



Richmond Campus  
3005 Enslow Avenue  
Richmond, VA 23222  
(804) 329-9920

Powhatan Campus  
680 Cartersville Road  
Powhatan, VA 23139  
(804) 375-9404

## Application for Admissions

(Application fee of \$50.00 - Non Refundable)

### Enrollment Term and Year

Date \_\_\_\_\_

Fall \_\_\_\_\_ (September)

Spring \_\_\_\_\_ (February)

Summer \_\_\_\_\_ (June)

\_\_\_\_\_  
Career Plans

### Personal Information

Please enter your legal name as it appears on your birth certificate.

\_\_\_\_\_  
Name Last First Middle Suffix

Male  Female

\_\_\_\_\_  
Preferred Name Previous Last Name(s), If any

\_\_\_\_\_  
Date of Birth (Mm/dd/yyyy) Social Security # (optional) (###-##-####)

\_\_\_\_\_  
Email Marital Status (Single, married,)

### Permanent Address

\_\_\_\_\_  
Street Address Apt #

\_\_\_\_\_  
City/Town State/Province Country

\_\_\_\_\_  
Zip/Postal Code Phone Alternate Phone

### Mailing Address (If different than permanent address)

\_\_\_\_\_  
Street Address Apt #

\_\_\_\_\_  
City/Town State/Province Country



2. \_\_\_\_\_  
College/University Name

\_\_\_\_\_

Date Started	Date Ended	Degree Received
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3. \_\_\_\_\_  
College/University Name

\_\_\_\_\_

Date Started	Date Ended	Degree Received
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4. \_\_\_\_\_  
College/University Name

\_\_\_\_\_

Date Started	Date Ended	Degree Received
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**Employment Information**

*List any work experience (including summer jobs) during the past three years.*

1. \_\_\_\_\_  
Employer

\_\_\_\_\_

Job Description

\_\_\_\_\_

Dates of Employment

2. \_\_\_\_\_  
Employer

\_\_\_\_\_

Job Description

\_\_\_\_\_

Dates of Employment

3. \_\_\_\_\_  
Employer

\_\_\_\_\_

Job Description

\_\_\_\_\_

Dates of Employment

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**Personal Statement**

*Please type a paper (100 words or more) expressing your interest to attend IBS. Also, indicate how you believe IBS will help enhance your future endeavors in accomplishing your goals in the ministry? **Please attach your paper to the end of this application.***

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**Authorization**

Your signature below:

1. Authorizes all schools you attended to provide all requested records.
2. Allows review of your application for the admission process to attend IBS.
3. Confirms all information including any supplemental information is actually true and honestly presented.
4. Permits us to contact in case of an emergency:

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Name (relationship)

Phone #

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Signature of applicant

Date