

Date

Application for Admission

Greater Works Outreach Bible School is a non-denominational ministry. Greater Works Outreach Bible School does not discriminate on the basis of race, color, gender, nationality, ethnic origin or disability. Please complete all applications to begin your admissions process.

Personal Information

Last	First	Middle
Address:Street	Apt.#	
City	State Zip	
Home Phone: ()	Cell/Work Phone: () May we call you at work?	yes 🗆 no
E-mail address:		
Gender: 🛛 Male 🖵 Femal	Date of Birth://Age: le ged □Married □Separated □Divorced	
Spouse's name:	OBS? □Yes □No If yes, when?	
C itizenship: Country of Birth:	Country of Citizenship:	
Country of Permanent Residency:		
-	Major (<i>check only one, please</i>): Counseling Undecided Full time Part time Day D	Evening
Education/Academic Informat	tion*	
City/State	Year of graduation	

Note: ALL applicants must have an official copy of ALL of their transcripts sent to the Admissions Office at GWOBS.

Iave you been dismissed from or placed on probation at any of the schools listed? \[
f more space is needed for answers, please provide additional information on attached sheet.
Christian Service
 lease check services/activities in which you are currently involved in your church: Church Volunteer Music Program Mission Trips Prayer Group Church Leadership Sunday School Teacher Youth Group Community Service Drama/Performances Student Council Other
are you an ordained or licensed minister? \Box Yes \Box No If yes, please provide a copy of your credentials for our files.
Spiritual When were you born again? //
Church currently attending: Senior Pastor's Name:
Emergency Contact:
lease give information of a close relative (not a spouse) or a friend who we may contact in case of emergency: Iame: Relationship:
Address:StreetCityStateZip

Home Telephone ()	Cell Phone ())

Application Agreement

I understand that all items obtained by Greater Works Outreach Bible School in the application process become the permanent property of GWOBS and will not be returned. I understand the information contained on the pastoral and general references is confidential. I waive my right to review this confidential material. I hereby state all the information I have provided in this application is true and correct. I understand that GWOBS reserves the right to revoke admission on the basis of misrepresentations or omissions in the application. Submission of this application in no way guarantees or implies acceptance and/or enrollment as a student to GWOBS. If GWOBS is notified at any time that any information is false or misleading, it will be grounds for my immediate dismissal from GWOBS. I agree that the Admissions Committee at GWOBS is under no obligation to disclose the basis for my acceptance or denial. I hereby grant authorization to GWOBS and any related physician to render and/or give emergency medical aid, care or treatment they deem necessary.

Signature:	Date:
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