

**APPLICATION FOR ADMISSION TO  
Charity Baptist Bible Institute & Seminary**

Today's date: \_\_\_\_\_

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

City, state & ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

What church do you attend? \_\_\_\_\_

Name of pastor: \_\_\_\_\_

Church address: \_\_\_\_\_

City, state & ZIP: \_\_\_\_\_

Church phone number \_\_\_\_\_

**Please write your testimony of salvation on another sheet of paper and include it.**

Your signature \_\_\_\_\_

Mail this form and testimony to:

Charity Baptist Bible Institute  
1600 Brownleigh Rd.  
Kettering, OH 45429

Or fax it to: 937-567-7927

Phone: 937-567-7929