



# LIFEBUILDERS COUNSELING SERVICES INSTITUTE

## PROFESSIONAL BIBLICAL COUNSELING AND COACHING CERTIFICATE PROGRAM

### ENROLLMENT APPLICATION

Today's Date \_\_\_\_\_

Your Desired Start Date: Month \_\_\_\_\_ Year \_\_\_\_\_

#### APPLICANT INFORMATION

**Instructions:** Please fill in all spaces. If a field does not apply to you, write N/A in the space which will let us know the field does not apply to you.

Last Name		First Name		M.I.	
Mailing Address					Unit #
City	State		ZIP		Country
Preferred Phone #			Email Address		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>
	Are you 25 years old or older?				
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a born-again Christian? John 3:16; Rom 10:9-10		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Highest Educational Level:	
				HS <input type="checkbox"/>	BA <input type="checkbox"/>
Are you consistently attending church?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Preferred Method of Communication:	
				Phone Call <input type="checkbox"/>	Text Message <input type="checkbox"/>
I am applying as a: (check one option)		First-Time Student <input type="checkbox"/>		Continuing Student <input type="checkbox"/>	
		Lifebuilders Biblical Course <input type="checkbox"/>		Former Institute Student <input type="checkbox"/>	



**Essay Question 1:** Please share your reasons for choosing to enroll in this certificate program.



**Essay Question 2:** Please outline your plans for utilizing the certificate after completing this program.



**Please list one relative not living with you and one business associate.**

Full Name		Relationship	
Email		Phone	
Address			
Full Name		Business Type	
Email		Phone	
Address			

### AGREEMENT AND SIGNATURE

If this application leads to enrollment, I understand that false or misleading information on my application may result in my withdrawal from the program. By providing my signature and date below, I certify that all information is correct to the best of my knowledge, and that I have read the **General Terms and Conditions** and have signed the **Application Agreement**.

Signature		Date	
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### FOR OFFICE USE ONLY

Student ID#		Start Date		Processed By	
Tuition Terms		Payment Method			
Approved By		Date		Reconsideration	
Contact By		Date			