



JESUS MINISTRIES BIBLE INSTITUTE

P.O. Box 821437
Pembroke Pines, FL 33082-1437
(954) 544-2028 phone (561) 347-6222 fax
Student Information and Enrollment

**Please Attach
A Recent
Passport-Type
Photograph Here**

Please print or type, and answer all questions.

1. Title (check one) Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Reverend <input type="checkbox"/> Dr. <input type="checkbox"/> Other (specify): _____			Date _____		
2. First Name _____		Middle _____		Last _____	
3. Address _____		City _____		State/Country _____	
Zip _____					
4. Home Phone Contact Number () _____					
5. Mobile Contact Number () _____					
6. Email Address _____					
7. Date of Birth – Month / Day / Year _____					
8. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>					
9. Place of Birth _____					
10. Social Security _____					
11. What is your primary language? _____					
12. Do you prefer to study in English or Spanish? English <input type="checkbox"/> Spanish <input type="checkbox"/>					
13. U.S. Citizen? (check one) Yes <input type="checkbox"/> No <input type="checkbox"/>					
14. If not, which country? _____					
15. Marital Status (check one) Single <input type="checkbox"/> Married <input type="checkbox"/>					
16. Name of Spouse _____					

17. Nearest relative (not husband or wife) to be notified in case of emergency.		
Name	Relationship	Phone
18. Street Address		City
State/Country	Zip	
19. Occupation(s)		
20. Church background and denomination:		
21. Church you are currently attending / serving:		
Name	Pastor	

EXPERIENCE

22. Current status in ministry:

Licensed _____ Ordained _____ Denomination / Organization
 (specify) _____
 Pastor _____ Teacher _____ Missionary _____ Marketplace _____
 Other (specify) _____

23. How long in this position? _____

24. Number of years in ministry and clerigical, marketplace or other type of ministry?

25. Areas of involvement in ministry?

Pastorate _____ Teaching _____ Evangelism _____ Radio / TV _____
 Market Place _____ Other (specify) _____

26. On a separate sheet, please prepare a summary of your ministry (or send a resume), including the following information:

- A. The names, dates, and addresses of the church (es) where you have pastored or worked and their approximate membership(s), denominational positions held, etc.
- B. Any other ministerial activities in which you have engaged, such as radio, television, missions, music, evangelism, youth or children's work, children's church, Christian education, counseling, marketplace, arts, government, etc.

EDUCATION

27. Beginning with high school/secondary school, list all educational institutions attended:

Name of School	Dates	Major	Diploma or Degree
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28. Are you a high school graduate? GED? _____
Other (specify) _____

29. Total college credits _____
30. Total theological credits (Credits in theology or from a Bible college) _____
31. Total secular credits (non-theology or secular college) _____
32. Total ministry credits _____
33. Highest degree now held _____

Send a copy of your high school diploma, GED certificate or SSLC.

Contact all previous colleges and /or universities and have official transcripts of all studies sent directly to: **JESUS MINISTRIES FAMILY WORSHIP CENTER - PO Box 821437**
Pembroke Pines, Florida 33082.

Send any other pertinent information that might be of assistance in evaluating your experience in ministry, including copies of Theological diplomas, certificates, awards and honors.

Please note: Be sure to package all materials carefully and securely. You may want to send them by certified mail.

How did you hear about T.B.C.S.? (Please check)

Magazine ☐ Associate ☐ Newspaper ☐ Television ☐ Radio ☐

Friend ☐ (if referred by friend, Name (_____))

Direct Mail Yellow Pages Other (specify)

PRIVACY RIGHTS OF STUDENTS

Statute 20, United States Code, Section 1232g and regulations adopted pursuant thereto, hereafter referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the Code:

The Code provides for the institution to establish a category of student information termed “directory information.” When available in college records, any information falling in the category of “directory information” will be available to all persons on request, i.e., IRS, FBI, or other government agencies, and for use in TBCS publications. TBCS has identified the following as “directory information.”

- | | | |
|----------------------|----------------------------|--|
| 1. Student’s Name | 5. Sex | 9. Denominational Affiliation |
| 2. Address | 6. Date and place of birth | 10. Dates of attendance |
| 3. Telephone listing | 7. Major Field of study | 11. Degrees and awards received |
| 4. Race | 8. Church Membership | 12. Most recent / previous Educ. Agency/institution attended |

All other information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties without the written consent of the student.

Except as required for use by the president in discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

I indicate by my signature that I have been notified of my rights as afforded by Statute 20, United States Code, Section 1232g.

I understand by my signature that while attending Tabernacle Bible College and Seminary and or College of Social and Behavioral Sciences, College of The Arts and all affiliated extension colleges I have given consent to deduct my monthly tuition from my initial credit card ending in _____ on the first of every month of my payment plan, and agree to uphold all financial, academic and moral code policies of the institution.

Applicant’s Signature

Date of Application

**Return all forms to JMBI at Info@jmbibleinstitute.org
or P.O. Box 821437
Pembroke Pines, FL 33082-1437**