



# BROOKES BIBLE INSTITUTE

3465 South Grand Blvd • Saint Louis, MO 63118 • 314.773.0083

## Request for Admission Form (Non-Degree Seeking)

### Personal Information

Legal Name:  Mr.  Dr.  Male  
 Mrs.  Rev. \_\_\_\_\_  Female  
 Miss  Ms. Last First MI

Mailing Address: \_\_\_\_\_  
 Street City ST Zip

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_

### Church Information

Church you attend: \_\_\_\_\_ Are you a member:  Yes  No

Pastor's Name: \_\_\_\_\_ Denomination/Affiliation: \_\_\_\_\_

Church address: \_\_\_\_\_  
 Street City ST Zip

Church Phone: (\_\_\_\_) \_\_\_\_\_ Church Website or Email: \_\_\_\_\_

Please list all church ministries you are involved in:

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### Enrollment

If you are desiring to seek the Associates Degree in either the Biblical or Ministerial Studies emphasis, please fill out the full Request for Admission form available from the Brookes' Registrars office. As a non-degree seeking student you are allowed to take any class offered at the Brookes Bible Institute for credit or for audit, however, before you are allowed to graduate or receive the 33 hour certificate, you will be required to declare yourself as degree seeking and therefore must, then, fill out the full form.

For what semester are you making application?  Fall  Spring 20\_\_\_\_  Summer

From what source do you plan to pay for your education? \_\_\_\_\_

List any physical or learning limitations that might hinder your academic progress while you are in college.

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**Employment**

Are you currently employed?  Yes  No Occupation: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City ST Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Web site or Email: \_\_\_\_\_

**References** (We may contact these references without your knowledge. All information they provide will be confidential.)

Pastoral reference: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Personal reference: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**CONFIDENTIAL**

Check all that apply:

- Yes  No Are you now or have you been involved in any substance abuse (e.g. drugs, alcohol, tobacco)?
- Yes  No Do you have any record of arrest or conviction (excluding traffic violations)?
- Yes  No Have you had or are you now receiving professional counseling for emotional and/or mental difficulties?
- Yes  No Were you ever expelled, dropped or suspended by any school or college?

**If the answer is "yes" to any of these questions, on a separate sheet of paper please give an explanation of the circumstances, including dates and extent of the problem and your current standing.**

**Influence**

What factors influenced you to apply to Brookes? (Check all that apply)

- Web Site  Former Student: \_\_\_\_\_
- Radio Ad  Friend: \_\_\_\_\_
- Print Ad  Parent: \_\_\_\_\_
- Sign out front  Employee: \_\_\_\_\_

If more than one influence, what was the greatest? \_\_\_\_\_

**Statement of Faith**

I have read and understand the Brookes' Statement of Faith.  Yes  No

I agree to refrain from promoting my denominational differences, doctrinal biases or political views in class or at any school function on or off campus.  Yes  No

I have read Brookes' school catalog, paying close attention to the student conduct policy.  Yes  No

**In signing this application, I certify that all the information on this application is true and complete. I understand that falsifying any part of this application may result in cancellation of admission and/or registration. Finally, I promise, if accepted as a student, I will honorably adhere to the standards of the college.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: an unsigned application cannot be processed and will be returned.