APPLICATION

Vineyard Harvester Bible School and Seminary

Graduate Program

Name						
Social Security Number	Date of Birth					
Address	Tel. No					
City	State Zip					
_ Place of employment	Work Telephone					
In case of an emergency, a person who students in Vineyard Harvester Bible Sc	m we may contact and telephone number (only for resident chool and Seminary):					
Name	Telephone					
Please list the school(s) from which you	received any prior degree(s):					
Name of institution	Address Degree Major Date degree received					

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For which degree are you applying?				
Master of Theology in Biblical Studies				
Doctor of Theology in Biblical Studies				
When do you anticipate completing the requirements for your degree?				
Why have you chosen to study at Vineyard Harvester Bible School and Seminary?				
List the names and addresses of two references:				
Please have an official transcript from each school sent to:				
Dr. Kenneth Meadors Vineyard Harvester Bible School and Seminary				

5 Jones Mill Place

Cartersville, Georgia 30120

<u>ACKNOWLEDGEMENT</u>
I,
The primary purposes of this degree are to help strengthen my walk with God, and to help in equipping me for Christian ministry, specifically to become a Spirit-anointed leader.
I am fully aware that this is a Christian ministry, which believes the Bible is the Word of God and that the Bible is the authority upon which my spiritual growth and prayer ministry will be based.
I declare that I am enrolling in Vineyard Harvester Bible School and Seminary willingly and of my own free will.
<u>RELEASE</u>
I,
advance of signing this form.
Signature of Applicant
YOUR SIGNATURE MUST BE WITNESSED, INCLUDING NAME & ADDRESS NOT A FAMILY MEMBER, VHBSS INSTRUCTOR OR STAFF
Signature of Witness Date

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Name of Witness					
Address of Witness					
City	State	Zip Code			
Return to:					
Vineyard Harvester Bible School and Seminary 40 Lake Creek Rd. Cedartown, GA 30125					
Signature of applicant		Date			
Application approved by	Da	ate of approval			