APPLICATION FOR ADMISSION LOUISIANA MISSIONARY BAPTIST INSTITUTE AND SEMINARY

Please complete this application and return it to the Registrar's Office, Louisiana Missionary Baptist Institute and Seminary, 102 Seminary Lane, Minden, Louisiana 71055. A brief statement of medical history and present condition of health must accompany this application.

First Year Applicants: Submit a transcript of credits from the high school from which you received your diploma. Non-high school graduates must submit a transcript of high school credits earned.

Transfer and Graduate School Applicants: Have the Registrar of each school of higher learning where you have attended or where you have registered send a transcript of your work directly to the Office at LMBIS. This must be done whether or not you desire to transfer some of the courses for credit.

Veterans: Present your V. A. Certificate of Eligibility to the Office at LMBIS.

Reference: Three letters of character reference also must be submitted with the application.

1. Name					
Las		First		Initial	
Permanent Resi	dent Address				
		Number	Street		
City	State	Zip Co	ode	Phone	
2. Date of Birth					
	Month	Day	Year		
Place of Birth	1				
	City	State			
3. Gender: Male		Social Secur	rity No.		
		Married			
		Yes No			
	or bogur cruaraia				
			te Zip (Code Phone	
		5			
0. Name of mgn 5		you graduated			
City	State	Date	Graduated		
	attend under the	Veterans' Training F	Program? Yes	No	
		ge or Theological Sc			
5	ll such schools at	0			
Name of Scl		Dates of Attendar	nce D	egree Earned	
Manie of Ber	1001	Dates of Attenda		legice Darned	
9. Have you previo	ously attended Lo	uisiana Missionary I	Baptist Institute a	nd Seminary? Yes	No
				No	
		led explanation of th			
12. Present church					
		Name			
Address		Maille			
		City	State		
				aptist Association? Yes	No
15. 18 the Chulch	or your members.	mb m renowemb wit	ii uie Americali D	apusi nosociacion? 168	NU

Please Print

Attach Photo

(Page 2 of 2)

If yes, give church that	at ordained you	ı Name		
Adress:				
No. & Stre		City	State	
5. If not a God-called preacher,	what is your d	lesired position of set	Trice?	
, if not a cou-cance preacher,	what is your c	leshed position of set		
5. Have you read the LMBIS sta	atement of doci	trines?		
				·····
Name				
Name	City	State	Zip Code	PHONE#
AdressNo. & Street	City	State	Zip Code	
AdressNo. & Street	City		Zip Code Spring Ser	
Name ddress No. & Street 8. When do you plan to enter L	City MBIS?	State Fall Semester Year	Zip Code Spring Ser Y	nester Zear
Name ddress No. & Street 8. When do you plan to enter L 9. It there any legal or moral iss	City MBIS?	State Fall Semester Year	Zip Code Spring Ser Y	nester Zear
ddress	City MBIS?	State Fall Semester Year	Zip Code Spring Ser Y	nester Zear
Name ddress No. & Street 8. When do you plan to enter L 9. It there any legal or moral iss	City MBIS? sue existing in	State Fall Semester Year your past or present	Zip Code Spring Ser Y	nester Zear

AGREEMENT: If accepted, I agree to willingly and cheerfully abide by the regulations of the school. I agree to allow LMBIS to run a background and/or credit check on me if they deem it appropriate prior to my being accepted. In the event I shall withdraw from the school for any reason, I will contact the Dean or President and submit my termination in writing, stating my reason for withdrawal.

Signed

Date