

APPLICATION PACKET

1358 MORRIS AVENUE BRONX NY 10456 718-588-2284

APPLICATION INSTRUCTIONS

Please note that the Admissions office will begin evaluation only when all application forms are complete. This application packet contains	ns:
a) an application for admission; b) an autobiographical sketch form; c) doctrinal statement form; d) one Pastor's Reference form.	

- 1. Application for Admission
- 2. Doctrinal Qualification for Students
- 3. Autobiographical Sketch
- 4. Pastoral Reference



For Office Use Only:
Date Received
Application Fee

A. Enrollment Information

1.	Legal Na	ame:	FIRST		MIDDLE INITIAL
2.	Former	Name(s):			
3.	Date of	Birth: / 4.	FIRST Male	Female	MIDDLE INITIAL
5.	Social S	ecurity Number:			
6.	Address	:			
	LEGAL		A DA DTA (FAIT.)		
		STREET	APARTMENT#		
		CITY / TOWN / VILLAGE	STATE		ZIP
	MAILING	STREET	APARTMENT#		
7	Telepho	CITY / TOWN / VILLAGE	STATE		ZIP
1.	НОМЕ			Emergenc	y Contact:
				NAME _	
		ing your mobile number you are giving permission lege to send you text message notifications.		PHONE .	
8.	Email Ad	ddress:			
		es a variety of media to notify students of upcoming evor of your contact information changes. Changes to your			
	, ,		1	V	,
Re	esidenc	y Information			
9.	Have yo	u lived in New York State for the past 12 months	s?	No No	If no,
10					If no,
	I have be	een a resident of New York State since (MM/DD/	YYYY)	. / /	



11. Are you a US Citizen? Tyes No If no, co	country of citizenship
If you are not a U.S. Citizen, please complete the box be	elow.
NON US CITIZENS	
12. Are you a legal permanent resident of the United Sta	
If yes, please provide your Alien Registration Numbe	er — —
13. Do you hold an F1 visa? ☐ Yes ☐ No	
	Yes No Please contact the International Student Office at 914-606-8567.
Students who are granted a student (F1) visa must e	t go through the International Student Office and complete the process.
14. Do you hold a visa other than F1? Yes No	errott and attend tote-time (12 of more credits).
B1 B2 J1 H Other	
D. Regional Information	
15. Ethnicity	
	r education report student enrollments by ethnic status. The information requested appropriate box. (Response is optional and will not affect your admission in any wa
Are you Hispanic/Latino? ☐ Yes ☐ No	
	owing would best describe your background? (select one)
☐ Cuban ☐ Dominican ☐ Other H	Hispanic/Latino
☐ Puerto Rican ☐ Mexican	
Please indicate your race (select one or more)	
☐ American Indian or Alaskan Native	🗌 Asian 🔲 Black or African American
□ N-4; H; Parificultural	
☐ Native Hawaiian or other Pacific Islander	☐ White
16. Military Status	☐ White
16. Military Status Have you ever served in the United States Military?	☐ White ☐ Yes ☐ No
16. Military Status	☐ White ☐ Yes ☐ No
16. Military Status Have you ever served in the United States Military? If yes, please indicate current military status	☐ White ☐ Yes ☐ No ☐ Active Military Duty ☐ Retired ☐ Veteran
16. Military Status Have you ever served in the United States Military? If yes, please indicate current military status	 White Yes ☐ No Active Military Duty ☐ Retired ☐ Veteran Dependent of Active Duty Personnel ☐ Other
16. Military Status Have you ever served in the United States Military? If yes, please indicate current military status E. Educational Goal	 White Yes ☐ No Active Military Duty ☐ Retired ☐ Veteran Dependent of Active Duty Personnel ☐ Other
16. Military Status Have you ever served in the United States Military? If yes, please indicate current military status E. Educational Goal 17. I am applying as a: ☐ Freshman ☐ Transfer	White Yes No Active Military Duty Retired Dependent of Active Duty Personnel Other T (spring) or
16. Military Status Have you ever served in the United States Military? If yes, please indicate current military status E. Educational Goal 17. I am applying as a: Freshman Transfer 18. I plan to begin my studies: January 20 19. I plan to study: Full-time (12 OR MORE CREDITS)	White Yes No Active Military Duty Retired Dependent of Active Duty Personnel Other T (spring) or

	21. Check if you would like n	nore information to be sent t	o you on an	y of the following:	
	☐ Financial Aid	☐ Career Center		☐ Military Veterans' Be	enefits
	Scholarships	☐ Transfer Services		☐ Educational Opport	unity Program
F.	Academic History (fin	al/official transcripts	required		
	Did you, or will you grad	uate from high school?	☐ Yes	☐ No (If no, please prod	eed to question 25)
	22. High School:				
	NAME OF HIGH	SCHOOL			
	CITY				STATE
	23. Graduated High School	/	Will Grad	duate High School	/
	201 01444444	MONTH YEAR		MONTH	YEAR
	24. Type of high school diplo	oma received or expected:	☐ Rege	nts 🗌 Local 🔲 IE	P*
		es high school with an IEP d	•		
		e of Admissions for informat			
	•			•	nt (GED) Certificate/Diploma?
		ONTH / YEAR (Attack			
	☐ No (Please contact th	e Office of Admissions for in	iformation o	on applying for the 24-Cred	it GED program)
	☐ I was homeschooled				
	26. Transfer Students ONLY				
	List all other colleges att	· · · · · · · · · · · · · · · · · · ·	Ctata	Datas Attanded (MM AA	A Dograd Daggiyad
	College/University	City	State	Dates Attended (MM/Y) FROM TO	Y) Degree Received
				// .	
				// .	
				//	
	NOTE: It is your responsibility	to send official college transcrip	ts, CLEP, and	or Advanced Placement	
	,				
	27. Check if you would like m	nore information to be sent to	o you on any	of the following:	
	☐ Financial Aid	☐ Career Center		☐ Military Veterans' Be	
	☐ Scholarships	☐ Transfer Services		☐ Educational Opport	unity Program

G. Additional Information							
28. Have you ever been dismissed from a college for a	academic reasons?	☐ Yes ☐ No					
29. Have you ever been suspended, expelled, and/or dismissed from a previous educational institution college, university, high school, vocational school, etc.) for disciplinary (non-academic) reasons?							
Response to the following questions is optional and will not affect your admission in any way.							
30. Has any member of your family graduated? If yes, what relationship? ☐ Parent ☐ Sibling	Other Name	Yes					
31. Was English your primary language spoken as a c If no, please indicate your primary language If no, would you like information on the ESL progr							
32. Please indicate the highest level of education ear	ned by your parent(s)						
☐ HS ☐ Some College ☐ 2 yr College Degree ☐ Parent 2 ☐ HS ☐ Some College ☐ 2 yr College Degree ☐ H. Applicant's Signature I certify that the information provided on this application any part of this application may result in cancellation of	4yr College Degree [☐ Master's or higher [Irate in every respect	☐ Other				
application fee (enclosed as a check or money order) is r	•	issui irom the coneg.	e. Fam aware that the \$55				
Signature of Applicant		Date	/				
CHECK BELOW THE COURSE(S) Y	OU WOULD LIKE TO) TAKE THIS SCHO	OL YEAR:				
GED Program	Acts/Life of Paul		Teachers Training				
New Converts	Post Graduate I		Teachers Training II				
Christian Workers	Post Graduate II		Advanced Church History				
Evangelism	Advanced Pedagogy	1	Christian Leadership				
Advanced Evangelism	Advanced Pedagogy	· II	Josephus Class				
General Bible I	Soul Winning		Demonology				
General Bible II	Spanish		Other				
Bible Study & Lectures	Youth Expression		Other				

BIBLICAL STUDIES DEGREE PROGRAM

Associates in Biblical Studies 70 Credit Hours (1.5 years)

Bachelor of Biblical Studies 70 Credit Hours (1.5 years)

Master of Biblical Studies 70 Credit Hours (2 years)

THEOLOGY DEGREE PROGRAM

Bachelor of Theology 70 Credit Hours (1.5 years)

Master of Theology 70 Credit Hours (2 years)



DOCTRINAL QUALIFICATIONS FOR STUDENTS

***Students are to live, by the aid of the Holy Spirit, according to the moral, spiritual, and ethical standards of the New Testaments. Students should be modest in appearance and abstain from foul or abusive language. The Bible Church of Christ Theological Institute is an environment that is as conducive to personal connection as it is to higher learning. Our diverse community of undergraduate and graduate students make the most of BCCTI experience by participating in student organizations, volunteer initiatives, spiritual opportunities, and campus activities unique. The Hub for Spiritual Life engages the Pepperdine community in vibrant and consistent experiences of worship and spiritual care.

Students (to be admitted and to graduate) must agree with, personally adhere to, and support the following doctrines:

- We believe the Authorized King James Bible is the preserved Word of God.
- We believe the Great Commission was given by our Lord Jesus Christ to the Church.
- We believe any sinner can be saved and transformed by the grace of God.
- We believe "repentance toward God, and faith toward our Lord Jesus Christ" (Acts 20:21) are necessary for salvation.
- We believe church members should have a desire to be Christ-like in their daily living.
- We believe in the pre-millennial return of our Lord and Savior Jesus Christ. Do you agree with, personally adhere to, and support the above stated doctrinal positions?

□ Yes	□ No	
Applicant	's signature	Date

APPLICANT'S SIGNATURE IS REQUIRED FOR FURTHER PROCESSING OF THE APPLICATION.



AUTOBIOGRAPHICAL SKETCH (Please type the information)

NAME OF APPLICANT	
Your essays are a significant part of the application process and provide us an opportunity	to learn more about you. Please
limit your response for each essay to 750 words or less. It is important that this is your own	n work and is factually correct.

1. Describe your home and spiritual life by summarizing your own sense of God's work in your life, how he has been shaping you and who he is calling you to be. Include your understanding of and experience of spiritual direction, both received and given, why you are interested in the certificate, and your vision of and current supportive experience of the place of Christian community in this calling and training.

My signature below indicates that all the information cont additional sheets) is factually correct and truthfully preser	ained in the above essays (and on any nted.
Applicant's Signature	Date
An unsigned sheet cannot be processed and will be returned.	



Spiritual Formation Certificate Pastoral Reference

This portion is to be completed by the applicant:	
Name of Applicant	_
Name of Pastor Pastoral Position	_
INSTRUCTIONS TO THE REFERENT: Thank you for taking the time to fill out this application. We realize your time is valuable and we appreciate you willingness to help us. The clearer and more factual you can be enables us to serve the applicant in the best way possible.	ur
1. Is the applicant a member of an evangelical Protestant church? $\ \Box$ Yes $\ \Box$ No	
2. How long have you known the applicant? years months	
3. In what capacity?	
4. Has the applicant been active in Christian service? $\ \square$ Yes $\ \square$ No	
5. If so, in what way?	

6. Does the applicant show interest in spiritual things?	□ Yes □ No				
7. If so, in what way?					
8. In your opinion, is the applicant's lifestyle consistent v	vith biblical teaching?	☐ Yes	□ No		
9. Do you recommend that we accept this applicant?	□ Yes □ No				
10. Do you have any additional comments?					
Pastor's name (please print)					
Pastor's signature				Date	
Church and denominational affiliation					
Address	City		State	ZIP code	
Phone ()					

Please return the reference to the applicant in the envelope provided. Seal the envelope and sign across the seal.