

# Spanish Eastern District Bible Institute Of The Assemblies of God, Inc.

Oficiales del Distrito Hispano Del Este  
Rev. Manuel A. Álvarez, Superintendente del Distrito  
Rev. Dr. Daniel De Jesús, Director

Recinto: \_\_\_\_\_  
\_\_\_\_\_, Principal  
\_\_\_\_\_, Secretary

## APPLICATION FORM

### PERSONAL DATA

1. Name: \_\_\_\_\_  
Last First Middle Int. Mother's Maiden Name
2. Address: \_\_\_\_\_  
Street# City State Zip Code
3. Telephone: Hm. (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Wk. (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell. (\_\_\_\_) \_\_\_\_ - \_\_\_\_
4. Social Security/ITIN #: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Place: \_\_\_\_\_ Age: \_\_\_\_\_
- Email: \_\_\_\_\_
- If married, name of spouse \_\_\_\_\_

### SCHOLASTIC DATA

1. Highest Grade Completed: High School 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ College 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_
2. Name of High School: \_\_\_\_\_
3. Name of College: \_\_\_\_\_
4. Have you ever studied in an Assemblies of God Institute? Yes \_\_\_ No \_\_\_ If yes, what year? \_\_\_\_\_
5. Name & address of Institute: \_\_\_\_\_  
\* Transcript(s) must be brought to office. \*
6. How many years completed? \_\_\_\_\_
7. Have you ever studied in another Bible Institute? Yes \_\_\_ No \_\_\_ If yes, what year? \_\_\_\_\_
8. How many years completed? \_\_\_\_\_
9. Name & address of Institute: \_\_\_\_\_

\* For office use only \*

Date Rec'd: \_\_\_/\_\_\_/\_\_\_ Fee Paid: \_\_\_\_\_ Term: \_\_\_\_\_

\* Transcript(s) must be brought to office. \*

Revised 10/2019

**CHRISTIAN EXPERIENCE**

1. How long have you been a born again Christian according to John 3:1-7? \_\_\_\_\_
2. Have you received the Holy Spirit according to Acts 2:4? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_
3. Have you been baptized in water? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Name of church attending: \_\_\_\_\_

Address: \_\_\_\_\_  
Street# City State Zip Code ( ) Telephone

Present position in Church: \_\_\_\_\_

**THE FOLLOWING ADDITIONAL ITEMS SHOULD BE FORWARDED TO THE BIBLE INSTITUTE:**

1. Application fee (1<sup>st</sup> tuition payment)
2. Transcripts from any other Bible Institutes
3. Photograph with this application

I certify that to the best of my knowledge, all the responses in this application are true. I will abide by all the rules and regulations of the Spanish Eastern District Bible Institute of the Assemblies of God.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Pastor's Signature Date Applicant's Signature Date**

**For Pastor Only**

Name of Church: \_\_\_\_\_ Denomination \_\_\_\_\_

Address: \_\_\_\_\_  
Street# City State Zip Code ( ) Telephone

2. Pastor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street# City State Zip Code Telephone

3. Do you know of any reason why the applicant should not be admitted to this institute? Yes \_\_\_ No \_\_\_  
 If Yes, please provide an attached explanation.

4. Do you endorse the applicant's testimony? Yes \_\_\_ No \_\_\_

5. Will you notify this office if there is a spiritual change in this individual? Yes \_\_\_ No \_\_\_

6. Will the Church be responsible for any or all outstanding tuition owed this Bible institute by the applicant?  
 Yes \_\_\_ No \_\_\_

\* Transcript(s) must be brought to office. \*