



New Greater Bethel Bible Institute

BIBLE SCHOOL APPLICATION

2017 – 2018 Academic Year



Student ID#

Dr. John H. Boyd, D.D. – Founder • Dr. Caswell Morgan, STD – Dean

219-09 Linden Boulevard, Cambria Heights, NY 11411

Tel: (718) 978-4357 x221 Fax: (718) 978-9604

PERSONAL INFORMATION:

Name _____
Last First Sex Date of Birth

Marital Status: _____ Married _____ Single _____ Widowed _____ Divorced

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Mobile _____ Email _____

Person to notify in an emergency _____

SECULAR EDUCATION:

Undergraduate:

_____ G.E.D. _____ H.S. Diploma High School Name _____ Grade _____

College Institution _____ College Degree _____

Graduate:

Institution _____

Degree _____

BIBLICAL EDUCATION:

Have you attended Bible School before? _____ Yes _____ No

If YES please provide transcript and/or copies of Certificate of Completion along with this application.

Bible School Name _____

Bible School Address _____

City _____ State _____ Zip _____

List previous courses and year: _____

CHURCH:

Are you a born again Christian? _____ Yes _____ No

When did you accept Jesus Christ? _____

What Church are you a member of? _____

Church Address _____

City _____ State _____ Zip _____

Pastor's Name _____ Phone # _____

When did you become a member? _____

Are you involved in Christian work? _____ Yes _____ No

If yes, provide details: _____

What is your reason for enrolling in Bible School? _____

What course are you enrolling in? (One application for each course. Please make copies if necessary)

CIRCLE ONE:
MON TUE THUR SAT

As a student of the New Greater Bethel Bible Institute, I agree to follow the rules and regulations set forth by this institution. I agree to have my tuition paid in full by the date listed in the Prospectus booklet for the year of my enrollment. I understand that I must exemplify Good Christian Ethics, both verbally and morally, in and out of the classroom environment. I further understand that excessive and boisterous behavior should not be displayed toward Staff Members, Instructors, Fellow Classmates or the General Student Body. I also understand that my attendance in class and at Chapel is important to the successful completion of my Biblical education. I understand that by signing this application I am held accountable for all of the above.

Signature _____ Date _____

OFFICE USE ONLY:

Payment Requirements	Deposit Required
Adult Classes	\$50.00
Youth Ministry Classes	\$50.00
Children Classes	\$30.00

Registration Amount Paid: \$ _____

Form of Payment:

Cash _____ Check # _____ Money Order _____

Credit Card # _____ Exp. Date ____ / ____

AMEX _____ Security Code Debit Card _____ Security Code Discover _____ Security Code MC _____ Security Code VISA _____ Security Code

Additional Classes

Administrator _____
Print

Approved _____
Dean Morgan

Sign

Date

Please visit our website at ngbbinstitute.org. In addition, you may contact the office at 718-978-4357 ext. 221. Representatives are available Tuesday-Friday 11:00a.m. - 5:00p.m. Eastern Time.

IMPORTANT NOTICE TO APPLICANTS

Please complete the application form in its entirety. Students who wish to enroll in multiple classes must fill out an additional application form for each course enrolled.

Transfer Students coming from other Biblical Institutions will be required to schedule an admissions appointment with Dean Morgan. Students must have an official transcript available at the admissions appointment.

Current NGBBI students who wish to enroll into the Masters or Doctorate Program for the 2017-2018 School Year must contact the office to schedule a registration appointment.

Students with outstanding balances from any previous school year are disqualified from registering for any courses until all balances are satisfied.

To register for a course, please submit the following:

- A completed, two-sided application form for each course enrolled
- \$50 Non-refundable Tuition Deposit for each course enrolled
*We accept Cash, Check, Money Order or Credit cards. Money Orders and Checks can be made payable to **New Greater Bethel Bible Institute**. If you wish to pay by credit card, please complete the Credit Authorization form and submit it with your application form via fax or mail, as indicated on the credit authorization form. We currently do not process applications forms or payments over the Internet.*

After registering, students will be required to attend **Orientation on Thursday, September 7, 2017 at 7:00pm**. On that evening, new students will be required to take a headshot photograph in order to complete the registration process. Students will also be able to pick up a copy of the Prospectus booklet at the event.

All classes will begin the week of Monday, September 11, 2017. Please refer to Weekly Schedule to confirm which day the course is being held.



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Credit Card Authorization Form

Student's Name _____

Class _____

Name as Shown on Card _____

Type of Card Visa MC AmEx Discover

Amount to be Charged _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Email _____

By signing this form, you authorize New Greater Bethel Bible Institute to charge your card for the amount listed above.

Signature: _____ Date: _____

Upon Completion, fax the application form and this form to (718) 978-9604 or mail to:
New Greater Bethel Bible Institute
219-09 Linden Boulevard
Cambria Heights, NY 11411