



**ABUNDANT LIFE BIBLE INSTITUTE
(A Ministry Training Center)**

Application for Enrollment

Please fill out this form and mail it along with your \$50.00 registration fee to:

**Abundant Life Bible Institute, 43 S. Jefferson Rd., Whippany, N.J. 07981
973-463-9455 ext. 45 Fax number: (973-463-9677)**

Academic Dean's email: jfucci@albiw.com

Make sure all forms are sent back to school at the same time:

Main Information:

Name: _____ SSN: ____-____-_____

Sex: M____ F____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) (____) _____

(Evening) (____) _____

Cell phone: (____) _____

Fax #: (____) _____

Email: _____

Diploma Desired:

- | | |
|--------------------------------------|------------------------|
| ____ Certificate of Biblical Studies | (30 Credits required) |
| ____ Associate of Biblical Studies: | (60 Credits required) |
| ____ Advanced Ministry Diploma | (90 Credits required) |
| ____ Bachelor of Theology | (120 Credits required) |

General Information:

___Single ___Married ___Divorced ___Widowed

Military Service ___Yes ___No

Active Reserve ___Yes ___No

Serve in a church position: ___Yes ___No Position: _____

How long: _____

Name and address of Church you attend: _____

Pastor's Name: _____ Phone#:(____) _____

Academic History:

High School: _____

Location: _____

Graduation Date: _____

College or Bible Institute: _____

Degree / Diploma: _____

Location: _____

Graduation Date: _____

Post Graduate or Trade school: _____

Degree / Diploma: _____

Location: _____

Graduation Date: _____

Major: _____ Minor: _____

Academic Achievements / Honors:

(Attach Extra Sheets if Needed)

Place of Birth: _____
____ Single ____ Married ____ Divorced ____ Widowed

Ethnic Origin: _____ (White/European , Asian, Black /African,
Central or South American, Caribbean Islands, etc., for example)

References:

Please list the names, addresses, and phone numbers of at least three references. One must be from your local church. The other two can be from your workplace or friends.

Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Telephone #: (____) _____

Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Telephone #: (____) _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Telephone #: (____) _____

Will you be attempting to transfer credits to Abundant Life Bible Institute from another institution? ___Yes* ___No

***If yes, you must have an official transcript sent to us directly from the institution you wish to transfer credits from.**

I give Abundant Life Bible Institute permission to contact any references listed in this application. I have also read the statement of faith and the code of conduct in the ALBI handbook and agree to abide by both.

Date: _____

Signature of Student: _____

- **Please include your nonrefundable \$50.00 registration fee.**
- **Please include your testimony of how you came to know the Lord and your future ministry goals on a separate sheet.**
- **Also include a 3x5 picture of yourself.**
- **Give your Pastor the Pastor's Recommendation form and have him fill it out and send back to the school.**
- **Take your Gift test on line. Log on to gifttest.org and submit that test with your application.**
- **If you plan to transfer credits from a former college or training program you will need to contact your former college(s) and have them mail official copies of your transcripts for transfer evaluation.**

**ABUNDANT LIFE BIBLE INSTITUTE
43 S Jefferson Ave. Whippany, N.J. 07981
Attention to Dr. Jack Fucci /Academic Dean**

(Revised: 08/19/09)