

AENON BIBLE COLLEGE

DISTANCE LEARNING DEPARTMENT

3919 Meadows Drive
Indianapolis, IN 46205

Application for Admission

Name _____ / _____ / _____
Last First M.I.

Street Address _____ Apt. _____

City/State/Zip _____

Home Phone () _____ Office Phone () _____

Date of Birth _____ Sex: Male _____ Female _____

Are you a minister? Yes _____ No _____

SS# (last 4 digits) _____ Email address _____

Name of your church _____

Pastor's Name _____

Church's Street Address _____

Church's City/State/Zip _____

Church's Phone () _____ Your Denomination/Affiliation _____

PLEASE COMPLETE & SIGN PG 2 OF THIS APPLICATION

PREVIOUS EDUCATION

High School _____ Graduation Year _____

City/State

College _____ Graduation Year _____

City/State Degree _____

College _____ Graduation Year _____

City/State Degree _____

LIFE/WORK EXPERIENCE IN FIELD OF STUDY BEING SOUGHT

1. _____
2. _____
3. _____

Should I be accepted, I agree to abide by the regulations of Aeon Bible College, Inc.

Signature _____ Date _____

A one-time NON-REFUNDABLE application fee of \$20.00 must accompany this form. Money Orders/Cashier's Checks are preferred.