



For Office Use Only	
Date Received	_____
Date Appl. Fee Paid	_____
Entered on GP	_____

NON-GRADUATE APPLICATION

1. PERSONAL INFORMATION

Name _____
Last First Middle Initial Maiden Title Preferred First Name

Social Security Number _____ Gender Female Male Date of Birth _____
Month Day Year

Marital Status _____
 Ethnic Origin (optional) _____

Nation of Citizenship U.S. Other (If "Other," list nation) _____

Are you a legal Permanent Resident of the U.S.? Yes No

If "Yes," what is your Resident Alien Card number (Green Card)? _____ Expiration Date _____
(Please submit a copy of your Resident Alien Card [Green Card] with your application)

If "No" and you are currently in the U.S., what kind of visa do you have (e.g. F-1, F-2, B-1, etc.)? _____
(Please submit a copy of your visa with your application)

Current Mailing Address (valid until: _____)

 Street Address

City State Zip Code

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

E-mail Address _____

2. CHURCH INFORMATION

What is your denominational affiliation? _____
(Please be as specific as possible, e.g., "Churches of God, General Conference.")

4. ACADEMIC BACKGROUND

Please list High School and all postsecondary education.

High School	City	State	Graduation Date
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College or University	State	Date Attended	Degree Earned	Date Awarded
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I acknowledge that all statements on this application and its attached pages are true to the best of my knowledge. I authorize Winebrenner Theological Seminary or their agents to investigate all statements contained in this application. I also authorize all persons, entities, courts, law enforcement and other public agencies to respond to inquiries concerning me, to supply verification of the information provided in my application, to provide an evaluation of my prior work performance, and to comment on and state opinions regarding my background and character. I hereby release all such individuals and entities from all liabilities and responsibility arising from them doing so. I agree to sign any additional releases or authorizations requested or required for the acquisition of additional information about me, including, but not limited to, authorizations necessary to obtain criminal records and information. If admitted, I agree to abide by the Standards of Life at Winebrenner Theological Seminary as they are summarized in the current catalog.

Signature _____ Date _____

Send to: Admissions Office
Winebrenner Theological Seminary • 950 North Main Street • Findlay, OH 45840
Toll-free: 1-800-992-4987 • Phone: 419-434-4200 • Fax: 419-434-4267
Email: admissions@winebrenner.edu • Web: www.winebrenner.edu

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