Please provide all information requested. Applications subject to School Board approval.

Personal Details

Name:			_Age :	Gender: 🗅 Male 🗅 Female
Street Address		City:		
State / Provinc	ce: Z	IP / Postal Code		Country:
Telephone: ()	E-mail	address:	
Educational level: High School (or equivalent) College (number of years) Current Employer				
Language:	I read English	\Box fluently \Box goo	od 🖵 fair 🖵 p	ooor 🖵 hardly
	I understand English	\Box fluently \Box goo	od 🖵 fair 🖵 p	ooor 🖵 hardly
	I speak English	\Box fluently \Box goo	od 🖵 fair 🖵 p	ooor 🖵 hardly
	Besides English, I spo	eak	🗆 fl	uently 🖵 good 🖵 fair
Marital Status: Single Married. Date Married/				
I am a member of the Seventh Day Adventist Reform Movement church in:				
	City:		State / Provi	nce:
Baptism or fellowship date:/ by Brother				
I wish to attend the 2-year seminar course offered on the (check one) \Box East coast \Box West coast.				

Application Questions Feel free to use an additional sheet of paper for your answers:

1. Previous and present religious experience—religious background and brief testimony:

2. Reason for attending the training seminar:

3. What do you expect in this seminar?

4. What do you plan to do as a result of your training?

5. What are you willing to sacrifice to be a worker in the Lord's vineyard?

6. Why should we accept you as a student?

Student Commitment

I am willing, by the grace of the Lord, to comply with the rules of the seminar program and be there from the beginning to the very end.

Signature of Applicant

Recommendation

To be completed by local SDAP	RM church or field / union leader: I,		
leader of	Field / Union / Church, have read the above, am in wholehearted		
agreement, and recommend that	attend the two-year seminar		
program.			

Signature (required)

Return to: Alcovy Bible Institute ATTN: Admissions P.O. Box 7240 Roanoke, VA 24019

ABI Office Use Only. Received: _____ Reviewed: _____ Approval: Notes: