



Bethany

Bible Training Center

CORRESPONDENCE SCHOOL OF THE BIBLE ENROLLMENT FORM

PERSONAL INFORMATION

Name: _____ Date: ____/____/____
First Middle Last/Surname

Mailing Address: _____
Street/P.O. Box

City State/Province Zip Code

Telephone Number: (____) ____-____ E-mail Address: _____

Gender: Male Female Birth Date: ____/____/____

CHURCH INFORMATION

Church Name: _____

Church Address: _____
Street/P.O. Box

City State/Province Zip Code

Pastor's Name: _____ Are you a member? Yes No

Church/Pastor's E-mail: _____ Church Phone: (____) ____-____

Are you born again (have you experienced regeneration through faith in Jesus Christ)? Yes No

When were you born again?

Ministry you are currently involved in, if any:

Ministry goals:

EDUCATION

Are you a high school graduate? Yes No Year graduated or GED earned: _____

List any higher institutions you have attended (college, trade, business, etc.):

Name of School	City and State	Years Attended	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ENROLLMENT INFORMATION

How did you hear about Bethany?

Do you plan to attend the Bethany campus program in the future? Yes No

COURSE REGISTRATION

Please enroll me in the following course(s):

4-Credit Courses

Cost: \$200

- Old Testament Survey I
- Old Testament Survey II
- Old Testament Survey III
- Old Testament Survey IV
- Theology

2-Credit Courses

Cost: \$100

- Galatians
- Ephesians
- James
- Hebrews
- Kingdom Principles

1-Credit Courses (Chapel)

Cost: \$50

- Ministry to God (includes mp3)
- David and His Mighty Men (includes mp3)
- Prayer: Rees Howells, Intercessor

It is recommended that students register for one course at a time.

Enclosed is a check or money order for the amount of: \$ _____

Check or money order: # _____

*Please make checks and money orders payable to Bethany Bible Training Center.
To pay by credit card, please call the Admissions Office at 315-429-8521.*

Send completed enrollment form and payment to:

**Bethany Bible Training Center
Correspondence School of the Bible
P.O. Box 6010
Chesapeake, VA 23323**

OFFICE USE

Date Received: ___/___/___ Payment Received? _____ Course Sent: ___/___/___