



**INSTE**  
BIBLE COLLEGE

• 2302 SW Third Street • Ankeny, Iowa 50023  
• Telephone: (515) 289-9200 • Fax: (515) 289-9201 • E-mail: [inste@inste.edu](mailto:inste@inste.edu)

## Application for Admission to the Certificate in Christian Ministry Program

### 1. PERSONAL INFORMATION

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
City, ST, (Country) of Birth \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
mm dd yyyy  
Marital Status:  Single  Married (Spouse's name \_\_\_\_\_)  Widowed  Divorced  
Your occupation/profession \_\_\_\_\_

### 2. PREVIOUS ACADEMIC EXPERIENCE

Highest level of education achieved: Check one box below.

- Not High School Graduate       Some College  
 High School or GED       College Degree—Undergrad. ( \_\_2 yr. \_\_4 yr.)  
 Vocational School       College Degree—Graduate ( \_\_Master \_\_Dr)

### 3. CHURCH BACKGROUND

Name of the church you presently attend \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Denomination: \_\_\_\_\_ Pastor's name \_\_\_\_\_

### 4. SPIRITUAL EXPERIENCE

Please give a brief description of your salvation experience

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to study in INSTE? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR PASTOR, CHURCH LEADER, OR GROUP LEADER MUST SIGN THE BACK OF THIS FORM**

Student's Name \_\_\_\_\_

**PASTOR or Church Leader:**

Please complete and sign the following:

This applicant (from page 1 of this application) fulfills the following requirements necessary for admission to INSTE and/or enrollment in the Certificate Program.

- Born again and shows signs of spiritual growth ..... Yes No
- Faithful in attendance and service to the local church ..... Yes No
- Will be at least 16 years old before beginning the course ..... Yes No  
*Students in high school must submit a letter of approval from a parent or guardian. It should also state that enrollment in this program will not be detrimental to the student's schooling. Students who are 14 or 15 years old may study as Special Audit students. See the catalog for more information.*
- Ability to read and comprehend the INSTE courses ..... Yes No

If you recommend this student for admission to the Certificate Program, please sign below.

\_\_\_\_\_  
Pastor or Church Leader's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name