



NIBTS

NORTHEAST INSTITUTE
of Biblical and Theological Studies

Application for Admittance

Application Guidelines

Prior to submitting your application for admissions, please read the Northeast Institute of Biblical and Theological Studies Catalog to fully acquaint yourself with the Purpose, Objective, Statement of Faith and policies of NIBTS. All students are required to respect and abide by all NIBTS policies and maintain Christian character for the duration of their academic program.

Application Checklist

(Please make sure all items are enclosed with your application to Northeast Institute of Biblical and Theological Studies, and Pastor/Clergy Reference has been handed to your Pastor/Clergy)

1. Cover letter specifying your personal ministry goals and how an education at NIBTS will assist you in achieving your goals.
2. Application for Admission and Passport Type Photo
3. Current Resume (if applicable)
4. Nonrefundable \$65 Application/Evaluation Fee
5. Official College Transcripts (if applicable) sent directly to NIBTS Admissions Department.
6. Pastor/Clergy, Educator/Employer and Personal Reference Forms given to the respective persons which will be returned directly to the NIBTS Admissions Department.

If you have any questions regarding the application process, please feel free to contact the office at (518)654-6992, or email us at info@nibts.com.



APPLICATION FOR ADMITTANCE

Applicant Data

Date: _____

Name _____ Phone _____

Physical Address _____

City or Town _____ State _____ Zip _____

Mailing Address *(If different from above)* _____

City or Town _____ State _____ Zip _____

Legal State of Residence _____ Email Address _____

Age _____ Date of Birth _____ U.S. Citizen? _____ Social Security Number _____

If not specify Country of Citizenship _____ First Language *(If other than English)* _____

Single? _____ Engaged? _____ Married? _____ Divorced or Separated? _____

How did you first hear about Northeast Institute of Biblical and Theological Studies? _____

Please submit a recent photograph with application and a \$65 nonrefundable Application / Evaluation Fee

General Health Data

Is there any health related reason that we should be made aware of? Yes _____ No _____

If yes, please describe: _____

Do you have any communicable disease? Yes _____ No _____

If yes, please explain: _____

Have you any physical liabilities? Yes _____ No _____

If yes, state their nature: _____

Have you ever been, or are you now, under the care of a mental health provider? Yes _____ No _____

If yes, please indicate:

The name of the treatment provider: _____

If you were prescribed medication as part of any treatment, please identify the drug or drugs, and the last time you were prescribed the drug: _____

Have you ever been institutionalized for a mental illness? Yes _____ No _____

If yes, please indicate all such commitments including the place of confinement: _____

Family Data *(Please list all members of your immediate family! If more space is needed, please use the back of this form!)*

Last Name _____ First Name _____

Date of Birth _____ Place of Birth _____ Relationship _____

Last Name _____ First Name _____

Date of Birth _____ Place of Birth _____ Relationship _____

Last Name _____ First Name _____

Date of Birth _____ Place of Birth _____ Relationship _____

Have you anyone depending on you for support? Yes ___ No ___ Whom? _____

Criminal Background Data

Have you ever been convicted of or plead guilty or no contest to a crime, in this or any State or US territory? {Note: traffic infractions and violations are not crimes} Yes ___ No ___

If yes, please explain: *(Attach a separate page, if necessary)* _____

Are you currently subject to any court ordered supervision, probation, parole or order of protection? Yes ___ No ___

If yes, please identify the issuing court of nay order, explain the conditions of supervision and or restrictions placed on behavior: *(Attach a separate page, if necessary)* _____

Have you ever been charged with, found responsible or indicated for an action prohibited by the New York Family Court Act or Social Services Law involving physical, emotional or sexual abuse/neglect, a Family Offense or failure to pay court ordered child support? Yes ___ No ___

If yes, please explain: *(Attach a separate page, if necessary)* _____

Have you ever been the subject or other named person in a report to the New York Statewide Central Registry for suspected abuse or maltreatment? Yes ___ No ___

If so, please indicate all such reports and the outcome(s) of any investigation(s) conducted by a county child protective service or other social services department: *(Attach a separate page, if necessary)* _____

Have you ever been directed by a court, probation office or to participate in an anger management program, batterer's program? Yes ___ No ___

If yes, please explain: *(Attach a separate page, if necessary)* _____

Religious Data

Home Church

Name _____

Denomination _____

Pastor's Name _____

Street Address _____ City _____ State _____

Have you accepted Jesus as your personal savior? Yes ___ No ___

When were you converted? _____ Where? _____

Have you received the Baptism of the Holy Spirit according to Acts 2:4? Yes ___ No ___

If not, are you earnestly seeking to be filled with the Holy Spirit? Yes ___ No ___

Do you sing? Yes ___ No ___ Play a musical instrument? Yes ___ No ___ What kind? _____

Have you been involved in church ministry? Yes ___ No ___ If so, what type of ministry? _____

Educational Data

High School or Secondary Graduation Date _____

Name and Location of High School _____

First College/University/Seminary Attended

Name _____ Location _____

Dates You Attended _____ Credits Earned _____

Major Study and any minors _____

Degrees Earned and Date of Graduation _____

Second College/University/Seminary Attended

Name _____ Location _____

Dates You Attended _____ Credits Earned _____

Major Study and any minors _____

Degrees Earned and Date of Graduation _____

Third College/University/Seminary Attended

Name _____ Location _____

Dates You Attended _____ Credits Earned _____

Major Study and any minors _____

Degrees Earned and Date of Graduation _____

Life Learning Experiences (Includes certificates, diploma, trade schools, military, business courses, other formal learning courses that you feel may be eligible for life experience credit)

Submit official transcripts from all institutions where you have studied. Official transcripts must be in our office before graduation.

Applying for the ___ 1 yr. Christian Workers Certificate
 ___ 1 yr. Certificate in Biblical Studies
 ___ Associate
 ___ Bachelor

Financial Data

How do you intend to meet your financial responsibilities to the NIBTS?

___ Cash ___ Budget Plan (***upon approval from the NIBTS Financial Department***)

Applicant Agreement

Will you obey all rules and regulations of those who shall have authority over you? Yes ___ No ___

Do you clearly understand that this school is primarily for students that have a sincere desire to invest much time in God's Word and prayer? Yes ___ No ___

When do you wish to enter? _____

Authorization, Waiver and Release

The information contained in this application is correct to the best of my knowledge. I authorize NIBTS to obtain information from any and all individuals, churches, charities, employers and references you may contact to give any information (including opinions) that they may possess regarding my character and fitness for student enrollment. In consideration of the receipt and evaluation of this application by NIBTS I hereby release any individual, organization or reference, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by person or organization.

I also verify that I have carefully read the Northeast Institute of Biblical and Theological Studies policies, standards, and understand the regulations governing NIBTS. I am in agreement with the Institute and am willing to uphold them and live by them if I am accepted as a student at NIBTS.

Signature of Applicant _____ Date _____

***A \$65 nonrefundable Application/Evaluation fee should be submitted with this application.
(\$45 Application fee / \$20 Evaluation fee)***

Return to Northeast Institute of Biblical and Theological Studies

20 Stark Road
P.O. Box 326
Corinth, NY 12822



PASTOR/CLERGY REFERENCE

Applicant Name _____ Phone _____

Address _____

City or Town _____ State _____ Zip _____

To be completed by the applicants Pastor or Clergy who knows the applicant both personally and spiritually. An applicant's file will not be reviewed until this reference has been received.

1. How long/well do you know the applicant? _____

2. Comment on the applicant's Christian Commitment to the best of your knowledge: _____

3. Give examples of the applicant's involvement in the life and work of the church: _____

4. What outstanding abilities does the applicant possess? _____

5. List the most positive/negative personal traits that the applicant possesses. _____

6. Do you have confidence in the applicant's integrity? ___ Yes ___ No
If no, please explain: _____

7. Are there family or personal factors, either positive or negative, which might affect the applicant's success at Northeast Institute of Biblical and Theological Studies?
___ Yes ___ No If yes, please explain _____

8. Is the applicant a leader? ___Yes ___No
9. Recommendation for Admission. Please explain your response below
- ___ Strongly Recommend (top 10% of candidates in your experience)
- ___ Recommend
- ___ Recommend - may encounter some difficulty
- ___ Do not recommend
- ___ Prefer not to make a recommendation
10. To better qualify or expand your appraisal of the applicant, please make any additional comments. _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Name (please print) _____ Signature _____

Position _____ Phone _____

Church Name: _____

Address _____

City or Town _____ State _____ Zip _____

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 20 Stark Road
 P.O. Box 326
 Corinth, NY 12822
 (518)654-6992

Or Fax to (518)654-7604



EDUCATOR/EMPLOYER REFERENCE

Applicant Name _____ Phone _____

Address _____

City or Town _____ State _____ Zip _____

To be completed by the applicants Educator/Employer who knows the applicant personally (references should not be completed by a family member). An applicant's file will not be reviewed until this reference has been received.

1. How long/well do you know the applicant and in what relationship? _____

2. Comment on the applicant's Christian Commitment to the best of your knowledge: _____

3. What terms would you use to best describes the applicant and his/her attitude? _____

4. What outstanding abilities does the applicant possess? _____

5. List the most positive/negative personal traits that the applicant possesses. _____

6. Do you have confidence in the applicant's integrity? ___ Yes ___ No

If no, please explain: _____

7. Are there family or personal factors, either positive or negative, which might affect the applicant's success at Northeast Institute of Biblical and Theological Studies?

___ Yes ___ No If yes, please explain _____

8. Is the applicant a leader? ___Yes ___No
9. Recommendation for Admission. Please explain your response below
 _____ Strongly Recommend (top 10% of candidates in your experience)
 _____ Recommend
 _____ Recommend - may encounter some difficulty
 _____ Do not recommend
 _____ Prefer not to make a recommendation
10. To better qualify or expand your appraisal of the applicant, please make any additional comments. _____

Name (please print) _____ Signature _____
 Position _____ Phone _____
 School/Company Name _____
 Address _____
 City or Town _____ State _____ Zip _____

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PERSONAL REFERENCE

Applicant Name _____ Phone _____

Address _____

City or Town _____ State _____ Zip _____

To be completed an individual who know applicant personally (references should not be completed by a family member). An applicant's file will not be reviewed until this reference has been received.

1. How long/well do you know the applicant and in what relationship? _____

2. Comment on the applicant's Christian Commitment to the best of your knowledge: _____

3. What terms would you use to best describes the applicant and his/her attitude? _____

4. What outstanding abilities does the applicant possess? _____

5. List the most positive/negative personal traits that the applicant possesses. _____

6. Do you have confidence in the applicant's integrity? ___ Yes ___ No

If no, please explain: _____

7. Are there family or personal factors, either positive or negative, which might affect the applicant's success at Northeast Institute of Biblical and Theological Studies?

___ Yes ___ No If yes, please explain _____

8. Is the applicant a leader? ___Yes ___No
9. Recommendation for Admission. Please explain your response below
- _____ Strongly Recommend (top 10% of candidates in your experience)
 - _____ Recommend
 - _____ Recommend - may encounter some difficulty
 - _____ Do not recommend
 - _____ Prefer not to make a recommendation
10. To better qualify or expand your appraisal of the applicant, please make any additional comments. _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Name (please print) _____ Signature _____

Relationship to Applicant _____ Phone _____

Address _____

City or Town _____ State _____ Zip _____

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