



“Study to shew thyself approved unto God, a workman that needeth not to be ashamed, rightly dividing the word of truth.” II Timothy 2:15

NEW APPLICANT ENROLLMENT FORM

New Grace welcomes you! Those whom God calls to serve are also called to prepare. May God bless each one who seeks to enter this program. Our faculty wants nothing more than for you to succeed in your spiritual, personal and professional life. God bless you.

PERSONAL INFORMATION

Title:		Full Legal Name:	
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Sex:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	Social Security #:	
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Date of Birth:		Place of Birth: (City, State)	
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Marital Status:					
<input type="checkbox"/>	Single	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced		

Emergency Contact	
Name:	
Relationship:	
Phone #:	

CONTACT INFORMATION

Address:	
City:	
State	Zip Code:

Home Phone #:	
Cell Phone #:	

E-Mail Address:	
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EMPLOYER INFORMATION

Present Occupation:		Employer:	
Business Phone #:		# of Year:	

CHURCH INFORMATION

Do you attend church regularly?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you a church member?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Church Name:	
Church Address:	

Pastor's Name:	
Pastor's Phone #:	

Do you serve in a church position?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you answered Yes above, please answer the following two questions.				
What church position do you hold?				
How long have you served in that position?				

EDUCATION

High School Name:	
Address:	

Graduated?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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List all post-secondary school and colleges attended:				
Name:	City, State:	Dates Attended:	Graduated: (Yes/No)	Degree Obtained:

REFERENCES

Name:		Address:	
Phone #:		City, State, Zip:	

Name:		Address:	
Phone #:		City, State, Zip:	

I have attached my registration fee, material fee, textbook fees, and my testimony to this form. I understand that these fees are non-refundable and non-transferable. I certify that all items on this application are answered correctly and completely to the best of my knowledge. I understand that providing false information may disqualify me for admission and enrollment to NGBC. I give NGBC permission to contact any references listed on this application. I have also read the statement of faith and the code of conduct in the NGBC Handbook and agree to abide by both.

Signature: _____ **Date:** _____

New Grace Bible College is committed to the principle of equal opportunity and does not discriminate against applicants, students, or employees based on race, color, national origin, religion, sex, age, or handicap.

Rocky Mount, NC 27803
(252) 443-3433
NewGraceBibleCollegeNC@gmail.com

Personal Reference Form - Pastor

(Give this to your Pastor and ask him to mail it to New Grace Bible College.)

Applicant's Name _____

Address _____

City _____ State _____ Zip Code _____

The above named person has applied for admission to New Grace Bible College and has given your name as a reference.

Please fill out the information below and return it to us as soon as possible.

How long have you know the applicant? _____

In what capacity have you known him/her? _____

In considering this applicant would you recommend him/her? Yes No

Rate the applicant in the following areas: *(Please check the box that most accurately represents your opinion)*

	Excellent	Good	Average	Poor	Unknown
Christian Character					
Dependability					
Cooperation					
General Intelligence					
Ability to get along with others					

Additional Comments:

Pastor's Name _____

Pastor's Signature: _____ **Date:** _____



New Grace Bible College
8923 West Mount Drive
Rocky Mount, NC 27803
(252) 443-3433
NewGraceBibleCollegeNC@gmail.com

Transcript Request

To Whom It May Concern:

I have applied for enrollment into *New Grace Bible College*.

Please send a copy of my:

High School Transcript

College Transcript

To New Grace Bible College as soon as possible:

New Grace Bible College
8923 West Mount Drive
Rocky Mount, NC 27803
(252) 443-3433
NewGraceBibleCollegeNC@gmail.com

These records are vital in determining the plan of study that I will need to follow. Please include exact titles of subjects taken and the number of credits received for each one.

Thank you for your prompt attention to this matter.

Signature: _____ **Date:** _____

(Please attach the Applicant Information below to the transcript being sent to New Grace Bible College)

Personal Information to be completed by Applicant:

Last Name First Name Middle Name Suffix

Address

City State Zip Code

Date of Birth Social Security Number

(This form may be photocopied for multiple uses)