

Free Grace Seminary

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? _____

Social Security Number ____ / ____ / ____ Date of Birth _____ Sex: Male Female

Please explain the main factors in selecting FGS: _____

Enrolling in which program? Bible Institute Level Undergraduate Level Graduate Level

Educational tracks: Pastoral Biblical Studies Theology Christian Education Youth Counseling

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 _____

CITIZENSHIP INFORMATION

Place of Birth _____

Are you a citizen of the United States? Yes No

If answered NO, answer questions below:

Of what country are you a citizen? _____

Are you a permanent resident of the United States? Yes No

Alien Registration Number _____

Do you presently have a United States Visa? Yes No

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EDUCATIONAL INFORMATION

Name of High School _____

Address: _____

Graduation Date _____

If you did not graduate, have you obtained a G.E.D.? Yes No Date _____

List all colleges attended in chronological order (latest-last): Attach additional sheets, if necessary.

Name of Institution _____

Address: _____

Dates attended: From _____ to _____

Degree(s) received _____ Hrs. Earned _____ Sem. Qtr.

Name of Institution _____

Address: _____

Dates attended: From _____ to _____

Degree(s) received _____ Hrs. Earned _____ Sem. Qtr.

Name of Institution _____

Address: _____

Dates attended: From _____ to _____

Degree(s) received _____ Hrs. Earned _____ Sem. Qtr.

BACKGROUND INFORMATION

Present employer _____ How Long? _____

Address: _____

Have you ever been convicted for the violation of any Federal, State, County or Municipality Law?

Yes No

If yes, give full details on a separate sheet of paper and attach to this form.

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SPIRITUAL INFORMATION

Name of your Local Church _____

Address: _____

Pastor's Name _____

What denomination do you classify yourself as being? _____

Are you a minister? Yes No - Licensed? Yes No - Ordained? Yes No

How long have you been in the ministry? _____ N/A

What is your ministry at your church? _____

Are you planning to pursue a vocational ministry or volunteer church-oriented ministry? _____

In what specific area of ministry? _____

Friend or Next of Kin _____ Phone (_____) _____

Address _____

Please briefly describe your personal salvation testimony:

My signature indicates that the information I have provided in this application is complete and true. I have read the school catalog and, if accepted 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 2006)