Application for Admission

The Internet Bible Institute

Box 21
12 South Bridge
Edinburgh Scotland EH1 1DD

[Please type or print in ink]

Full legal name _____
Surname First Name Middle Initial

Home Address _____

_____

_____ _____ _____
City County Postal Code

Phone _____ - _____ - _____

e-mail: _____ @ _____

Have you taken any other Bible correspondence courses? ☐ Yes ☐ No

If Yes, which ones? _____

_____

Do you regularly attend church? ☐ Yes ☐ No

If yes,

What church do you attend? _____

Are you a member? ☐ Yes ☐ No

Please give a **brief** testimony, including the scriptural basis for your salvation and why you desire to take courses from the Internet Bible Institute. [Use additional paper as needed].

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