

Application Instructions

Step 1: Application Form

- Fill in application form.
- Please write or type clearly.
- Return application in the envelope enclosed.
- Applications must be submitted to EI before August 14, 2009.

Step 2: Pastoral Reference

- Fill in personal information at the top of the Pastoral Reference Form.
- Sign the waiver in that section.
- Give the Pastoral Reference Form, along with the appropriate envelope, to your Pastor or an elder in your church.
- References must be submitted to EI before August 14, 2009.

Step 3: General Reference

- Fill in personal information at the top of the General Reference Form.
- Sign the waiver in that section.
- Give the General Reference Form, along with the appropriate envelope, to a friend or someone who knows you well. (This cannot be a family member.)
- References must be submitted to EI before August 14, 2009.

Step 4: Personal Interview

All applicants are required to arrange for a personal interview. You may contact us concerning your interview by any of the means listed below. If you have already visited the campus and have been interviewed, you may disregard this step.

Phone: (864) 678-4900

Fax: (864) 678-4919

Email: admissions@eibibleschool.org

Website: eibibleschool.org



Application for Admission

Section I • Personal Information

Applicant's Name: (First) _____ (Middle) _____ (Last) _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: (Month) _____ (Day) _____ (Year) _____
 Phone Number: _____ E-mail Address: _____
 Male Female
 Father's Name: _____ Occupation: _____
 Mother's Name: _____ Occupation: _____

Section II • Educational Information

List the high school from which you graduated or will graduate: _____
 Location (City, State): _____ GPA: _____ Graduation Date: _____
 Type of School: Public School Private School Home School

List any post high school institutions you attended:

Name of School and Location (City, State)	Hours Earned/Degree	GPA	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section III • Church Information

Home Church Name: _____ Church Phone: _____
 Church Address: _____
 City: _____ State: _____ Zip: _____
 Denomination: _____ Pastor's Name: _____
 Member Associate member

How frequently do you attend services? (Circle the appropriate number.)

1 2 3 4 per month. 1 2 3 4 per week.

Have you served in some official capacity in your local church or other ministries in the last two years? (Check below.)

- Sunday School Teacher Vacation Bible School Helper Nursery Helper Worship Team Member
 Youth Leader Choir Member Other _____

Section V • Enrollment Information

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

- | | |
|--|---|
| <input type="checkbox"/> illegal drug use
<input type="checkbox"/> drunkenness
<input type="checkbox"/> smoking
<input type="checkbox"/> pornography
<input type="checkbox"/> immorality | Occultic practices:
<input type="checkbox"/> Ouija boards
<input type="checkbox"/> horoscopes
<input type="checkbox"/> visiting palm readers
<input type="checkbox"/> spiritists
<input type="checkbox"/> spirit guides
<input type="checkbox"/> listening to satanic rock groups
<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 any chronic medical conditions which require special care or continual medications:
 Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> diabetes
<input type="checkbox"/> depression
<input type="checkbox"/> asthma
<input type="checkbox"/> epilepsy | <input type="checkbox"/> chronic fatigue syndrome
<input type="checkbox"/> chronic pain requiring medication
<input type="checkbox"/> other: _____ |
|--|--|

What occupational experience(s) have you had?

Employer	Type of Job	Length of Employment
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____
_____	_____	to _____

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, 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

Applicant's Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

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 Signature: _____ Date: _____

1. I have known the applicant for:
 - less than one year
 - 1-3 years
 - 3-5 years
 - more than 5 years
2. I know the applicant:
 - extremely well
 - rather well
 - casually
3. The applicant's marital status is:
 - single, never married
 - married
 - married, previously divorced
 - single, previously divorced
 - separated
 - widowed
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
 - inconsistent
 - acceptable
 - poor
8. Please check any of the following the applicant has used in the last year:
 - tobacco
 - alcohol
 - habit-forming drugs
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
 - associate member
 - occasional attendee
12. Are you aware of any instances of mental or emotional illness or 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

Character Trait Evaluation

From my perspective, the person I am evaluating is _____(see key) in demonstrating:

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 | <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 |

From my perspective, the following characteristics are _____(see key) in the person I am evaluating.

N = Not known **AS** = Apparent to serious degree **OA** = Often apparent **SA** = Sometimes apparent
RA = Rarely apparent **NA** = Never apparent

- | | | | | | | |
|------------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 17. Criticalness | <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. Argumentativeness | <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 manner | <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 |

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Please return the completed form to:

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



General Reference Form

Applicant's Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

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 Signature: _____ Date: _____

- | | |
|--|---|
| <p>1. I have known the applicant for:
 <input type="checkbox"/> less than one year <input type="checkbox"/> 3-5 years
 <input type="checkbox"/> 1-3 years <input type="checkbox"/> more than 5 years</p> <p>2. I know the applicant:
 <input type="checkbox"/> extremely well <input type="checkbox"/> casually
 <input type="checkbox"/> rather well</p> <p>3. The applicant's marital status is:
 <input type="checkbox"/> single, never married
 <input type="checkbox"/> married
 <input type="checkbox"/> married, previously divorced
 <input type="checkbox"/> single, previously divorced
 <input type="checkbox"/> separated
 <input type="checkbox"/> widowed</p> <p>4. Are the applicant's relationships with family members a credit to Christian testimony?
 <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>5. How long has the applicant been a Christian?
 _____</p> <p>6. Is the applicant living a consistent Christian life?
 <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>7. The applicant's attitude to authority and/or instruction is:
 <input type="checkbox"/> excellent <input type="checkbox"/> acceptable
 <input type="checkbox"/> inconsistent <input type="checkbox"/> poor</p> | <p>8. Please check any of the following the applicant has used in the last year:
 <input type="checkbox"/> tobacco <input type="checkbox"/> habit-forming drugs
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 <input type="checkbox"/> is above reproach
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 <input type="checkbox"/> is questionable</p> <p style="padding-left: 20px;">If your answer above is not "above reproach" please explain on a separate sheet.</p> <p>11. Are you aware of any instances of mental or emotional illness or difficulty that the applicant or members of the family have had? (If yes, explain on a separate sheet.)
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 <input type="checkbox"/> yes <input type="checkbox"/> no</p> |
|--|---|

Character Trait Evaluation

From my perspective, the person I am evaluating is _____(see key) in demonstrating:

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- | | | | | | | |
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Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

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