



Bethlehem Bible Institute

10931 Bethlehem Rd. | Bethlehem, KY 40007 | bbiky01@gmail.com
www.BethlehemBibleInstitute.org

Admissions Application

Mr. Ms. Mrs. Dr. _____
 Name (First) _____ (Middle) _____ (Last/Maiden) _____
 Address _____
 City _____ State/Province _____ Zip _____
 Country _____ E-Mail _____
 Marital Status _____ S.S. # _____ - _____ - _____ Cell Phone _____
 Telephone: Business (____) _____ - _____ Home (____) _____ - _____ Fax (____) _____ - _____
 Gender: Male Female Date of Birth: ____/____/____
 Ethnic Affiliation (check one): White/Non-Hispanic Black/Non-Hispanic American Indian
 Asian/Pacific Islander Hispanic Other
 Present Employer _____ City _____ State/Province _____
 Zip _____ Is your organization a Learning Partner? Yes No

Where did you learn about Bethlehem Bible Institute? Please include details in the space provided.

Internet Search Magazine Ad Flyer/Poster E-mail Youtube Facebook Conference
 Referral Other DETAILS _____

Examples: name search engine used (such as google, msn or other); name magazine or other print source; name internet source, learning partner ...

Select your desired program:

<input type="checkbox"/> Certificate in Biblical Hebraic Studies	<input type="checkbox"/> Bachelor of Arts in Biblical Archaeology (B.A.)
<input type="checkbox"/> Associate of Theology in Biblical Hebraic Studies (A. Th.)	<input type="checkbox"/> Bachelor of Practical Church Ministry (B.Min.)
<input type="checkbox"/> Associate of Practical Church Ministry (A.Min.)	<input type="checkbox"/> Bachelor of Practical Outdoor Ministry (B.Min.)
<input type="checkbox"/> Associate of Practical Outdoor Ministry (A. Min.)	<input type="checkbox"/> Master of Divinity/ Doctor of Philosophy (M.Div./ Ph.D.)

Prospective students must be at least 18 years of age and hold a high school or homeschool diploma or GED.

High School _____ City _____ State _____ Year Graduated _____
 GED *If you are not a high school graduate, you must have earned a GED.*
 Date Received GED: ____/____/____

College Education:

College/University Name	Date Graduated	Degree Earned	City _____	State _____
-------------------------	----------------	---------------	------------	-------------

Outdoor Skills Education (Only for those enrolling in Practical Outdoor Ministry):

Please list any other survival or outdoor related training you have that you would like to have considered.

How will complete your program?

Online
 Hybrid I (Online/ Onsite)
 Hybrid II (Online/ Textbook)

