Pottstown, Pa 19464

484-524-8269

# Pathwaybibleinstitute.net



Picture

## **INSTRUCTIONS**

(please note your application will be returned if submitted incomplete)

Please print in ink (use blue or black ink only).

Submit application with \$80 non-refundable application fee.

Submit an essay on a separate piece of paper, approximately 1-2 pages (double spaced) which includes your personal and family church background, your salvation experience and your personal growth in Christ, any significant events in your Christian life, and your current involvement in your local church (attendance, serving, outreaches, etc.

Please submit a letter of recommendation from your pastor or ministry leader.  Please attach a 2 ½ "W x 3"H head and shoulder photograph.				
How did you hear about PBI? Website Church Announcement		Christian Business Pages Friend/Family Member, Name	Brochure e:	Pastor
Christian Bookstore Open House/Presentation	Radio Student Other:	/Alumni, Name:		
BIOGRAPHICAL INFORM	IATION			
Please print or type your full leg Name:			_ Social Security	#
First Middle Address:	l	ast	•	
Work Phone:				
E-Mail: Date of Birth (mo/day/yr):				Nation:
Enrollment Fee/Tuition				

**Enrollment:** A **one-time fee** of \$80.00 to be submitted with Student Application along with a voided check.

Tuition Cost: Some classes may require an additional book 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

**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 NoDate Admitted
	Type: Attend Correspondence Both Initials
Married Couples: Primary Rate based on Degree	Spousal Rate 35% Discount Inmate Rate \$35.00

### 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 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 on line 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.

certified from the college attended.  Return completed question sheets for grading to the college office	e. Graded work will be returned to you. Answers are to be taken directly from the lesson.
ONLINE COLLEGE STUDENT INFORMATION	
Classes are o	online/ Zoom or Correspondence.
TUITION PAYMENT POLICY AGREEMENT	
· · ·	quipping this generation of Christians and Ministers in the highest standard of ccountability possible for each individual situation.
paid in full. If for any reason I should become unable staff and inform them of my situation. I understand t	an active enrolled Student of Pathway Bible Institute do hereby agree This agreement will remain in effect until my tuition account balance is to meet this requirement I agree to contact the college administration that 30 days delinquent will disqualify me from receiving new college quent, I understand Pathway Bible Institute has the right to acquire the sowed.
Signature	Date

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

- 1. <u>Tuition Payment</u> 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. <u>Tuition Rates</u> 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.

CHURCH AFFILIATION /MINISTRY INFORMATION	
Name of the church you currently attend:	
Address:	
Pastor's Name: Years in attendance: Yea	
If you have attended less than one year, name of previous church and the Pastor of that Church:	
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 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: State: State: Year Attended/Graduated: State: Stat	
College/University: City: State:	
Major/Field of Study:Year Attended/Graduated:	
College/University: State: St	

PERSONAL REFERE	ENCES			
information) Name: Address:		who have known you for a year or more-		
Address:		Relationship:		
Address:		Relationship:		
EMPLOYMENT HISTO	RY			
Please list your employme	ent history for the past 10	years beginning with your current employ	yer. From/To	
Employer:		Position:	Dates:	
Employer:		Position:	Dates:	
Employer:		Position:	Dates:	
Employer:		Position:	Dates:	
Employer:		Position:	Dates:	
FINANCIAL INFORM	ATION			
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:		Relationsh	ip:	
100% 75%	50% C	Other:		

EMERGENCY CONTACT			
Name:	Relationship:		
Address:			
Home Phone:	_ Business Phone:	Cell Phone:	
E-Mail:			
SPECIAL ACCOMMODATIONS			
Do you have any disabilities that would requ	uire special accommodation? Yes	No	
If you have answered yes to this questio	n, please provide details of what s	special requirements you will need.	
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: Date: Date: Date:			
STATEMENT OF TRUTH			
	and standards of PBI. I understand property of PBI and will not be retur false, it will be grounds for immediat	e dismissal	



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