

Calvary Chapel Bible Institute New Zealand - Aotearoa

Wahi Tapu o Kawari Putahio Paipera o Aotearoa

PO Box 193 Te Awamutu 3840 New Zealand

Email: admissions@ccbi.ac.nz www.ccbi.ac.nz

APPLICATION FOR ADMISSION

BIOGRAPHICAL INFORMATION	<u>V</u> (Please print clearly)			
Full Name: (Last)	(First)	(Ma	iddle)	
Date of Birth	Occ	cupation or Tade		
ADDRESS (Street and Box No.)				
CITY	STATE/COUNTRY		_POSTCODE	·
Home Phone ()	Cell Phone ()			
Email Address			_	
Have you previously attended CCBC?	Yes	No If yes, what year?	Which	Campus?
Have you previously applied for admission to	o CCBC? Yes	No		
If Yes, explain:				
How did you first hear about CCBI N	ew Zealand?			
From my Pastor	From the Website	From the Radio		
From a former student	From CCB Murrieta	Other:		
Have you seen our:				
Info Card Video	Info Card Video Pastor's Presentati		Vebpage	Facebook Page
Which are you applying for? Which Year?				
Residential A Semester (Februar	y through May) 20			
Residential B Semester (August	through December) 20			
Distance Learning A Semester	er (February through May) 20	.		
Distance Learning B Semester	er (August through December) 20)		
Growing in Faith 20	()			
Ü				
Spiritual Leadership 20 AATI		N.		
Will you be a full-time student (18 or more of International Students: What is the	,	• No Test? Score		

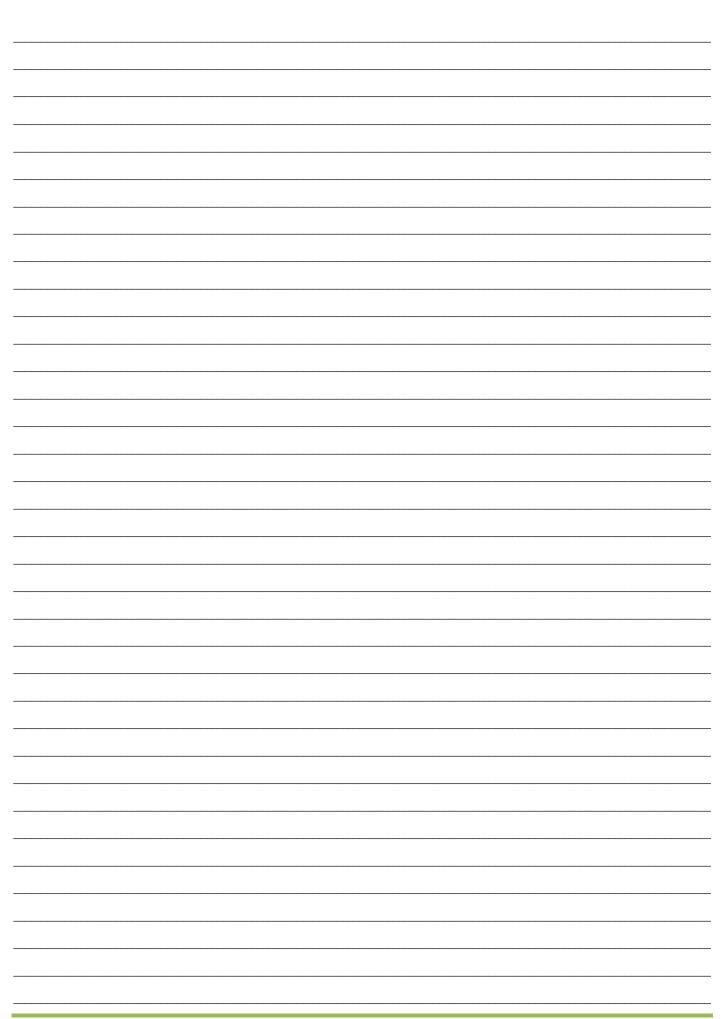
Marital Status:	Married	Single	Divorced	Widowed	
If married, do you plan t	o bring your spouse a	nd family with you?	Yes	No	
Spouse's Name:					
Children's names and ag	es:				
For emergency purposes	we need the name, ac	ldress and phone nur	mber of a parent, or	your nearest living relative:	
Name:		Phone	No. ()		
Address:					
Information Required					
Place of Birth					
Citizenship					
Do you possess a current	•	Yes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to apply for one immediately!)	
Issuing Country					
Passport Number		•			
				his section MUST be completed in order to a please do not apply for a student visa!)	
MEDICAL INFORMA	,			,	
Are you in good health?	Yes	No			
When was your last com		ation?			
Do you have any physica		Yes (Explain)	No		
, , , , , , , , , , , , , , , , , , ,		· (· T · · · · ·)			
List any major illnesses y	ou have had:				
D 1	· 11 1 2 /F	.1.			
Do you have any commu	inicable diseases? (Exp	olain)			
Are you presently on me	dication or under a pl	nysician's care <i>(Explai</i>	in)		
Have you been or are yo	u presently under psy	chiatric or psychologi	ical care, or been in	counseling or psychotherapy? (Explain)	
Have you ever been hosp	pitalized or admitted t	o a treatment facility	for any reason? If	so, where? (Explain)	
Do you presently have he	ealth insurance?	Yes	No		
Company	Po	licy #			

PERSONAL INFORMATION	\underline{V} (This information	n, as with all of the a	application, will be	held in strict confidence.)	
Are you a vegetarian?	Yes	No			
Do you have any other special of	lietary needs?				
Of the following categories, whi	ch two do you ha	ave the most expe	erience in?		
Technology	Coffee sl	hop	Housekeepi	ng	
Landscaping/Mainter	nance	Working with	children	Food service	
Are you a current smoker? (If ye	s, explain)				
Do you currently drink alcoholic	c beverages? (If)	ves, explain)			
Have you ever or do you currently	vuse any illegal dr	rugs? (If yes, explain)			
Have you ever been involved in an	ny legal problems:	? (If yes, explain)			
Do you have any personal history	of violence or abu	use towards others,	or of sexual imm	orality? (If yes, explain)	
Does your life currently conform t	o Biblical standare	ds of morality? (If	not, explain)		
Is there any habitual sin that affect	ts your walk with (God? (If yes, explain	2)		
Are you currently involved in any	problematic inter	personal relationsh	nips? (If yes, explain,		
					
Have you ever been involved in an	ny non-Christian o	cult or occult activi	ties? (If yes, explain		
					

Please list all schools attended f	rom high school to present.			
Name of Institution	Dates of Attendance	Degree/Diploma	Major/Minor	
Please have each of the above i	nstitutions send us an official copy of y	our transcript. If you have college o	redit, we do not need a high school transc	cript.
<u>PERSONAL PROFILE SK</u>	ETCH (Please use a separate sheet of po	uper.)		
1. How would you describe y	your a) personality, and b) your relat	ionships with others?		
2. What do you consider you Please list and describe.	r a) personal strengths and weakness	ses, and b) spiritual gifts?		
3. What are your talents, hob	obies and interests?			
4. Indicate any foreign langu	ages you speak and degree of fluenc	y, as well as any travel or ministr	in a foreign country.	
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EDUCATION

SPIRITUAL LIFE PROFILE
. Where do you currently attend Church? How long have you been a part of this fellowship? How often do you go to church?
2. Please describe in detail your testimony of how you became a Christian or your born again experience.
3. What is your current church involvement?
t. Why do you desire to attend Calvary Chapel Bible Institute, New Zealand, and how do you see it enhancing your present spiritual life and future ministry plans?
b. Have you ever been on a mission trip before? Do you personally feel called to be a missionary in your life? Describe any interest you might have in missions.



Please list the three Christian preachers/teachers that have most influenced your life.
i
2
3
Please list the three Christian books (other than the Bible) that have most influenced your life. (Please identify both title and author.)
i
<u> </u>
3
STATEMENT OF FAITH
Please write a brief but concise statement of your belief regarding the following:
1) The Bible 2) God
3) Jesus Christ 4) Holy Spirit
5) Sin
6) Salvation 7) Baptism with the Holy Spirit
8) Eschatology (End Time Events) 9) The Rapture
10) Eternal Security

РНОТО	
Please attach a photo of yourself when you send in your application.	
FINANCIAL RESPONSIBILITY	
Full payment of tuition is due and payable during registration hours or on the first day of Please see the current catalog for the refund policy of the school. I hereby make applica responsibility for punctual, regular class attendance and the fulfillment of all classroom a regulations and upholding the standards of the college. In addition, I also understand the during the registration hours or on the first day of classes.	tion to Calvary Chapel Bible Institute, I understand my assignments. I will also cooperate in observing all
Signed Date	
APPLICATION CHECKLIST	
Have you	

- 1. Completely filled out the application in the manner requested?
- 2. Given your reference forms to the necessary people?
- $3.\ Enclosed\ your\ Application\ Fee\ (\$)\ (this\ is\ non-refundable)?$
- 4. Enclosed a small photograph of yourself for our records?
- 5. Enclosed a copy of your high school diploma or GED certificate, and your high school or college transcripts?
- 6. Signed and dated this application?

Calvary Chapel Bible Institute does not discriminate on the basis of race, sex, ethnic background, native language, nationality or physical disability.

Please mail application to:

Calvary Chapel Bible Institute, New Zealand **PO Box 193** Te Awamutu 3840 **New Zealand**

 \mathbf{Or}

Download, fill out, and email to: admissions@ccbi.ac.nz