

Hope Baptist Institute
Application For Admission
Ministry of Hope Baptist Church
Dr. Terry L. Coomer, Pastor
6929 John F. Kenned Blvd., Suite 10
P.O. Box 94985
North Little Rock, AR 72190
501-515-3296
www.hopebaptistlittlerock.com
tlcoomer@juno.com

PLEASE PRINT IN PEN OR TYPE ALL INFORMATION

Please attach a
small personal photo

Personal Information

Student Information _____
Last First Initial

Address _____

City/State/Zip _____

Phone number () _____ **S.S. #** _____

Birth date _____ **Age** _____

Current marital status:

(Include a note of explanation if the categories marked with an asterisk apply to you or your spouse)

_____ Single _____ Engaged _____ Married _____ Widowed _____ Separated* _____ Divorced* _____ Remarried*

Citizenship: _____ USA _____ Canada _____ Other _____

If not a USA citizen: Do you have a student visa? _____ Yes _____ No

Parent/Guardian Information:

Name(s) _____

Address _____ Phone number () _____

City/State/Zip _____

Educational Information:

High school attending or graduated from _____

City /State/Zip _____

Are you being home schooled? _____ Yes _____ No

Please list all post secondary schools you have attended:

If you have attended more than two schools, submit additional school information on a separate sheet.

College _____ Dates attended _____

College _____ Dates attended _____

Have you been denied enrollment, suspended, or dismissed from any school? _____

If so please explain on a separate sheet.

Do you have any outstanding college debts? _____

Christian Life Information

Have you trusted Jesus Christ as your Saviour? _____ Yes _____ No When? _____

Briefly describe your salvation experience _____

Are you a faithful church member? _____ Yes _____ No

Church Name _____ Pastor _____

Church Address _____

City/State/Zip _____

Phone () _____ Email _____

Are your parents in full time Christian service? _____ Yes _____ No Position _____

If so please list

Name of ministry _____

Ministry address _____

City/State/Zip _____

Phone () _____ E-mail _____

Acceptance Agreement

I certify the information given on this application and all related application forms is complete and accurate. I understand that knowingly providing false information or failure to provide true information may result in dismissal from the Institute. I also understand that I am financially responsible for the payment of this account.

Applicant's signature _____ **Date** _____

Please include application fee payable to Hope Baptist Church.

Application Fee is: \$25.00 and is due with application

Mail this form and application fee to:

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