

**13771 Warwick Blvd, Suite 53**

**Newport News, VA 23602**

**914-582-9396**

**“Teach me your ways O Lord that I may walk and live in your truth” Psalms 86:11”**

**Application for Admission**

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Last Name First Name Middle Name

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Address City State Zip

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Mailing Address City State Zip

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Telephone # Alternative Telephone # Work/Business Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address DOB

Marital Status: Single [ ] Married [ ] Divorced [ ] Widow/Widower [ ] Separated [ ]

Name and Address of person to contact in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of the Church you attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When were you converted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently engaged in Christian Work? Yes [ ] No [ ]

What is your motive for taking a Bible Course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Grade completed: Grammar [ ] \_\_yrs. Jr. High [ ] \_\_yrs. High School [ ] \_\_yrs. College [ ] \_\_yrs.

How did you hear about the school? Social Media \_\_\_ Newspaper Ad. \_\_\_ Friend \_\_\_ Church \_\_\_ Other \_\_\_\_

If accepted, will you abide by the regulations of the School? Yes [ ] No [ ]

Upon submission of this application a mandatory application fee of $25 is required. **This fee is non-refundable.**

**I understand that the Malachi House Life Center School of Theology is primarily a religious school. Credits are not guaranteed to be accepted by secular or state run programs.**

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**Signature Date Print Name**