

# TRINITY BAPTIST BIBLE INSTITUTE

## Application for Enrollment

please print

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Cell \_\_\_\_\_

Phone Home \_\_\_\_\_

Email \_\_\_\_\_

Church Attending \_\_\_\_\_

Pastor Name \_\_\_\_\_

Pastor Phone \_\_\_\_\_

Education Completed \_\_\_\_\_

Date of High School/GED Graduation \_\_\_\_\_

High School Name \_\_\_\_\_

College Attended \_\_\_\_\_

Program of Study \_\_\_\_\_

Degree Earned \_\_\_\_\_

Date \_\_\_\_\_

(If more than one college attended please print on a separate sheet and attach with application)

Please list name and phone number of two references that are non-family.

---

Please list any ministry related accomplishments. Ordination, License, Experience, etc...

---

Please print application and attach any additional information and bring to Trinity Baptist Church Office at least 2 weeks prior to semester start-Tuesday, September 15, 2020.

**Classes—Tuesdays 6:00—8:30 PM Trinity Baptist Church**