



Arlington Bible Institute
3030 North Rolling Road Baltimore, MD 21244 410-6554140

APPLICATION FOR ADMISSION

1. Name: _____
Last First Middle

2. Address: _____
Number and Street

_____ City State Zip Code

3. Telephone No: _____ 4. Date of Birth: _____
MM/DD/YYYY

5. Check those appropriate: () Male () Female () Single () Married

6. Church: _____ Location: _____

EDUCATIONAL INFORMATION

1. High School Graduate? () Yes () No

High School Equivalent? () Yes () No

2. Bible School Attendance: () Yes () No

Credits: _____

3. In College? () Yes () No

Circle current year

1 2 3 4

Where? _____

Graduation date: _____

Applicant's Signature

Date Submitted

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ADMISSION
FOR THE INSTITUTE – NEW STUDENTS ONLY.**

1. Print out the Institute Application for Admission form.
2. Fill in the form completely.
3. Mail the form to
Arlington Bible College
3030 North Rolling Road
Baltimore, MD 21244