

Camp Winchester Bible Institute Application Form

Name _____ Date _____
First _____ Last _____

Address _____

City _____ State _____ Zip _____ Birthdate _____

Home phone _____ Cell _____ Text? Yes No

Email _____

In case of an emergency call: _____ Relationship _____
Name _____ phone _____

Church affiliation? _____
Church's name _____ city _____ state _____

Are you a member of this church? Yes No

Why do you want to attend Camp Winchester Bible Institute? _____

Date you were saved: Month _____ Day _____ Year _____

Briefly state your salvation experience. _____

In what ministries are you currently involved at this church? _____

Formal Education (Circle highest grade completed)

High School 10 11 12

College 1 2 3 4

Graduate 1 2 3

Can you read, write, and comprehend the English language? Yes No

By signing this application form I am indicating that I am in full agreement with the doctrinal statement of Camp Winchester Bible Institute and, if I am accepted as a student, I agree to abide by the policies set forth in the catalog of the Institute.

Signature _____ Date _____

Please enclose application fee of \$20 with application