



ZOE International University
BIBLE SCHOOL APPLICATION
2024 - 2025 Academic Year



Student ID# _____

Dr. Chukwudi Ozo-Onyali – Founder
 170-20 140th Avenue, Jamaica NY 11434
 Tel: (718) 524-9199 Fax: (718) 554-6857

PERSONAL INFORMATION:

Name _____
Last First Sex Date Of Birth

Marital Status: _____ Married _____ Single _____ Widowed _____ Divorced _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Mobile _____ Email _____

Emergency Contact _____

SECULAR EDUCATION:

Undergraduate:

_____ G.E.D. _____ H.S. Diploma High School Name _____ Grade _____
 College Institution _____ College Degree _____

Graduate:

Institution _____
 Degree _____

BIBLICAL EDUCATION

Have you attended Bible School before? _____ Yes _____ No
If YES please provide transcript and/or copies of Certificate along with this application

Bible School Name _____
 Bible School Address _____
 City _____ State _____ Zip _____
 List previous courses and year: _____

CHURCH:

Are you a born again Christian? _____ Yes _____ No
 When did you accept Jesus Christ? _____
 What Church are you a member of? _____
 Church Address _____
 City _____ State _____ Zip _____
 Pastor's Name _____
 When did you become a member? _____

Are you involved in Christian work? _____ Yes _____ No

If yes, provide details: _____

What is your reason for enrolling in Bible School? _____

What course are you enrolling in? *(One application for each course. Please make copies if necessary)*

_____ MON TUE THUR SAT
(CIRCLE ONE)

As a student of ZOE International University, I agree to follow the rules and regulations set forth by this institution. I agree to have my tuition paid in full by the date listed in the Prospectus booklet for the year of my enrollment. I understand that I must exemplify Good Christian Ethics, both verbally and morally, in and out of the classroom environment. I further understand that excessive and boisterous behavior should not be displayed toward Staff Members, Instructors, Fellow Classmates or the General Student Body.

I also understand that my attendance in class and at Chapel is important to the successful completion of my Biblical education. I understand that by signing this application I am held accountable for all of the above.

Signature _____ Date _____

OFFICE USE ONLY:

<u>Payment Requirements</u>	Deposit Required
Adult Classes	\$50.00
Youth Ministry Classes	\$50.00
Children Classes	\$30.00

Form of Payment:

Cash _____ Check# _____ Money Order _____

Credit Card# _____ Exp. Date ____/____

AMEX _____ Debit Card _____ Discover _____ MC _____ VISA _____
Security Code Security Code Security Code Security Code Security Code

Additional Classes

Administrator _____

Print

Sign

Approved _____

Dean

Date