

EI School of Biblical Training



700 N. Parker Rd. • Greenville, SC 29609-1336
(864) 678-4900 • office@eibibleschool.org • www.eibibleschool.org

STUDENT APPLICATION FORMS

*“All is in Christ, by the Holy Spirit, for the glory of God.
All else is nothing.”*

- Theodore Monod

Student Application Instructions

Step 1: Application Form

Fill out the Application Form and return it as early as possible. The final date for accepting new applications is August 17, but the earlier the better. **You must fill in the form yourself.** We read all that you write, so please write or type clearly.

Return the application in the envelope enclosed. Send it to the address below.

Step 2: References

Pastoral Reference:

Fill out your personal information in the top section of the Pastoral Reference Form and be sure to sign the waiver included.

Give the Pastoral Reference Form, along with the appropriate envelope, to a pastor or elder in your church.

General Reference:

Fill out your personal information in the top section of the General Reference Form and be sure to sign the waiver included.

Give the General Recommendation Form, along with the appropriate envelope, to a friend or someone who knows you well. This cannot be a family member.

Both of these forms must be submitted to EI before August 17.

Step 3: Personal Interview

A personal interview may be required. Because of conference attendance or earlier campus visits, we may waive your interview. You will be contacted if we believe a personal interview will be helpful. Under special circumstances, the interview may be conducted via Skype, FaceTime, or phone.

Contact Us:

EI School of Biblical Training
Attention: Admissions
700 North Parker Road
Greenville, South Carolina 29609

Phone: (864) 678-4900

E-Mail: admissions@eibibleschool.org

Student Application Form

Section I • Personal Information

APPLICANT'S NAME First: _____ Middle: _____ Last: _____

ADDRESS: _____ Female Male

Date of Birth: _____

COUNTRY OF CITIZENSHIP: _____

PHONE NUMBER: _____ E-MAIL: _____

FATHER'S NAME: _____ Occupation: _____

MOTHER'S NAME: _____ Occupation: _____

SPOUSE'S NAME (if applicable): _____

NAME(S) & AGE(S) OF CHILDREN (if applicable): _____

Section II • Educational Information

HIGH SCHOOL From Which You Graduated or Will Graduate: _____

City/State: _____ GPA: _____ Graduation Date: _____

Public School Private School Home School

List Any Schools Attended After High School:

Name:	City/State:	Degree/Hours Earned:	GPA:	Dates Attended:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section III • Church Information

HOME CHURCH: _____ Address: _____

Church Phone: _____

Pastor's Name: _____ Pastor's E-Mail: _____

MEMBER: Yes No Denomination: _____ Number of Services Attended Per Week: _____

Have you served in an official capacity in your local church or other ministries in the last two years? List below:

Section V • Enrollment Information

Have you engaged in any of the following activities in the last two years? Check all that apply.

Occultic Practices:

- | | |
|---|---|
| <input type="checkbox"/> Ouija Boards | <input type="checkbox"/> Illegal Drug Use |
| <input type="checkbox"/> Horoscopes | <input type="checkbox"/> Drunkenness |
| <input type="checkbox"/> Visiting Palm Readers | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Spiritists | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Spirit Guides | <input type="checkbox"/> Immorality |
| <input type="checkbox"/> Listening to Satanic Music | <input type="checkbox"/> Other: _____ |

If you circled any of the above, please explain how long ago you were involved in these activities and what your current attitude is toward this behavior. Would you say that you are now fully free from these practices?

Do you have chronic medical conditions that require special care or continual medications? Check all that apply.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chronic Fatigue Syndrome |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Chronic Pain Requiring Medication |
| <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other: _____ |

What occupational experience(s) have you had?

Employer:	Type of Job:	Time of Employment:
_____	_____	_____ - _____
_____	_____	_____ - _____
_____	_____	_____ - _____
_____	_____	_____ - _____
_____	_____	_____ - _____

Is there any additional information or explanation which you believe could be helpful?

Section VI • References

Please give the names of people to whom you are giving your reference forms. Family members may not be used.

Pastoral Reference: _____ General Reference: _____

Section VII • Student Statement

IMPORTANT: *Please read the following statements and certify by signing below.*

Student Statement:

I subscribe to and live a morally pure life, refraining from dishonesty, sexual impurity, substance abuse, and other unbiblical practices. I understand that EI reserves the right to deny or revoke the admission of any candidate whose behavior or lifestyle is inconsistent with biblical principles or with the ministry standards of the EI community. If accepted, I agree to consider myself under the authority of the Administration of EI.

Doctrinal Statement:

- We believe in the Scripture of the Old and New Testaments as verbally inspired by God, inerrant in the original writings, and of supreme and final authority in faith and life.
- We believe in one God, eternally existing in three Persons: Father, Son, and Holy Spirit.
- We believe that Jesus Christ was begotten by the Holy Spirit, born of the Virgin Mary, and is true God and true man.
- We believe that man was created in the image of God; that he sinned and, thereby, incurred not only physical death but also spiritual death, which is separation from God; and that all human beings are born with a sinful nature, and in the case of those who reach moral responsibility, become sinners in thought, word and deed.
- We believe that the Lord Jesus died for our sins, according to the Scriptures, as a representative and substitutionary sacrifice; and that all who believe in Him are justified on the ground of His shed blood.
- We believe in the resurrection of the crucified body of our Lord, in His ascension into heaven, and His present life there for us as High Priest and Advocate.
- We believe that our Lord and Savior Jesus Christ will personally return and set up His Kingdom wherein He will rule and reign in righteousness.
- We believe that all who receive by repentant faith the Lord Jesus Christ are born again of the Holy Spirit and, thereby, become children of God.
- We believe in the bodily resurrection of the just and the unjust, the blessedness of the saved, and the retribution of the lost.
- We believe in the deity, virgin birth, vicarious death, physical resurrection, ascension, and coming personal glory of the Lord Jesus Christ.
- We believe in the personality, deity, and work of the Holy Spirit.
- We believe in the personality of Satan.
- We believe in the great scriptural doctrines of sin, salvation by grace, redemption, regeneration, justification by faith, prayer, physical resurrection, the reward of believers, and retribution of unbelievers.

I have read the Student Statement and the EI Doctrinal Statement and I:

Agree with these statements without reservation

Agree with the following reservations: _____

Furthermore, I certify that the information in this application is completely accurate.

Signature: _____ Date: _____



Pastoral Reference Form

To Be Completed by the Applicant:

*We are seeking a confidential and candid reference on your behalf.
We ask that you sign the waiver below indicating your agreement to waive your right to review this form.*

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

To Be Completed by the Pastor:

NAME OF REFERENCE: _____

RELATIONSHIP TO APPLICANT: _____

1. I have known the applicant for:

- < 1 year 3-5 years
 1-3 years > 5 years

2. I know the applicant:

- casually well very well

3. The applicant's marital status is:

- single
 married

4. Are the applicant's relationships with family members a credit to Christian testimony?

- yes no

5. How long has the applicant been a Christian?

6. Is the applicant living a consistent Christian life?

- yes no

7. The applicant's attitude to authority and/or instruction is:

- excellent acceptable
 inconsistent poor

8. Please check any of the following that has troubled the applicant in the last year:

- tobacco habit-forming drugs
 alcohol

9. Is the applicant using any of the above at this time?

- yes no

10. The applicant's sexual conduct:

- is above reproach
 needs improvement
 is questionable

If your answer above is not "above reproach" please explain on a separate sheet.

11. The applicant's relationship to our church is:

- member regular attendee
 occasional attendee

12. Are you aware of any instances of mental or emotional illness/difficulty that the applicant or members of the family have had? (If yes, explain on a separate sheet.)

- yes no

13. Do you have reservations concerning the financial integrity and/or the indebtedness of the applicant?

- yes no

14. Has the applicant demonstrated a heart for ministry? Explain.

Pastoral Reference: Character Trait Evaluation

Evaluate the applicant in the following categories:

N = Not known P = Poor BA = Below Average A = Average AA = Above Average E = Excellent

- | | | | | | | |
|-------------------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|
| 1. Self-Discipline | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 2. Teachable Spirit | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 3. Adaptability | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 4. Dependability | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 5. Conscientiousness | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 6. Integrity | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 7. Spiritual Maturity | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 8. Consistency of Testimony | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 9. Emotional Stability | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 10. Marital Harmony (If applicable) | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 11. Social Poise | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 12. Cooperation | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 13. Tactfulness | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 14. Ability to Communicate | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 15. Mental Alertness | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |
| 16. Ability to Make Decisions | <input type="checkbox"/> N | <input type="checkbox"/> P | <input type="checkbox"/> BA | <input type="checkbox"/> A | <input type="checkbox"/> AA | <input type="checkbox"/> E |

Evaluate the applicant in the following categories:

N = Not known AS = Apparent to a Serious Degree OA = Often Apparent SA = Sometimes Apparent
RA = Rarely Apparent NA = Never Apparent

- | | | | | | | |
|------------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 17. Critical Spirit | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |
| 18. Argumentative | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |
| 19. Domineering | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |
| 20. Procrastination | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |
| 21. Irritability | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |
| 22. Discouragement | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |
| 23. Anxiety / Worry | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |
| 24. Moodiness | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |
| 25. Depression | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |
| 26. Dependent Relationships | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |
| 27. Homosexual Relationships | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |

ADDRESS: _____ PHONE NUMBER: _____

_____ E-MAIL: _____

SIGNATURE: _____ DATE: _____

Please return the completed form by one of these two options:

Mail

EI School of Biblical Training
Attention: Admissions
700 N. Parker Rd.
Greenville, SC 29609-1336

Attachment to e-mail

admissions@eibibleschool.org



General Reference Form

To Be Completed by the Applicant:

We are seeking a confidential and candid reference on your behalf.

We ask that you sign the waiver below indicating your agreement to waive your right to review this form.

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

To Be Completed by the General Reference:

NAME OF REFERENCE: _____

RELATIONSHIP TO APPLICANT: _____

1. I have known the applicant for:

- < 1 year 3-5 years
 1-3 years > 5 years

2. I know the applicant:

- casually well very well

3. The applicant's marital status is:

- single
 married

4. Are the applicant's relationships with family members a credit to Christian testimony?

- yes no

5. How long has the applicant been a Christian?

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- | | | | | | | |
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| 19. Domineering | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |
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| 23. Anxiety / Worry | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |
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| 25. Depression | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |
| 26. Dependent Relationships | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |
| 27. Homosexual Relationships | <input type="checkbox"/> N | <input type="checkbox"/> AS | <input type="checkbox"/> OA | <input type="checkbox"/> SA | <input type="checkbox"/> RA | <input type="checkbox"/> NA |

ADDRESS: _____ PHONE NUMBER: _____
 _____ E-MAIL: _____

SIGNATURE: _____ DATE: _____

Please return the completed form by one of these two options:

Mail

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Attention: Admissions
700 N. Parker Rd.
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Attachment to e-mail

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