ordained?	Yes No	Date of ordinat						
EMERGENCY CONTACT: Person to be notified in case of an emergency								
_								
Name		email address	phone no	umber				
Street address		city	state	zip				

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I hereby grant permission to <b>Bible Enrichment</b> consulting physician to render to me any emer necessary. Also, when necessary for executing If applicant is under 18, the signature of parent	rgency treatment or m g such care, I grant per	edical surgica mission for ho	l care that might be deeme espitalization at an accredit	d
I hereby grant permission: Yes No	ie your full legal name to be submitted	d as your electronic sig	nature Date	
REFERENCES List the name/contact information of 3 (three east one year and whom Bible Enrichment of this possibility. If a faculty reference is undergraduate degree.	School of Theology p	personnel ma	ay contact. Please inform	
Reference #1	email address		phone number	
Street address	city	state	zip	
t of years known				
Reference #2	email address		phone number	
itreet address	city	state	zip	
t of years known				
Reference #3	email address		phone number	
Street address	city	state	zip	

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# of years known

#### **AUTOBIOGRAPHY – WRITING SAMPLES**

To enable the Admissions Committee to better know you, please answer the following questions thoroughly and reflectively. Please understand that these responses will constitute a writing sample for the Admissions Committee and provide a sample of your ability to communicate clearly.

- Each writing sample should be a separate document
- Attach each writing sample to an email and submit with your completed application
  - o Applications received without (2) two writing samples will be considered incomplete
- Writing Sample Format:

Format: Typed# of Pages: 2-3 pages

■ Font: Times New Romans

■ Font Size: 12 point

Spacing: Double Spaced

Cover Page: optional (ensure your name is on the sample)

#### Writing Sample #1:

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?

#### Writing Sample #2:

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.

#### **ACKNOWLEDGEMENT:**

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** (Type your full legal name to be submitted as your electronic 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.

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#### OFFICIAL SCHOOL USE ONLY

- Date Application Received:
- Application Processed By:
- Receipt # for Application Fee:
- Student Account Set-Up in Teams by:
- Student Packet Sent to Student by:
  - Student Packet Includes:
    - ⇒ Acceptance Letter
    - ⇒ BEST Orientation Dates
    - ⇒ Dates of Comprehensive Study Skills Classes (CSSC)
    - ⇒ Schedule of Classes
    - ⇒ Book List
    - ⇒ Tuition Payment Plan Options
- Date Student Packet Sent to Student:
- Date Chancellor and Administrator Notified of Student Enrollment:

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