

BIBLE BAPTIST THEOLOGICAL SEMINARY

A Ministry of *Bible Baptist Church*

40 Country Squire Road

Cromwell, CT 06416

860-613-2096

www.bbc-cromwell.org

Application for Admission

Last Name _____ First Name _____ Middle _____

Mailing Address _____ City _____ State _____ Zip _____

Cell _____ Home phone _____ E-mail _____

Date of Birth _____ Birthplace _____ Citizenship _____

Marital Status _____ Spouse's Name _____

Names and ages of children _____

Church name and address _____

Name and address of high school _____

List colleges/seminaries, credits, and degrees _____

List credits that may transfer to BBTS _____

Give name, addresses, and phone number for two references including home church pastor:

1. _____

2. _____

Your interest is in which program? COT __ BDIV __ MBS __ MDIV __ DMIN __ THD __

When do you plan to attend? (Semester and year)

Please attach a brief statement of your salvation experience.

Applicant's signature _____ Date _____

PLEASE ATTACH \$30.00 APPLICATION FEE PAYABLE TO
BIBLE BAPTIST CHURCH