



ZOE International University  
**BIBLE SCHOOL APPLICATION**  
**2024-2025 Academic Year**



Student ID# \_\_\_\_\_

Dr. Chukwudi Ozo-Onyali – Founder  
 170-20 140<sup>th</sup> 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 \_\_\_\_\_ Email \_\_\_\_\_

Cell Number \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**SECULAR EDUCATION:**

***Undergraduate:***

G.E.D. \_\_\_\_\_ H.S. Diploma \_\_\_\_\_ High School Name \_\_\_\_\_ Grade \_\_\_\_\_

College Institution \_\_\_\_\_ College Degree \_\_\_\_\_

***Graduate:***

Institution \_\_\_\_\_ Degree \_\_\_\_\_

**BIBLE SCHOOL 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: \_\_\_\_\_

\_\_\_\_\_

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**PROGRAM OPTION:**

Associate Degree \_\_\_\_\_ Diploma \_\_\_\_\_ Certificate \_\_\_\_\_

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:**

**Payment Requirements**

1. Enrollment Application Fee - **\$25.00** (*non-refundable*) for Certificate and Diploma Programs.
2. Enrollment Application Fee - **\$35.00** (*non-refundable*) for Associate Degree Program.
3. Tuition Fee for Associate Degree is **\$295.00** for the 12 months Course.
4. Tuition Fee for the Diploma Program is **\$125.00** for the 6 months Course.
5. Tuition Fee for the Certificate Program is **\$100.00** for the 6 months Course.
6. Applicable Graduation Admin Fees are due at the time of graduation.

**Monthly Plan (\$25.00/Month)** \_\_\_\_\_

**Form of Payment:**

Zelle: admin@zoeinternationaluniversity.org

Administrator \_\_\_\_\_

Print

\_\_\_\_\_

Sign

Approved \_\_\_\_\_

Dean

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Date