

# Free Grace Seminary

## AUDIT STUDENT APPLICATION

PRINT AND MAIL TO: Free Grace Seminary - Office of Admissions P.O. Box 2707 - McDonough, GA 30253-1741

Applicant Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Marital Status:    Single    Married    Divorced    Other

Spouse's Name: \_\_\_\_\_ How many Children? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:    Male    Female

### ETHNIC ORIGIN INFORMATION:

(This Information required by Civil Rights Act)

Caucasian (Non-Hispanic)    African-American(Non-Hispanic)    American Indian    Asian Pacific Islander  
Hispanic    Alaskan Native    Korean    Other- Specify \_\_\_\_\_

### SCHOOLS ATTENDED:

High School \_\_\_\_\_ Year Grad. \_\_\_\_\_ Degree: \_\_\_\_\_

College \_\_\_\_\_ Year Grad. \_\_\_\_\_ Degree: \_\_\_\_\_

Other \_\_\_\_\_ Year Grad. \_\_\_\_\_ Degree: \_\_\_\_\_

### CHURCH MEMBERSHIP:

Name of Church: \_\_\_\_\_

My signature indicates that the information I have provided in this application is complete and true. I have read the school catalog and, I will abide by the standards of Free Grace Seminary and am committed to living a lifestyle honoring to the Lord Jesus Christ.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(May 2005)