

FIRST YEAR
STUDENT
ATTACH
A
RECENT
PHOTO

STUDENT APPLICATION

Complete & Return to

SHARON MENNONITE BIBLE INSTITUTE
7304 LINCOLN HIGHWAY
HARRISONVILLE, PA 17228
717-485-4341

Office Use	
Name	_____
Rec.	_____
Priority no.	_____
App. fee	_____
Student pledge	_____
Ref. form parents	_____
Ref. form pastor	_____
Testimony	_____
Date accepted	_____
Accept. let.	_____
Processed by	_____
	1 2 3 4 5

Personal Information:

Name _____ Birth date _____ Age _____
First Middle Last (Maiden)
Address _____
Street or PO Box City State or Province Zip/Postal code
Telephone _____ Email _____ Gender _____
Citizenship _____ Personal web site? yes no If yes, please provide address _____

Marital status _____ If married, will spouse be attending also? yes no Number of children _____

Have you attended SMBI before? yes no If so, when? _____

Check any that apply:

- Teaching at Christian School within one year prior to enrollment
- VS of one year or more ending within one year prior to enrollment
- Child of and fully supported by an ordained or licensed person
- Desire to work for a diploma. If so, what year do you project graduating? _____
- Full-time missionary
- Ordained or licensed
- Which major do you prefer? Bible & Theology Christian Education Missions

Family Information

Father's name _____ Telephone _____ Email _____ Occupation _____
Address _____
Street or PO Box City State or Province Zip/Postal code
 Deceased Ordained or licensed Full-time missionary

Mother's name _____ Check if contact information is same as above Deceased

Address _____
Street or PO Box City State or Province Zip/Postal code

Church Information

Name of church you presently attend _____

Conference or fellowship _____

Pastor's Name _____ Telephone _____ Email _____

Address _____
Street or PO Box City State or Province Zip/Postal code

Do you have any questions? _____