



International Apostolic Bible College

Cuba Missionary Field - **Period 2023-2024**



Student Application

1. PERSONAL INFORMATION:

Date: _____

Full Name: _____

Date of Birth: _____

Phone Number: () _____

E-Mail: _____

Address: _____

City State Zip Code

Are you baptized? Yes No Date of Baptism: _____

Are you a? Pastor Minister Deacon Leader Other: _____

2. EDUCATION:

Check a box to indicate your completed studies:

Elementary School Middle School High school College

What program from the IABC are you interested in?

Associate in Theology Bachelor of Theology

Is this the first time you apply for our IABC program? Yes No

3. CHURCH INFORMATION:

Name of your church: _____

Name of the Pastor: _____

Pastor's Phone Number: () _____

I certify that all the Information I have provided is True.

Signature