

Application For Admission Part 1

Wilsey Bible Training Center



410 North Street, Wilsey, KS 66873 – (785) 497-2996 - wilseyks.org -- ccwilsey@tctelco.net

Full Name: (Last) _____ (First) _____ (Middle) _____

Address: (street) _____ (City) _____ (State) _____ (Zip) _____

Home Phone: (____) _____ Cell Phone _____ Email _____

Date of Birth: __/__/__ M: ___ F: ___ Marital Status: Married ___ Single ___ Widowed ___ Divorced ___ # Children ___

Drivers License: (State) _____ Number: _____ (Please attach a copy. And a picture ID)

Vehicle: _____ license No _____ Insurance Co. _____

For which semester are you applying? Spring ___ Year _____ or Fall ___ Year _____

If married, do you plan to bring your spouse and family with you? Yes ___ No ___ Spouse Name: _____

For emergency purpose we need the name , address and phone number of a parent, or your nearest living relative:

Name _____ Phone No. (____) _____

Address: (street) _____ (City) _____ (State) _____ (Zip) _____

Foreign student applicants

Place of Birth: _____

Citizenship: _____

Note: WBTC is not facilitating the procurement of a VISA for foreign students at this time.

PERSONAL INFORMATION (this information, as with all of the application, will be held in strict confidence)

Are you a vegetarian? _____ Do you have any other special dietary needs? _____

Are you a current smoker? Yes _____ No _____ Note: all facilities are non smoking, on campus or in dorms.

Education: Year completed: High School _____ GED _____ College _____ Trade School _____

Job experience 1. _____ 2. _____ 3. _____

Hobbies: 1. _____ 2. _____ 3. _____

Application For Admission Part 2

Wilsey Bible Training Center 

410 North Street, Wilsey, KS 66873 – (785) 497-2996 - wilseyks.org – ccwilsey@tctelco.net

MEDICAL INFORMATION

Are you in good health? Yes ___ No ___ When was your last complete physical examination? _____

Do you have physical handicaps? Yes ___ No ___ (explain) _____

List any major illness you have had: _____

Do you have any communicable diseases? (explain) _____

Are you presently on medication or under a physician's care? (Explain) _____

Have you ever been hospitalized or admitted to a treatment facility for any reason? If so, where?(explain) _____

Do you presently have health insurance? Yes ___ No ___ Company: _____ Policy # _____

When was your last Tetanus shot: _____ (a recent Tetanus shot is required; a copy is needed for the file)

STATEMENT OF FAITH

Write a paragraph describing how you became a believer. How did you hear of God's Salvation Plan? When?

PRACTICAL CHRISTIAN MINISTRY

Each week of Wilsey Bible Training Center, every student takes a course entitled "Practical Christian Ministry". The focus of this course is to teach students how to serve the needs of the body of Christ. Every student serves each afternoon in a practical area of service here at the Bible School in capacities such as housekeeping, kitchen, landscaping, etc. This will also include the various building projects in the town of Wilsey as needed.

FINANCIAL RESPONSIBILITY

Application fee \$25 Non refundable.

Part time Students: Full payment of \$160 per week tuition is due and payable during registration hours 2-4 PM Sunday.

Full Time Students **\$2,400 for 16 weeks (\$150 per week).**

One time charge of \$40 for Word for Today Bible, and a Pace schedule (required).

Application For Admission Part 3

Wilsey Bible Training Center



410 North Street, Wilsey, KS 66873 – (785) 497-2996 - wilseyks.org — ccwilsey@tctelco.net

AGREEMENT

1. *I understand my responsibility for punctual, regular class attendance and the fulfillment of class assignments.*
2. *I will cooperate in observing all regulations and upholding the standards of the school.*
3. *I understand that Wilsey Bible Training Center is a non-accredited, Bible Educational program.*
4. *I understand that this is a Bible School and that modest apparel will be required at all times.*
5. *I understand that I will be assigned one bunk and a small area for personal items. I am responsible for my own bedding and laundering of clothes.*
6. *I understand that I cannot bring a TV, “worldly” music or video games to campus.*
7. *I understand that I must have my own health insurance and sign a Liability Waiver.*

Signed: _____ Date: _____

APPLICATION CHECKLIST

Have you . . .

1. *Completely filled out the application in the manner requested?*
2. *Enclosed your \$25 application fee (this is non-refundable)?*
*Make checks payable to **Wilsey Bible Training Center**.*
3. *Enclosed a small photograph of you for our records?*
5. *Signed and dated this application.*

Wilsey Bible Training Center does not discriminate on the basis of race, sex, ethnic background, native language, nationality or physical disability.

Please mail to:

Wilsey Bible Training Center
410 North Street
Wilsey, KS 66873