Application for

Ad

mission

Mailing Address:

P.O.ox 229, Pottstown,

PA 19464

Physical Addres

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19512

 PA

200

Pe: 4

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8269

Student picture



Pathwaybibleinstitute.net

INSTRUCTIONS

(

please note.

your application will be returned if submitted incomplete)

*Picture*



Pathway Bible Institute

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| BIOGRAPHICAL INFORMATION  |
|  ***Please print or type your full legal name.***Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First MI Last  #SS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (MO/DAY/YR) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M F Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    |

# Enrollment Fee/Tuition

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| **Enrollment:** A **one-time fee** of $100 to be submitted with Student Application along with a voided check. **Tuition Cost:** Some classes may require an additional booking fee. **Withdrawals:** A student who registers but is not able to attend classes and withdraws under the proper procedures will be refunded all monies except per class handling fee based on the degree. No withdrawals can be made after two weeks of classes. **Transcript Review:** There is a **one-time** fee of $100.00 for new applicants. **Married couples:** Are eligible for tuition discounts based on the primary rate per degree. Spousal Rate at a 35% discount per credit. **Inmates:** Any penal institution in the continental U.S. Inmate Rate $35.00 per credit ***Please include a wallet size photo and a copy of your driver’s license with this application***. \*\* The undersigned has read, understood & agreed to the above information  |

Do Not Write in This Space - For Office use Only.

Transcript Rec’d: Yes, No Date Admitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type: Attend Correspondence Both Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Married Couples: Primary Rate based on Degree Spousal Rate 35% Discount Inmate Rate $35.00

ONLINE COLLEGE STUDENT INFORMATION

Classes are online/ Zoom or Correspondence.

## TUITION PAYMENT POLICY AGREEMENT

*Pathway Bible Institute is committed to training and equipping this generation of Christians and Ministers in the highest standard of character, integrity, and accountability possible for each individual situation.*

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ an active enrolled Student of Pathway Bible Institute do hereby agree to the monthly Tuition Payment of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_. This agreement will remain in effect until my tuition account balance is paid in full. If for any reason, I should be unable to meet this requirement I agree to contact the college administration staff and inform them of my situation. I understand that 30 days delinquent will disqualify me from attending new college. courses. Should my account become 90 days delinquent, I understand Pathway Bible Institute has the right to acquire the assistance of a collection agency to collect all monies owed.

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| CORRESPONDENCE STUDENT INFORMATION   |
| **REGISTRATION** Submit completed application with course(s) you are ordering marked on the back of this form together with tuition fee to Pathway Bible Institute at the above address. We accept cash, checks, and money orders. *First time students must also submit completed* ***“Student Application”*** *and* ***“Pastoral Recommendation Form”.*** **TUITION** The cost of each course credit is based on the degree. Example: a 3-credit course at $70.00 per credit would amount to $210.00. This price includes course materials and less postage. However, some courses may require the purchase of additional books, audio or video media which are available through our office or can be purchased online at your local Christian bookstore. Cost to inmates in any penal institution in the continental U.S. is $35.00 per credit, which includes postage to you. **TRANSFERRING CREDITS** Credits from other colleges can be reviewed for transfer by submitting transcripts(s) to the Administrative Director for evaluation. Transcripts must be certified from the college attended. Return completed question sheets for grading to the college office. Graded work will be returned to you. Answers are to be taken directly from the lesson.  |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| CHURCH AFFILIATION /MINISTRY INFORMATION   |
| Name of the church you currently attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years in attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a member? Yes No Do you attend regularly? Yes No Are you currently serving? Yes No If Yes Please List and describe the ministries and church activities in which you are currently involved. If you have attended less than one year, name of previous church and the Pastor of that Church:  |

POLICES AND PROCEDURES AMENDMENT TO GUIDELINES SET FORTH IN THE CURRENT PBI **CATALOG**

1. Tuition Payment for each course is due in full at the time the course is received. Students unable to pay in full are required to commit to a payment plan.
2. Monthly Account Statements will be issued by PBI. Payments are required monthly. Courses will not be issued to anyone 30 days delinquent.
3. Tuition Rates for Students are based on the going rate, except for Charter Students or promotional Rates.
4. Promotional Rates will only be instituted according to the terms decided and discussed by the Corporate Board of PBI,
5. Spouse Discounts will only apply to the spouse of an actively attending student. 90 days of inactivity of the primary student will result in the termination of discount.
6. A Referral Credit Discount will be awarded to any Student’s tuition for each new person that enrolls as a student at PBI.
7. Media Orders are required to be paid for at the time the order is placed.
8. A recent student photo MUST be submitted for each student’s file. PBI offers student photos for a fee of $5.00.
9. Practical Ministry Forms MUST be filled out and signed by your ministry overseer or Senior Pastor prior to licensing.

I have read and agree to comply with the Polices set forth in this document.

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| SPIRITUAL BACKGROUND  |
| How long have you been saved? Less than a year 1 – 5 years 6 – 10 years 11 – 15 years 16 – 20 years 20 plus years  Briefly explain your ministry goals and how you feel PBI can prepare you. Please use the other side of this form if needed. What degree are you preparing for? Associates Bachelor Master Doctorate Identify the area(s) of ministry to which you feel God has called you:  Apostolic Teacher – Adults Musician Media – TV Helps  Prophetic Teacher – Youth Praise & Worship Media/ Production Administration/ Evangelism/ Teacher/ Children/ Dance/ Media/ Sound/ Business   Pastor Teacher – Itinerant Drama Media – Graphic Arts Not Sure  Missions – Short Missions – Long Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ministerial Resume/Bio: Yes No What Spiritual Gifts have been identified or confirmed in your life?  |

## EDUCATION HISTORY

 High School GED School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Graduated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Post-Secondary Schools (List in order of attendance)

College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ \_\_\_

Major/Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year Attended/Graduated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major/Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year Attended/Graduated:

College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_

Major/Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year Attended/Graduated:

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| PERSONAL REFERENCES |
| Please list three people other than family members who have known you for a year or more. (We may contact them for additional  information) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |

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| EMPLOYMENT HISTORY  |
|  Please list your employment history for the past 10 years beginning with your current employer. From/To Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_    |
|  FINANCIAL INFORMATION  |
|  Are there any circumstances that would cause you difficulty in paying your tuition?   Sponsorship: (complete it if you will be receiving support for school tuition from another person)   Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 100% 75% 50% Other:   |
| EMERGENCY CONTACT  |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: |
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| PERSONAL STATEMENTS   |

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| Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or are you currently on probation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **CRIMINAL**Have you ever been convicted of a felony? No Yes  |
| Have you ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation? Do you have any disabilities that would require special accommodation? Yes No  |
| ***If you have answered yes to this question, please provide brief information.***  |

### MEDICAL CONSENT

I, the undersigned, do hereby grant full permission for PBI to render any emergency medical aid and or care that they deem necessary if I am unable to verbalize consent. I also understand that should hospitalization be required; I grant complete permission for such care to be given. This consent I give freely and voluntarily, full knowing and understanding that PBI is not responsible for any costs related to that care or associated costs.

Full Name: (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

### STATEMENT OF TRUTH

I hereby apply to PBI and certify that to the best of my knowledge the information given in this application is correct. If I am admitted I agree to abide by the regulations and standards of PBI. I understand that all items submitted to PBI as part of this application process become the permanent property of PBI and will not be returned. If PBI is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal.

Full Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

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|   Phone: 484-363-9811Email Pathwaybibleinstitute.net  |

  Pathwaybibleinstitute.net  |