

Freedom Bible College and Seminary, Inc.

Academy Application

Please print or type. It is important to complete all information.

Mail the completed application to **Freedom Academy Applications, P.O. Box 1060, Rogers, AR 72757**

Person Making the Request

Last Name _____ First _____ Middle _____
Street Address _____ City _____ State _____
Zip/Postal Code _____ Country _____
Home Phone _____ Office Phone _____ Fax _____
E-Mail _____

Concerning the Proposed Academy

Proposed Academy Name (See the *Manual*)

Street Address _____ City _____ State _____
Zip/Postal Code _____ Country _____
Home Phone _____ Office Phone _____ Fax _____

Academy Principal Nominate

Last Name _____ First _____ Middle _____ Sex _____
Street Address _____ City _____ State _____
Zip/Postal Code _____ Country _____
Home Phone _____ Office Phone _____ Fax _____
E-Mail _____
Birth ___ - ___ - ___ SSN/SIN ___ / ___ / ___ / Church Membership _____
Total Years of Christian Service _____ Highest Academic Level Achieved _____

If the Academy Principal Nominate is not the Pastor

Pastor's Name _____ Pastor's Phone _____
Pastor's Address _____ City _____ State _____ Zip _____
Pastor's E-Mail _____

Affirmation

By signing this application I affirm and acknowledge that all persons involved in the operation of this proposed branch will be expected to...

... uphold the standards of the Bible which is the only and true source of divinely written oracles of God.

... be true to the Christian faith.

... live a life before God and man that is exemplary of Christian service.

...live a life that will not bring reproach to *Concepts of Freedom Ministries, Inc, Freedom Bible College and Seminary, Inc., Freedom Christian Ministries Association, Inc., Freedom Missions Relief, Inc., Joel Philip Church Ministries, Inc.*, or any other outreach or ministry of CFM.

...freely give permission to CFM to conduct a National Agency Check or other investigations as CFM deems necessary.

...acknowledge that the laws of the State of Arkansas, USA shall apply to all matters concerning the Proposed Branch

Signature _____ Date: _____ - _____ - _____

This application must be completed and signed before it will be processed. Do not leave blank spaces. If you have any questions, please call Dr. Joel Philip Church at 501-636-7497

Please include a resume with this application.

FBCS Use Only:

Date Received: _____ Received by: _____

Approved: ___ Yes ___ No ___ Conditional

Conditions or Comments:
