CAC (WOSEM) Bible Institute
108-02 Sutphin Blvd, Queens, NY. 11435
Tel No: 718-658-8981; www. wosembibleinstitute.org

WOSEM Bible Institute Application Form

Program of choice: (circle one) **1.** Certificate: **2.** Diploma:

First Name: _____ Last Name: _____ Middle Initial:_____

Place of Birth: _____ Gender: _____ Marital Status: _____

Have you attended any Bible School/Institute before?_____

If YES, for how many years or months? _____

Name & Address of the Institute/School: _____

Highest Grade completed:_____ College 1 2 3 4 Graduate level 1 2 3 4 5 6

Other Degrees/Certifications Obtained: _____

Date of Birth: _____Date of Conversion: _____Occupation/Profession: _____

Your Address:_____

Home Phone (___)_____Work Phone (___)_____Cell Phone (____)_____

Church/Ministry Name & Address:_____

In what capacity do you serve in your Church/Ministry presently?_____

Medical Alerts/Conditions/Allergies: _____

Name, Address, & Telephone # of References:

1. _____

2. _____

Emergency Contact:

Name & Address: _____

Relationship: _____Phone #: (___)_____

Name & Telephone # of Your Pastor: _____

Church/Ministry Address: _____

Your Pastor's signature: _____

Attestation: I hereby attest that this information is true, accurate & complete to the best of my knowledge & I understand that any falsification, omission, or concealment of facts may subject me to disciplinary action(s).

Applicant's Signature: _____

Please carefully complete, sign & return this application form along with supporting documents such as your certificates, reference letters, etc to *drakinfeleye.wbi@gmail.com & pay your $25 application fee either by zelle to WBI@wosem.org* OR by check ***to*** *WOSEM BIBLE INSTITUTE's account number 700563122 at JP MORGAN CHASE BANK.*