



# NORTH CAROLINA BIBLE INSTITUTE

A Division of North Carolina College of Theology



*Reaching the World for Jesus...  
One Student at a Time!*

# APPLICATION

This application may be printed, personally signed  
and submitted via mail to:

**NCBI**  
**PO Box 632**  
**Castle Hayne, NC 28429**

When completing the application digitally, you may also sign it using a  
previously saved digital signature file or you may create one using  
various software including Adobe Acrobat. Many versions of Adobe  
Acrobat will instruct you on how to create your personal digital  
signature when clicking onto the signature line. Your application may  
then be uploaded via our secure website.

# North Carolina Bible Institute

## APPLICATION FOR ADMISSION

INSTITUTE DEAN

\*PLEASE SUBMIT A RECENT PHOTO WITH APPLICATION

DATE					
NAME <small>LAST</small>		FIRST		MIDDLE or MAIDEN	
PHONE <small>HOME</small>		CELL		WORK	
SOCIAL SECURITY #			BIRTH DATE <small>MM/DD/YEAR</small>		
PLACE OF BIRTH <small>CITY</small>			STATE		SEX Male      Female
MARITAL STATUS Single      Divorced Married      Other _____			NAME OF SPOUSE <small>(if applicable)</small>		
MAILING ADDRESS <small>(include Apt #, if applicable)</small> <small>STREET / PO BOX</small>					
CITY			STATE		ZIP
EMAIL ADDRESS					

<b>PROGRAM OF DESIRED ENROLLMENT</b>				
<b>LEVEL OF ENROLLMENT</b> <i>(Please also check if you prefer hard copy textbooks or flash drive)</i>				
<b>ASSOCIATE</b>	<b>BACHELOR</b>	<b>GRADUATE</b>	<b>MASTERS</b>	<b>DOCTORATE</b>
Hard Copy	Hard Copy	Hard Copy	Hard Copy	Hard Copy
Flash Drive	Flash Drive	Flash Drive	Flash Drive	Flash Drive
<b>Type your name exactly as you would like it on all documents.</b> →				

### BACKGROUND INFORMATION (This information taken to better serve you as a student.)

Present Occupation				How long?			
Employer							
Name of Local Church							
Address			City			State	Zip
Pastor's Name				Contact Phone			
Are you a minister?		Yes	No	Licensed?		Yes	No
				Ordained?		Yes	No
Other?							
How long have you been in full-time service?				years		months	
To what denomination or organization do you belong or classify yourself?							
Reference: Relative/Friend				Relationship			
Address			City			State	Zip

Caucasian (non-Hispanic)	Asian Pacific Islander	Hispanic	Black (non-Hispanic)	American Indian/Alaskan
Other - Specify				

**CITIZENSHIP**

Country of Birth	Are you a citizen of the United States?		Yes	No	<i>If NO, please answer the following questions.</i>
Of what country are you a citizen?					
Are you a permanent U.S. resident?		Yes	No	Alien Registration #	
Do you presently have a U.S. Visa?		Yes	No	If yes, what type?	Expiration Date

**EDUCATION INFORMATION**

Name of High School			Date of Graduation		
City		County		State	
If you did not graduate, have you obtained a GED?		Yes	No	When? (MM/DD/YEAR)	

**List ALL colleges attended in chronological order (latest last)...If additional space is needed, please use page 4)**

Name of Institution			City		State
Dates attended: From		to	Hours Earned		Semester Quarter
Degree(s) Received					
Name of Institution			City		State
Dates attended: From		to	Hours Earned		Semester Quarter
Degree(s) Received					
Name of Institution			City		State
Dates attended: From		to	Hours Earned		Semester Quarter
Degree(s) Received					
Are you currently enrolled in the last institution attended?		Yes	No	If so, what will be your last date of attendance?	
Are you eligible for re-admission to any of the institutions listed?		Yes	No		
If no, are reasons		Academic?	Disciplinary?	Other (please explain on page 4)	

**ADDITIONAL INFORMATION**

Have you ever been convicted for the violation of any federal, state, county, or municipality law? (excluding minor traffic violations)		Yes	No	<i>If yes, give full details on page 4.</i>
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- \$60.00 Non-Refundable Application Fee must be submitted with application.
- Upon approval, one-third of Tuition must be paid at registration.
- Textbook Fees must be paid before receipt of any material.
- Graduation Fees must be paid each year, as follows:
  - *Doctoral Graduates BEFORE 1st Week of March;*
  - *other Graduates BEFORE 1st Week of April.*
- Balance of Tuition must be paid by April 15th of each year.

By checking this box you are acknowledging that NCBI is accredited by religious accreditations. All programs provided by NCBI are solely for religious vocations only. Transferability of credits from NCBI to another institution is at the discretion of the receiving institution.

*I have completed this application to the best of my ability and have been truthful to the best of my knowledge in answering all questions. I do hereby agree to abide by the high ethical standards set forth by the North Carolina Bible Institute and to conduct myself in accordance to the expectation of NCBI in order for my life to bring glory and honor to the Lord, Jesus Christ.*

*I have read the Statement of Faith of the North Carolina Bible Institute and agree to follow its doctrinal stand in accordance to the Word of God.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**COPYRIGHT ACKNOWLEDGMENT AND AGREEMENT**

As a student, an affiliate with North Carolina Bible Institute, I do hereby acknowledge submission to the **COPYRIGHTS of ALL NCBI CURRICULUM and RESOURCE MATERIALS**. At no time will I, the student, copy or plagiarize NCBI curriculum or resource materials.

***By my signature below, I hereby agree and submit to these terms.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Institute Dean:** \_\_\_\_\_

**Additional educational information and/or explanation:**

**Additional information regarding conviction for the violation of any federal, state, county, or municipality law (excluding minor traffic violations):**

**Additional miscellaneous information:**

### Itemization for Monthly Fee Payments

PROGRAM	TUITION FEE	ADMINISTRATION FEE	GRADUATION FEE	TOTAL
<b>ASSOCIATE</b>	\$1,580.00	\$100.00	\$100.00	\$1,780.00
	<i>Total of \$1,780.00 divided by 8 months = \$222.50*</i> <i>Total of \$1,780.00 divided by 10 months = \$178.00*</i>			
<b>BACHELOR</b>	\$1,680.00	\$100.00	\$100.00	\$1,880.00
	<i>Total of \$1,880.00 divided by 8 months = \$235.00*</i> <i>Total of \$1,880.00 divided by 10 months = \$188.00*</i>			
<b>GRADUATE</b>	\$1,835.00	\$100.00	\$200.00	\$2,135.00
	<i>Total of \$2,135.00 divided by 8 months = \$266.88*</i> <i>Total of \$2,135.00 divided by 10 months = \$213.50*</i>			
<b>MASTER</b>	\$1,980.00	\$100.00	\$200.00	\$2,280.00
	<i>Total of \$2,280.00 divided by 8 months = \$285.00*</i> <i>Total of \$2,280.00 divided by 10 months = \$228.00*</i>			
<b>DOCTORATE</b> • Theology • Counseling • Leadership • Eschatology	\$3,250.00	\$100.00	\$350.00	\$3,700.00
	<i>Total of \$3,700.00 divided by 8 months = \$462.50*</i> <i>Total of \$3,700.00 divided by 10 months = \$370.00*</i>			

**\*PLEASE NOTE: Application Fee and Book Fee are not included in the monthly fee, for those fees are due at time of enrollment.**



## Electronic Funds Transfer to North Carolina College Of Theology

Please complete and return form to: **NCCT • P.O. Box 632 • Castle Hayne, NC 28429**  
*When choosing bank draft, please include a copy of a voided check or savings deposit slip.*

**PERSONAL INFORMATION**

Name(s)		Class Year(s)
Address		
City	State/Province	Zip/Postal Code
Telephone	Email	

New Authorization   
  Change in Authorized Amount   
  Change in Account

I hereby authorize BANK to process automatic debits on behalf of North Carolina College of Theology from the account listed below. In doing so, I authorize the below institution to honor said debits. **This authorization will remain in effect until and unless I give notification to terminate at least 30 days before the date of next scheduled withdrawal.**

Bank Name		
Address		
City	State	Zip Code
<b>COMPLETE FOR PAYMENTS BY BANK DRAFT</b>		<b>COMPLETE FOR PAYMENTS BY CREDIT CARD</b>
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		Name(s) on Card
Name(s) on Account		Credit Card #
Routing # <i>(Bank Use Only)</i>		Expiration Date
Account #		CVV#

**MONTHLY FEE PAYMENT**

**DEGREE PROGRAM:**  
 Associate  
 Bachelor  
 Graduate  
 Master  
 Doctorate

**TERM OF PAYMENTS:**  
 8 Months  
 10 Months   
**MONTHLY PAYMENT AMOUNT:** \_\_\_\_\_

➔ **Date of withdrawal will be on the 1st of each month. The first payment will be drafted the first month after acceptance. A \$25 fee will be applied for any returned payment.**

Authorized Signature \_\_\_\_\_

Print Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

First Draft Date \_\_\_\_\_

Last Draft Date \_\_\_\_\_