

Los Angeles District International Apostolic Bible College Application

Please fill out the application in print. Return your registration form with the registration fee (\$20) and your first tuition payment (\$80).

Applying for: _____
First Year Second Year Third Year Fourth Year

Church you attend: _____
Name/ Address

Pastor: _____
Name / telephone # / cell phone #

PERSONAL INFORMATION

Name: _____

Address: _____
House number / City / State / ZipCode

telephone #: _____ **Email address:** _____

Cell phone #: _____ **Marital Status:** _____
Married/Single/Widowed

In case of emergency contact: _____
Name/ telephone #

EDUCATIONAL INFORMATION

High School Graduate? _____ Year: _____ Have you attended college? _____

Please indicate the name of college/s you have attended:

College Name	Date	Program

The College is a Christ-centered Apostolic institution dedicated in educating and equipping leaders according to Christian principles. Your signature indicates that you love the Lord and your principles are founded on the Apostolic Doctrine. Your signature also indicates that you have the confidence that you will be able to fulfill your financial obligations with the college and that we can count on you to attend all college activities.

Your signature indicates that you will be responsible in following all college policies and fulfill your financial responsibility in reference to your attendance at CBAN.

Applicants signature _____ Date