Appalachian Bible College
Re-Application Form

Date _______________ Semester and Year for which you are applying ________________

Name _______________________________________________________________

Current Address ____________________________________________________________________________________________
Street/PO Box __________________________________ City __________ State __________ Zip __________

Phone (_____)__________________ Cell (_____) ___________________ Email ________________________________________________

Program you plan to enroll or re-enroll in ____________________________________________________________________________

Attending: [ ] Full-time [ ] Part-time

Residence: [ ] Dorm [ ] Married Student Housing [ ] Commuter

Marital Status: [ ] never married [ ] married (date _____________) [ ] separated (date _________________)
[ ] divorced (date _______________) [ ] remarried (date _____________) [ ] married to divorcee
[ ] single parent [ ] widowed (date _____________)

Spouse Name ____________________________Children (Names/Ages) ______________________________

Church you are currently attending: Name ________________________________
Denomination __________________
Member? ____________________________ Attend how often? ____________________________

Address _______________________________________________________________________________________________
Street/PO Box __________ City __________ State __________ Zip __________

Pastor’s Name ____________________________________________________Phone (______)_________________________

Colleges you have attended since ABC ______________________________________________________________________
______________________________________________________________________________________________________

Please check the appropriate box for each question. Respond to any “yes” answer on a separate
sheet, giving complete details. Since previously applying or attending, has your personal life
included any of the following:

[ ] yes [ ] no Use of non-medical drugs? Date of last usage: ________________________________
[ ] yes [ ] no Use of alcoholic beverages? Date of last usage: ________________________________
[ ] yes [ ] no Use of tobacco? Date of last usage: ________________________________
[ ] yes [ ] no Being expelled/dropped/suspended by any school or college?
[ ] yes [ ] no Being arrested, on probation, or under the supervision of a parole officer or court?
[ ] yes [ ] no Involvement in immoral behavior?

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Please give a brief summary of the following:

Describe your current relationship with God ____________________________________________

______________________________________________________________________________
Are you actively serving the Lord? __________ In what capacity? __________________________________________

___________________________________________________________________________________________

Reason I am re-applying ______________________________________________________________________

______________________________________________________________________________________________

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Lifestyle Commitment

At Appalachian Bible College we believe that Biblical principles should regulate our behavior. We are responsible to glorify God in our being and in our actions. We are committed to a personal lifestyle that reflects a good testimony before both believers and unbelievers. We feel strongly about graduating students of Christian character and a sensitive servant’s heart.

Our Student Handbook, *The Servant's Staff*, sets forth rules and guidelines that we believe will help us in this endeavor. Some rules reflect our Biblical convictions, others reflect institutional preferences. We believe abiding by these guidelines will enhance your personal Christian growth, as well as the testimony of the College.

By signing this lifestyle commitment, you are agreeing to abide by these certain standards while you are a student at Appalachian Bible College. Specifically, you are committing to abstain from the use of alcoholic beverages, tobacco, and non-medical drugs; immoral behavior, unethical conduct, social dancing, gambling and membership in secret societies; and viewing/listening to unwholesome recordings, films and programs (including attendance at local movie theaters).

Your signature also indicates that you agree with our Doctrinal Statement, and the information you have provided in this application is complete and true.

If married, your signature also indicates acceptance of responsibility that your family (those who live in your household) will also abide by this Lifestyle Commitment.

Signature ___________________________ Date ____________________