



四海聖經宣教學院

4C Bible & Missions Institute

基督教創作傳播中心屬下機構 / A Ministry of Christian Creative Communication Center

APPLICATION FORM

PERSONAL DATA:

Attach recent photo here

Name : Chinese _____
English (First) _____ (Last) _____

Address: _____

City: _____ State: _____ Zip: _____

Tel.: Home _____ Work: _____ Cell: _____

Email: _____ D.O.B. _____

MARITAL STATUS: (PLEASE CHECK)

Married : Year: _____ Spouse Name : _____

Divorced: Year: _____

Engaged: Single: _____

EDUCATIONAL BACKGROUND:

Undergraduate: _____ Year: _____ - _____

Major in: _____ Degree earned: _____

Graduate: _____ Year: _____ - _____

Major in: _____ Degree earned: _____

Doctoral: _____ Year: _____ - _____

Major in: _____ Degree earned: _____

Others: _____

SEMINARY OR BIBLE SCHOOL EXPERIENCES:

Name of Bible School: _____

Program: _____ Yr. graduated _____

Name of Seminary: _____

Program: _____ Yr. graduated _____

WORK EXPERIENCES:

1. Firm: _____ Position _____
From: _____ To: _____
2. Firm: _____ Position _____
From: _____ To: _____
3. Firm: _____ Position _____
From: _____ To: _____
4. Firm: _____ Position _____
From: _____ To: _____

CHRISTIAN EXPERIENCES:

Date of conversion: _____ Where: _____
Date of Baptism: _____ Minister: _____
Name of Church: _____
Current Church Membership: _____
Church address: _____
Phone number: _____ How long as a member: _____
Pastor's name: _____
Christian services: _____

SPIRITUAL

GIFTS:

MISSIONS

Where: _____ Year: _____

TRIPS:

Where: _____ Year: _____

Where: _____ Year: _____

Where: _____ Year: _____

LANGUAGE ABILITY: (PLEASE CHECK)

Read Speak Write

Mandarin

Cantonese

English

Others (please specify) _____

GENERAL:

What are some of your favorite pass time?

List three persons in your life that impacted you the most:

List three books that you have read in the past 2 years that impacted you the most:

List three reasons why you want to study at 4C Bible and Missions Institute:

What is the mission of your life?

Please give three references:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Please submit separately a one-sheet testimony of your conversion experience.

We want to thank you for taking time to fill in this application and your interest in applying to our Institute. We will let you know the result ASAP.

God Bless!

Signature of Applicant

Date

Please submit your application and testimony to :
4C Admission Office, 3115 W. Parker Road, Suite 250, Plano, TX 75023
Contact: 972-398-1170 · or email: 4cbibleinstitute@gmail.com