



CORNERSTONE Bible Institute

**P.O. Box 1366
Harrisonburg, VA 22803
540-432-2355**

APPLICATION FOR ADMISSION

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Phone: Home () _____ Work () _____

E-Mail Address: _____

PERSONAL AND BIOGRAPHICAL INFORMATION:

Birth Date ___/___/___ Age ___ Sex: Male/Female US Citizen? Yes/No

Social Security # ___-___-___ Single Married

Name of Spouse _____ Date of Marriage ___/___/___

Pastor's Name _____

Church Name _____

Church Address _____

Term: Fall Winter Spring Year _____

Program: Personal Growth 2-Year Degree 3-Year Degree

Education:

High School _____ Graduate? Yes/No

Undergraduate _____ Degree? Yes/No _____

Graduate _____ Degree? Yes/No _____

Please attach a 200-300 word autobiography explaining how you came to know Jesus Christ and why you desire training at Cornerstone Bible Institute.