

STUDENT APPLICATION FORM

Canadian Lutheran Bible Institute



Attach a recent photo here

IMPORTANT

1. All information requested must be provided.
2. Application fee: \$50.00 to be included with the submission of this form. \$100.00 for international students. (Application fee is not refundable)
3. Include recent photograph
4. Forward High School and/or any post-secondary transcripts

SEND TO:

CANADIAN LUTHERAN BIBLE INSTITUTE
4837 - 52A St.
CAMROSE, AB CANADA T4V 1W5

Phone : (780) 672-4454
Fax : (780) 672-4455
E-mail : admissions@clbi.edu

1. GENERAL INFORMATION (please print)

Full Name _____
Last Name First Name Middle Name(s)

Present Mailing Address _____
Street or Post Office City Prov/State Postal Code

E-mail Address _____ Fax Number _____

Permanent Home Address _____
Street or Post Office City Prov/State Postal Code

Telephone Number _____ Social Insurance/Security Number _____

Gender: Male ___ Female ___ Citizenship: Canada ___ USA ___ Other ___

Marital Status: Single ___ Engaged ___ Married ___ Divorced ___ Separated ___

Name of father or legal guardian _____ Occupation _____

Street or Post Office City Prov/State Postal Code Telephone

Name of mother or legal guardian _____ Occupation _____

Street or Post Office City Prov/State Postal Code Telephone

2. PERSONAL INFORMATION

Date of Birth _____ Place of Birth _____
Day/Month/Year City Prov/State

Home Church _____
Church Name Street or Post Office City Prov/State Postal Code

Family member(s) who have attended CLBI (if any) _____

Dorm living preferences: double room (with a roommate) ___ single room (extra \$200/semester) ___

Have you ever been convicted of a criminal offense? YES ___ NO ___
If 'YES' please give particulars on separate sheet.

3. HEALTH HISTORY

PLEASE NOTE: The following information is needed for food services and for precautionary measures. It will not be used in determining your acceptance to Bible school.

Medical history (include dates) _____

Allergies: medications _____

foods, pollens, other _____

Severe injuries: _____

Surgical Operations: _____

Hospitalizations: _____

Medical Problems (circle and explain if necessary):

- | | | |
|--------------|-----------------|-----------|
| Headaches | Heart condition | Urinary |
| Vision | Respiratory | Menstrual |
| Hearing | Dizziness | Seizures |
| Heart murmur | Fainting | Asthma |

Other: _____

Explanations: _____

Conditions for which you are on regular treatment

Condition: _____

Treatment and medication: _____

I am in (check one): good health fair health poor health

I certify that I have fully disclosed my medical history, and that there are no other significant health factors known to me. Please initial _____

Health Insurance Company (or Province) _____ Health Insurance Policy Number _____

4. PREVIOUS EDUCATION

Name and address of high school from which you graduated or will graduate _____

Street or Post Office

City

Prov/State

Postal Code

Year of high school graduation _____

Have you had previous formal Bible training? YES NO

Other schools attended: _____ Years _____

_____ Years _____

Have you ever been asked to leave any school? YES NO

If 'YES' please give particulars on separate sheet.

5. REFERENCES

Please give the name of your pastor and two other people who are not relatives but know you well. Ensure that each is willing to complete a personal reference form for you. Reference forms will be sent to these individuals.

Pastor's Name _____ Home Phone _____

Address _____
Street or Post Office City Prov/State Postal Code Cell or Work Phone

Second Reference _____ Home Phone _____

Address _____
Street or Post Office City Prov/State Postal Code Cell or Work Phone

Third Reference _____ Home Phone _____

Address _____
Street or Post Office City Prov/State Postal Code Cell or Work Phone

6. OTHER INFORMATION

Are you presently employed? YES ____ NO ____ Type of work _____

What are your vocational plans? _____

How will you manage your financial obligations at CLBI? _____

Do you plan to provide money through self-employment or savings to pay for CLBI costs? YES ____ NO ____

Do you intend to receive financial help from a parent or guardian? YES ____ NO ____

Will you be applying for Canadian or U.S. student loan programs? YES ____ NO ____

Will a parent, guardian or sponsor (eg. Church) assume financial responsibility for you if necessary? YES ____ NO ____

If 'YES,' signature of parent, guardian or sponsor must be supplied: _____ Date signed: _____

Address _____
Street or Post Office City Prov/State Postal Code

7. PERSONAL STATEMENT

Please provide a brief statement expressing your purpose in making this application to attend Canadian Lutheran Bible Institute.

