



# NORTH CAROLINA BIBLE INSTITUTE



*Reaching the World for Jesus...*  
*One Student at a Time!*

# APPLICATION

This application may be printed, personally signed  
and submitted via mail to:

**Mountainview Church**  
**7986 Haven Ave.**  
**Rancho Cucamonga CA, 91730**  
**Dr. Judy Laidley**  
**[drjudylaidley@mfcc.tv](mailto:drjudylaidley@mfcc.tv)**

When completing the application digitally, you may also sign it using a previously saved digital signature file or you may create one using various software including Adobe Acrobat. Many versions of Adobe Acrobat will instruct you on how to create your personal digital signature when clicking onto the signature line. Your application may then be uploaded via our secure website.

# North Carolina Bible Institute

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## APPLICATION FOR ADMISSION

INSTITUTE DEAN

\*PLEASE SUBMIT A RECENT PHOTO WITH APPLICATION

|  |  |   |  |
|--|--|---|--|
| DATE   |  |   |  |
| NAME<br><small>LAST</small>  |  | NAME<br><small>FIRST</small>                                      |  |
| PHONE<br><small>HOME</small>   |  | PHONE<br><small>CELL</small>                                      |  |
| SOCIAL SECURITY #  |  | BIRTH DATE<br><small>MM/DD/YEAR</small>                           |  |
| PLACE OF BIRTH<br><small>CITY</small>  |  | STATE   |  |
| MARITAL STATUS<br><input type="checkbox"/> Single <input type="checkbox"/> Divorced<br><input type="checkbox"/> Married <input type="checkbox"/> Other _____ |  | SEX <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| MAILING ADDRESS<br><small>(include Apt #, if applicable)</small>   |  | NAME OF SPOUSE<br><small>(if applicable)</small>                  |  |
| CITY   |  | STATE   |  |
| ZIP  |  |   |  |
| EMAIL ADDRESS  |  |   |  |

### PROGRAM OF DESIRED ENROLLMENT

DEGREE LEVEL OF ENROLLMENT (Please also check if you prefer hard copy textbooks or flash drive)

|  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> ASSOCIATE<br><input type="checkbox"/> Hard Copy<br><input type="checkbox"/> Flash Drive | <input type="checkbox"/> BACHELOR<br><input type="checkbox"/> Hard Copy<br><input type="checkbox"/> Flash Drive | <input type="checkbox"/> GRADUATE<br><input type="checkbox"/> Hard Copy<br><input type="checkbox"/> Flash Drive | <input type="checkbox"/> MASTERS<br><input type="checkbox"/> Hard Copy<br><input type="checkbox"/> Flash Drive | <input type="checkbox"/> DOCTORATE<br><input type="checkbox"/> Hard Copy<br><input type="checkbox"/> Flash Drive |
|--|---|---|--|--|

Type your name exactly as you would like it on your DEGREE.



### BACKGROUND INFORMATION (This information taken to better serve you as a student.)

|  |  |  |  |
|--|--|--|--|
| Present Occupation   |  | How long?  |  |
| Employer   |  |  |  |
| Name of Local Church   |  |  |  |
| Address  |  | City   |  |
| State  |  | Zip  |  |
| Pastor's Name  |  | Contact Phone  |  |
| Are you a minister? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Ordained? <input type="checkbox"/> Yes <input type="checkbox"/> No           |  | Other?   |  |
| How long have you been in full-time service?                                 |  | years months   |  |
| To what denomination or organization do you belong or classify yourself?     |  |  |  |
| Reference: Relative/Friend   |  | Relationship   |  |
| Address  |  | City   |  |
| State  |  | Zip  |  |

**ETHNIC ORIGIN** *(This information required by the Civil Rights Act.)*

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|   |   |                                   |   |  |
|---|---|-----------------------------------|---|--|
| <input type="checkbox"/> Caucasian (non-Hispanic) | <input type="checkbox"/> Asian Pacific Islander | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Black (non-Hispanic) | <input type="checkbox"/> American Indian/Alaskan |
| <input type="checkbox"/> Other - Specify          |   |                                   |   |  |

**CITIZENSHIP**

|   |  |  |
|---|--|--|
| Country of Birth  | Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>If NO, please answer the following questions.</i> |
| Of what country are you a citizen?  |  |  |
| Are you a permanent U.S. resident? <input type="checkbox"/> Yes <input type="checkbox"/> No | Alien Registration #   |  |
| Do you presently have a U.S. Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what type?   | Expiration Date                                      |

**EDUCATION INFORMATION**

|  |                    |       |
|--|--------------------|-------|
| Name of High School  | Date of Graduation |       |
| City   | County             | State |
| If you did not graduate, have you obtained a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | When? (MM/DD/YEAR) |       |

**List ALL colleges attended in chronological order (latest last)...If additional space is needed, please use page 4)**

|  |   |  |
|--|---|--|
| Name of Institution  | City  | State  |
| Dates attended: From to  | Hours Earned                                      | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| Degree(s) Received   |   |  |
|  |   |  |
| Name of Institution  | City  | State  |
| Dates attended: From to  | Hours Earned                                      | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| Degree(s) Received   |   |  |
|  |   |  |
| Name of Institution  | City  | State  |
| Dates attended: From to  | Hours Earned                                      | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| Degree(s) Received   |   |  |
|  |   |  |
| Are you currently enrolled in the last institution attended? <input type="checkbox"/> Yes <input type="checkbox"/> No                                  | If so, what will be your last date of attendance? |  |
| Are you eligible for re-admission to any of the institutions listed? <input type="checkbox"/> Yes <input type="checkbox"/> No                          |   |  |
| If no, are reasons <input type="checkbox"/> Academic? <input type="checkbox"/> Disciplinary? <input type="checkbox"/> Other (please explain on page 4) |   |  |

**ADDITIONAL INFORMATION**

|   |  |   |
|---|--|---|
| Have you ever been convicted for the violation of any federal, state, county, or municipality law? (excluding minor traffic violations) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>If yes, give full details on page 4.</i> |
|---|--|---|

- \$60.00 Non-Refundable Application Fee must be submitted with application.
- Upon approval, one-third of Tuition must be paid at registration.
- Textbook Fees must be paid before receipt of any material.
- Graduation Fees must be paid each year, as follows:
  - *Doctoral Graduates BEFORE 1st Week of March;*
  - *other Graduates BEFORE 1st Week of April.*
- Balance of Tuition must be paid by April 15th of each year.

☐

By checking this box you are acknowledging that NCBI is accredited by religious accreditations. All degrees awarded by NCBI are solely for religious vocations only. Transferability of credits from NCBI to another institution is at the discretion of the receiving institution.

*I have completed this application to the best of my ability and have been truthful to the best of my knowledge in answering all questions. I do hereby agree to abide by the high ethical standards set forth by the North Carolina Bible Institute and to conduct myself in accordance to the expectation of NCBI in order for my life to bring glory and honor to the Lord, Jesus Christ.*

*I have read the Statement of Faith of the North Carolina Bible Institute and agree to follow its doctrinal stand in accordance to the Word of God.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **COPYRIGHT ACKNOWLEDGMENT AND AGREEMENT**

As a student, an affiliate with North Carolina Bible Institute, I do hereby acknowledge submission to the **COPYRIGHTS of ALL NCBI CURRICULUM and RESOURCE MATERIALS.** At no time will I, the student, copy or plagiarize NCBI curriculum or resource materials.

***By my signature below, I hereby agree and submit to these terms.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Institute Dean:** \_\_\_\_\_

**Additional educational information and/or explanation:**

**Additional information regarding conviction for the violation of any federal, state, county, or municipality law (excluding minor traffic violations):**

**Additional miscellaneous information:**