

**CHICAGO BAPTIST
INSTITUTE
INTERNATIONAL**

**An Adult Education Center and Bible College,
Training Christians For Christian Ministry and Service**

**5120 South Dr. Martin Luther King, Jr., Drive
Chicago, Illinois 60615
773.268.2250
Fax: 773.268.2252
www.chicagobaptistinstitute.net
Email address: Information@cbiintl.org**

ADMISSION APPLICATION

2011 - 2012



Dr. Willie Wilson, Chairman, Board of Trustees
Mr. James Floyd, President
Dr. Clifford Tyler, President Emeritus
Dr. Carolyn C. Walker, Academic Dean
Rev. Dr. Nathan L. Schaffer, Jr., Dean of Students

PLEASE TYPE OR PRINT CLEARLY – KEEP A COPY FOR YOUR RECORDS

STUDENT INFORMATION:

Name: _____
Rev. Minister Dr. Mr. Deacon Brother Mrs. Miss Ms. Sister (circle preferred title)

Sex: M ___ F ___ Social Security # _____ - _____ - _____

Address: _____ City _____ State ___ Zip Code _____

Home #(_____) _____ Cell #(_____) _____ Email Address _____

Date of Birth _____ Place of Birth _____ U.S. Citizen: Yes ___ No ___
(If no, please submit proper documentation of your legal status with this application)

Marital Status: (check one) Single _____ Married _____ Divorced _____ Widowed _____

MOST RECENT EMPLOYEE:

Present Employer: _____
Name of Supervisor: _____
Occupation and Job Title: _____
Address: _____
(Please include City, State, Zip Code and Telephone Number)

PROGRAM SELECTION:

Which Degree or Non-Degree Program Will You Pursue? (Check one)
Associate of Arts, Theology ___ Associate of Arts, Christian Education ___ Associate of Arts, Biblical
Studies ___ Bachelor of Theology ___ Bachelor of Christian Education ___ Bachelor of Biblical
Studies ___ Adult Continuing Education Certificate ___ Other _____

EDUCATION INFORMATION:

High School Graduation Date _____ (or) GED Date _____
High School (s) Attended _____
High School (s) Location _____
List All Schools above Secondary Level – Whether or Not for Credit or Grade –
List The Schools With Their City and State –Date Attended – Diploma, if Received:
1) _____
2) _____
3) _____
4) _____
5) _____

CHURCH and PASTOR INFORMATION:

Name of Church _____
Address, City, State, and Zip Code _____
Phone (Main) _____ Fax _____
Name of Pastor _____
Address, City, State and Zip Code _____
Phone _____ E-mail Address _____

CHRISTIAN SERVICE INFORMATION: (Check One if you plan to enter the field of Christian Service)

Preaching ___ Christian Education ___ Mission ___ Specialized Ministry ___ Other _____ (list type)

DENOMINATION AFFILIATION INFORMATION: (Current Membership)

____ National Baptist Convention, USA
____ National Baptist Convention of America
____ Progressive National Baptist Convention, Inc.
____ Southern Baptist Convention
____ American Baptist Churches, USA
____ National Missionary Baptist Convention of America
____ Methodist
____ Church of God in Christ
____ Other (Please Specify) _____
Name of Association _____
Name of State Convention _____

PERSONAL REFERENCE INFORMATION (please list three)

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

PERSONAL PURPOSE and GOAL INFORMATION:

Are You a Prior Student of Chicago Baptist Institute? Yes ___ No ___
If "Yes" List the Dates You Attended: _____
(Please list your dates past to present)

By Signing Below, I acknowledge that all information given – to the best of my knowledge and belief to be true, correct and complete.

Applicant Name (Print Please) _____ Title _____

Applicant Signature _____ Date _____

Please complete this form and return it to us with a \$30.00 Application Fee which is non-refundable. Request transcripts from your previous schools and forward your transcripts to the Registrar. Students must be at least sixteen years of age to attend CBI International.

2012

Office Use Only			
Application Fee Amount: _____	Check# _____	MO: _____	Credit Card: _____
Received by: _____			Date: _____

DEVELOPING GODLY MINDS
FOR
CHRISTIAN MINISTRY AND SERVICE
SINCE 1934