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FOLAH Institute of Theology

APPLICATION FOR ADMISSION

PLEASE SUBMIT A RECENT PHOTO WITH APPLICATION

Please PRINT clearly:

NAME (Last) _____		(First) _____		(Middle or Maiden) _____	
HOME PHONE _____		WORK PHONE _____		CELL PHONE _____	
SOCIAL SECURITY # _____		DATE OF BIRTH (MM/DD/YEAR) ____/____/____		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER _____					
PLACE OF BIRTH (City and State) _____			NAME OF SPOUSE _____		
MAILING ADDRESS _____					APARTMENT # _____
CITY _____		STATE _____		ZIP _____	
EMAIL ADDRESS _____					

Program Of Desired Enrollment _____

Degree Level of Desire ☐ Associate ☐ Bachelor ☐ Masters ☐ Doctorate

BACKGROUND INFORMATION

Present Occupation: _____ How Long? _____

Employer: _____

Name of Local Church: _____

Address: City: _____ State _____ Zip _____

Pastor's Name: _____ Contact Phone: _____

Are you a minister? ☐ Yes ☐ No Licensed? ☐ Yes ☐ No Ordained? ☐ Yes ☐ No ☐ Other? _____

How long have you been in full-time service? _____ years _____ months

To what denomination or organization do you belong or classify yourself? _____

Reference: Relative/Friend: _____ Relationship: _____

Address: City _____ State _____ Zip _____ Phone: _____

ETHNIC ORIGIN *(This information required by the Civil Rights Act)*

☐ Caucasian (Non-Hispanic) ☐ Asian Pacific Islander ☐ Hispanic ☐ Black (Non-Hispanic) ☐ American Indian / Alaskan

☐ Other: Specify _____

CITIZENSHIP

Country of Birth _____ Are you a citizen of the United States ☐ Yes ☐ No

If No, please answer the following questions:

Of what country are you a citizen? _____

Are you a permanent U.S. resident? ☐ Yes ☐ No Alien Registration # _____

Do you presently have a U.S. Visa? ☐ Yes ☐ No If yes, what type? _____

Expiration Date: _____

EDUCATION INFORMATION

Name of High School: _____

City: _____ County: _____ State: _____

Date of Graduation: _____ / _____ / _____

If you did not graduate, have you obtained a GED? ☐ Yes ☐ No When? _____ / _____ / _____

List ALL colleges attended in chronological order (latest last)...Attach additional sheets, if necessary.

Name of Institution: _____

City: _____ State: _____

Dates attended: from _____ to _____

Degree(s) received: _____

Hours Earned: _____ ☐ Semester ☐ Quarter

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City: _____ State: _____

Dates attended: from _____ to _____

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Hours Earned: _____ ☐ Semester ☐ Quarter

Name of Institution: _____

City: _____ State: _____

Dates attended: from _____ to _____

Degree(s) received: _____

Hours Earned: _____ ☐ Semester ☐ Quarter

Are you currently enrolled in the last institution attended? ☐ Yes ☐ No If so, what will be your last date of

attendance? _____ Are you eligible for re-admission to any of

the institutions listed? ☐ Yes ☐ No If no, are reasons ☐ Academic? ☐ Disciplinary? ☐ Other (attach explanation)

ADDITIONAL INFORMATION

Have you ever been convicted for the violation of any federal, state, county, or municipality law? (Excluding minor traffic violations) ☐ Yes ☐ No If yes, give full details on an attached sheet.

- \$60 Non-Refundable Application Fee must be submitted with application.
- Upon approval, one-third of Tuition must be at registration.
- Textbook Fees must be paid before receipt of any materials.

- Graduation Fees must be paid each year, as follows:
 - Doctoral Graduates BEFORE 1st Week of March;
 - other Graduates BEFORE 1st Week of April
- Balance of Tuition must be paid by April 15th of each year.

I have completed this application to the best of my ability and have been truthful to the best of my knowledge in answering all questions. I do hereby agree to abide by the high ethical standards set forth by the North Carolina College of Theology and to conduct myself in accordance to the expectation of NCCT in order for my life to bring glory and honor to the Lord, Jesus Christ.

I have read the Statement of Faith of the North Carolina College of Theology and agree to follow its doctrinal stand in accordance to the Word of God.

Signature _____ Date _____

Please tell us about your ministry experience.

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Student Checklist

Application Filled Out: _____

Program Fee (\$400): _____

Application Fee (\$60): _____

Passport-style Picture: _____

Copy of High School Diploma: _____ (If you do not have a college record)

Copy of any College Diploma or Credit Hours: _____

Copy of any Bible School Credits or Courses: _____

Copy of Certificates or Evidence of Ministry: _____

Obtain: King James Bible