

**B-0n-U Theological Institute** Accredited, Committed, Dedicated

"Your Choice for Christian Education"

COMPLETE THIS FORM AND RETURN TO DEAN OF STUDENTS

		Email: info@b-on-	·u.com	
1.	PERSONAL AND FAMILY INF	ORMATION		
	Plan to enter: Fall (August) of (year)		uary) of (year)	🗆 Part-time 🛛 Full-time
2.	Legal Name: Mr./Ms. Last	First	Middle Initial	
3.	Home Address:		City	State Zip
4.	Phone: Cell:		May we text y	<sub>∕ou:</sub> □ <sub>Yes</sub> □ <sub>No</sub>
	Area Code Number A	Area Code Numbe	2r	
5.	Age: Date of Birth: Citiz	enship:	Social Security Number:	
	Mo. / Day / Yr.		_ , _	
6	Current E-mail Address:			
0.				
7.	Marital Status (check appropriate category):	gle 🗆 Married 🗖 S	Separated 🛛 Divorced 🗆 Re	emarried 🛛 Widow or Widower
	If married: Spouse's name:	If	Children, Names and Ages:	_
		<u>.</u>	-	State
8.	Family Information:			
	Father's Name	Address	City	
		State	Zip	
	Mother's Name	Address	City	
	Mother's Name	State	City Zip	
9.		State		
9.	Mother's Name Name of church you currently attend:	State	Zip	
	Name of church you currently attend:	State Ar	Zip ddress City	
	Name of church you currently attend: Name Are you a military veteran? Yes No	State Ar	Zip ddress City	
	Name of church you currently attend: Name Are you a military veteran? Yes No Are you eligible for veteran's benefits? Ye	State Type of dischar	Zip ddress City	
	Name of church you currently attend: Name Are you a military veteran? Are you eligible for veteran's benefits? C	State Type of dischar es No If y	Zip ddress City rge: res, under what chapter of th	
10.	Name of church you currently attend: Name Are you a military veteran? Yes No Are you eligible for veteran's benefits? Ye	State Type of dischar es No If y □ ibility?" □ Yes	Zip ddress City rge: res, under what chapter of th □ No	ne G.I. Bill?

## 2. EDUCATIONAL INFORMATION

1. List in order the high school(s) you attended.

School	City/State	Dates of Attendance	Mo/Yr of Graduation
School	City/State	Dates of Attendance	Mo/Yr of Graduation
2. List in order the college(s) you attended.	If none, write "None."		
College	City/State	Dates of Attendance	Mo/Yr of Graduation

3. If you have ever been dismissed from any college or denied admission for any reason, please explain:

Certification	U Theological Institute:	hurch Administration	
Associate Degree		_	
in Master's Degree		octorate Degree	
You <u>must</u> supply the <u>complete</u>	<u>e names and contact inform</u>	nation of your recomme	endations!
Address	City	State	Zip
Email			
ou well:			
Address	<u>c</u> u.	<b>C</b> hata	71.
Address	City	State	Zip
Email			
Please have the following sent	to B-On-U Theological Instit	ute	
its: ACT score.			
from all colleges previously at	tended, your High Schoo	ol Transcript and ACT	- score.
nscript(s) to:			
	Address	Associate Degree   Master's Degree   Master's Degree     You must supply the complete names and contact inform     Address   Email   bu well:     Address   City     Email     Please have the following sent to B-On-U Theological Institutes   ACT score. from all colleges previously attended, your High School inscript(s) to:	Associate Degree Bachelor's Degree   Master's Degree Doctorate Degree     You must supply the complete names and contact information of your recommed   Address City     Email   bu well:     Address   City     State     Email        Please have the following sent to B-On-U Theological Institute      ACT score. from all colleges previously attended, your High School Transcript and ACT ascript(s) to:

I certify that the information given in this application is complete and accurate to the best of my knowledge. If accepted, I agree toabide by the rules and regulations of the College and to meet my financial responsibilities.

Signature	Date	
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*B-On-U Theological Institute does not discriminate with regard to age, race, color, national origin, sex or disability in any of its education programs or opportunities, employment or other activities.* 

## PERSONAL INFORMATION

1.	Describe your personal salvation (feel free to use another piece of paper):
2.	What experiences have helped you grow in your Christian life? Include devotional life, as well as serving in your home, church, and community:
2	Describe the extracurricular activities in which you have participated:
J.	
4.	Why are you interested in attending B-On-U Theological Institute?
5.	What are your tentative career goals?

## **B-On-U THEOLOGICAL INSTITUTE COMMUNITY LIFE**

Attending B-On-U Theological Institute is a privilege and includes responsibilities. Observing the Standards of Conduct of B-On-U Theological Institute is the responsibility of each student. These standards are designed to create an atmosphere conducive to one's personal commitment to Jesus Christ and to maintain a positive testimony *in the community.* 

Observance of these guidelines does not guarantee spiritual maturity. One's attitude and reaction to these guidelines, however, does show the integrity of one's character. Any behavior indicating a student's disregard for these standards, may be sufficient reason for dismissal.

The following Standards of Conduct are those which the faculty and administration consider very important. Please read this form carefully and sign below.

Recognizing that the Lordship of Jesus Christ includes every aspect of life, each student is responsible to:

- 1. Cooperate constructively with the aims and objectives of B-On-U Theological Institute.
- 2. Refrain from the possession or use of alcoholic beverages, tobacco, illegal drugs or obscene literature. Students are also to refrain from gambling.
- 3. Avoid every form of immorality, including immoral sexual behavior, lying, stealing, gossiping, and cheating on examinations or assignments. I also agree to meet financial obligations promptly and not to neglect work duties.

I currently do not struggle with the above behaviors and agree to abide by the Standards of Conduct of B-On-U Theological Institute.

Signature Date

If you are struggling with any of the above behaviors and are willing to work toward change, please indicate the area of struggle in your life and sign the following statement.

Recognizing that part of growth is acknowledging struggle and working to change, I admit I have a problem with: and am willing to work with the Dean of Students to change this behavior.

Signature

\_Date \_\_\_\_\_

