

APPLICATION FOR ADMISSION FOR YEAR IN ISRAEL PROGRAM

(*All information confidential)

FOR USE BY ALL APPLICANTS TO ISRAEL COLLEGE OF THE BIBLE.

INSTRUCTIONS TO APPLICANT:

1. Please print in ink answer all questions applicable to you.
2. If a question does not apply to you please write N/A in the blank.
3. Notice the reference forms, which are to be handed to people who can provide reference data on you, and the physician's information form (foreign students only). These must be submitted in order to complete your application.
4. Before returning this form, make sure that all the required documents are included.
5. Return your completed application form accompanied by a \$150.00 non-refundable application fee to the Registrar, Israel College of the Bible, P.O. Box 13401, Netanya 42138, Israel.
6. This application is valid for only one year from the date it is filed.

ATTACH A
RECENT
PHOTO OF
YOURSELF
HERE

SECTION I - PERSONAL INFORMATION

NAME (As in official papers): _____

Family Name (Surname) First Name Middle Name

Place of Birth: _____ Country of Citizenship: _____ Passport#: _____

Date of Birth: ____/____/____ Sex: M F Marital Status: Single Married Separated Divorced Widowed

If married, state name of spouse: _____

Maiden Name Given Name Middle Name

Name/s and Age/s of Child/ren if any: _____

Will your Spouse and/or Child/ren be accompanying you to Israel? ___yes ___no

Mailing Address: _____

Street Address/P.O. Box City State/Province Postal Code Country

Telephone: Home: _____ Work: _____ Mobile: _____



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E-mail: _____

Web Site: _____ Fax Number: _____

How did you learn about Israel College of the Bible? _____

SECTION I - To be completed by Israeli Citizens and Permanent Residents Only

ID#: _____ Country of Immigration: _____ Date of Immigration: ____/____/____

SECTION II - ACADEMIC PROGRAMS

Check your program of study: __ Year in Israel Program (BA Level) __ Year in Israel Program (MA)

Semester in which you intend to begin your studies: Fall Spring Year: 20_____

SECTION III - SPIRITUAL HISTORY

When did you receive Yeshua as your Lord and Savior? (Date & Age) _____

Do you believe that God has called you into vocational Messianic service? _____

If you feel called into full-time ministry, indicate which area?

Pastoral Ministry Evangelism Teaching
 Cross-cultural Ministry Children's Ministry Other (Specify)

If not, why are you seeking biblical and theological education? _____

Congregational Relationship - Name of Congregation: _____

Pastor's Name: _____ Phone Number: _____ Fax Number: _____

Mailing Address: _____

Street Address/P.O. Box City State/Province Postal Code Country



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SECTION IV - LEADERSHIP AND WORK EXPERIENCE

Please note your current employment situation? _____

List the types of employment in which you have been engaged in the past, starting with your most recent job.

1. _____

2. _____

3. _____

4. _____

Do you have any special abilities/skills? (Music, Art, Administration, Computers, Gardening,..)

List any service activities within the believing community in which you have been involved.

1. _____

2. _____



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SECTION V - EDUCATIONAL RECORD

(Please request that official transcripts be sent to Israel College of the Bible)

Name of School *Years Completed* *Diploma/Degree*

Secondary: _____

College/University: _____

Vocational: _____

What languages do you speak? _____ **What is your Mother Tongue?** _____

Any foreign applicant whose Mother Tongue is not English will be required to submit TOEFL scores to I.C.B. In order to be considered for admissions into a program at I.C.B., the student will need to score a minimum of 500-550 on the TOEFL exam.

Have you taken the TOEFL exam? (For Non-English Speakers Only) Yes No

Your Score: _____

SECTION VI - FINANCIAL RESOURCES

I understand and accept my financial obligations for tuition, room and board, field trip fees, etc.

yes no

Do you have adequate finances to cover tuition and living costs? yes no

Foreign students:

If you do not have adequate funds, or if you are 22 years of age or younger, you must have a sponsor who will guarantee your support and furnish a letter or "Affidavit of Support". Please identify your sponsor:

Name of Sponsor: _____ **Occupation:** _____ **Phone:** _____

Mailing Address: _____

Street Address/P.O. Box City State/Province Postal Code Country

Relationship of Sponsor to applicant: _____



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SECTION VII - PERSONAL REFERENCES

Please, identify at least three people (preferably an elder, educator, or business person) who know you well and who are willing to provide background information on you. Note these three references are in addition to the pastoral reference that is required for application.

Name: _____ Profession/Position: _____ Email: _____

Mailing Address: _____

Street Address/P.O. Box City State/Province Postal Code Country

Name: _____ Profession/Position: _____ Email: _____

Mailing Address: _____

Street Address/P.O. Box City State/Province Postal Code Country

Name: _____ Profession/Position: _____ Email: _____

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SECTION VIII - PERSONAL ESSAYS

Instructions: Please, complete the following essays each on a separate sheet of paper or on the back of this page and submit them with your application to Israel College of the Bible. These essays should not exceed 500 words.

- A. Please, give a brief account of your personal acceptance of Yeshua as Messiah and of your ongoing relationship with God.
- B. Please, state briefly your reasons for attending Israel College of the Bible and your intentions concerning your future ministry.
- C. If you feel called to full-time ministry, please describe the circumstances surrounding your call.

I promise, in submission to the Holy Spirit's guidance, that if admitted to Israel College of the Bible, I will conduct myself as a believer, faithfully and diligently apply myself to the studies as required by the college curriculum, promptly meet all financial and other obligations, and carefully observe the rules and regulations as set forth by the college and its faculty.

____/____/____ _____

DATE SIGNED

SIGNATURE OF THE APPLICANT

(To save time, this application may be faxed to ICB at 972-9-861-1019 care of the Registrar.)



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A. _____

B. _____

C. _____



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MEDICAL HISTORY FORM

(All Information is Confidential)

THIS SECTION OF THE FORM IS TO BE COMPLETED BY THE APPLICANT: (PLEASE PRINT)

Applicant's Name: _____

Last First Middle

Mailing Address: _____

Street Address/P.O. Box City State/Province Postal Code Country

Date of Birth: ____/____/____ Marital Status: Single Married Separated Divorced

Please circle yes or no for the following questions:

Do you have frequent colds? Yes No

Do you have sinus trouble, hay fever, or asthma? Yes No

Do you have allergies? Yes No

Do you ever have migraine headaches? Yes No

Have you ever had epilepsy? Yes No

Do you wear eyeglasses or contact lenses? Yes No

Have you ever had a hearing problem? Yes No

Have you ever had heart disease? Yes No

Have you ever had high or low blood pressure? Yes No

Have you ever had a nervous breakdown? Yes No

Have you ever suffered from anxiety, depression, or other psychological difficulties? Yes No

Have you ever had a transferable disease (hepatitis, TB, malaria, HIV, etc.)? Yes No

If you have checked "Yes" for any of the above questions, please explain:



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Please describe any physical or mental conditions for which you have had treatment during the past two years: _____

Please describe any medication you are currently taking and why you are taking it:

I confirm that all the above information is completely accurate and I understand that falsification of information or the submission of incomplete or inaccurate information will avail me to disciplinary measures including expulsion from Israel College of the Bible and may influence the extent to which I am insured. Should any of this information change prior to commencement of studies or during the period of my studies I pledge to notify the College.

_____ Date: ____/____/____

Applicant's Signature College of the Bible

REGISTRAR OFFICE

Please send the Completed
Form to:

desk@biblecollege.co.il

