

WESTERN BAPTIST BIBLE COLLEGE APPLICATION FOR ADMISSIONS

2525 E. 27th Street, Kansas City, MO. 64108



Date: _____

Name: _____
(Last) (First) (Middle)

Address _____
(Street or Box) City & State Zip code

Phone Numbers: Home () _____ Cell () _____ Work () _____

E-Mail: _____ Birth Date: _____

Employment: _____ Address _____

List High School, colleges, universities, graduate schools (seminars and others) attended:

(Institution)	(Dates attended)	(Date graduated)	(Degree)
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(Institution)	(Dates attended)	(Date graduated)	(Degree)
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Please select the Degree Program you are interested in pursuing

Associate Program	Master Program	Doctor of Ministry Program
Bachelor Program	Master of Divinity Program	

Please select the Degree Path you are interested in pursuing

Religious Studies	Christian Counseling	Christian Education
Christian Theology	Pastoral Theology	Church Administration

Note: Applicants seeking admission must submit official transcripts from the Institutions listed above to Western Baptist Bible College, Attention: Dr. Sandra L. Jones, 2525 E. 27th, KCMO 64130.

A non-refundable application fee of **TWENTY-FIVE (\$25.00)** is required with each application.

Applicant's Signature: _____ Date: _____

For Official use ----- Application fee paid _____ (Date)