



Passport size Photo

### **FULL BRIGHT THEOLOGICAL SEMINARY**

**8421 Meadow Rd SW, Lakewood WA 98499**

**Website: [www.trinitybaptistchurchlakewood.org](http://www.trinitybaptistchurchlakewood.org)**

**Tel: +1 253-584-8856**

### **APPLICATION FORM**

#### **General Information**

Student's name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Semester: Fall \_\_\_\_ Winter \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Prior Education Highest Level: \_\_\_\_\_

Church you attend: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

#### **Degree Program (Indicate by circling the degree program interested)**

- a) Certificate of Theology and Biblical Counseling
- b) Associate Degree of Theology and Biblical Counseling
- c) Bachelor's degree of Theology and Biblical Counseling
- d) Master's degree of Theology and Biblical Counseling

e) Doctor Degree of Theology and Biblical Counseling

**Registration Fee:**

There is a \$ 40 non-refundable registration fee for students

**Tuition:**

I agree to enroll in the above named class(s) for \_\_\_\_\_ Credits, at the Tuition cost of \$ \_\_\_\_\_, plus registration fee of \$40. I may pay all or I may pay monthly payments, from this date.

I understand the above Agreement, and that there are no Tuition refunds after the second week of classes; also, that I am expected to obtain and study the seminary catalog and to know and understand the information contained in it. It is my desire to complete my Academic Program for the purpose of serving the Lord more effectively. I will give a copy of I.D. picture for the above required.

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

Student's Signature: \_\_\_\_\_

