

Certificate in Biblical Studies

Sword of the Spirit Bible Institute
An Extension of
Richmond Virginia Seminary
4420 Douglas Street NE
Washington D C 20019
(202) 396-SSBI
Application Form

Name Title Home Phone
Address Work Phone
City State Zip Code

Social Security No: Date of Birth:
Sex Race Marital Status

Name of nearest relative: Relationship:
Contact Information:
Church Affiliation: Pastor
Address: City State Zip Code

Educational Background

High School Attended:
Did you graduate? Year
If not, do you hold a GED Certificate?

Names of Institutions of Higher Education attended: Degree or Diploma

The following information is requested so that we may demonstrate to the U.S. Department of Education this institutions' compliance with Title VI of the 1964 Civil Rights Act. Your response is voluntary.

African - American American-Indian
Caucasian-American Asian American
Spanish-American Other

To assist the Registrar and Admission Committee to know you better, please answer the following in detail: (Your response must be in essay format and typed. Please attach your response on a separate sheet of paper.)

Present a statement of your faith, including your experiences; spiritual journey and call to ministry. Describe how you feel this certificate will equip you for future work in Christian ministry.

A \$25.00 (Non-refundable) Application Fee must accompany this application.

Signature of Applicant

Date

(For Office Use Only)

Registration Fee Paid
Transcript Requested
Transcript Received