

HEBRON MINISTERIAL INSTITUTE

INDIVIDUAL STUDENT ADMISSION APPLICATION

IMH-S011NG-2018

Current passport-sized photo

The application will not be accepted without a photo.

PERSONAL INFORMATION

Date of application (day/month/year): |____/____/____|

Full last names: _____

Full first and middle names: _____

Name by which the student is commonly known: _____

Citizenship: _____ Country of birth: _____

Date of Birth (day / month / year): |____/____/____| Age: _____ (years) Gender: Male Female

Address: _____

City: _____ Province/State: _____ Country: _____

Zip Code: |_|_|_|_|_| - |_|_|_|_|_| Telephone number(s): _____

Email: _____

Highest education level completed: Elementary High school Higher education Other: _____

Do you have a profession, trade, or ability that you can perform? _____

List any medical conditions that may affect your work (e.g. asthma, allergies, spinal problems, etc.) or any treatment that you are currently undergoing (e.g. dental, etc.): _____

(If medical conditions are mentioned, attach a separate sheet of paper to this application on which you describe your condition, the type of work that would be affected, and/or the status of your treatment.)

Marital status: Single Married Divorced Cohabiting Widow/widower Have you married more than once? Yes No

Spouse's name: _____ Has your spouse married more than once? Yes No

If you have children who will move with you, write the number of children: _____

If you are under age twenty-two, please answer the following questions:

Were you homeschooled? Yes No

How many years were you homeschooled? _____

Were you homeschooled for your last two school years? Yes No

SPIRITUAL INFORMATION

Please note the following dates (day/month/year) as accurately as possible:

Date you were saved: |____/____/____| Water baptism: |____/____/____| Baptism in the Holy Spirit: ____/____/____|

Name of the church you currently attend: _____

Address: _____

City: _____ Province/State: _____ Country: _____

Zip code: |_|_|_|_|_| - |_|_|_|_|_| Telephone number(s): _____

Pastor's name: _____

List the areas in which you have been involved in your church: _____

Have you attended a Bible School (including video school)? Which one?: _____

Did you graduate? Yes No

Do you believe you have a calling to ministry or to serving the Lord? Yes No

Have you ever read the entire Bible? Yes No

Do you have the order of the books of the Bible memorized? Yes No

Have you been ordained for any ministry? Yes No Which one?: _____

Who ordained you? _____

What office do you currently hold? _____

FOR INTERNAL USE ONLY

Study plan code: _____ Admission date: |____/____/____| Signature: _____

Notes: _____

STUDY PLAN INFORMATION

Which study plan are you applying to? (Check only one option)

If you wish to enroll as an *off-campus student*:

Option	Study plan	Annual registration	Monthly payments	Work hours
<input type="checkbox"/>	Regular off-campus student	Q 500.00	Q 500.00	_____
<input type="checkbox"/>	Off-campus student with scholarship	Q 500.00	Q 350.00	_____

If you are single and wish to enroll as a *resident student*:

Option	Study plan	Semester registration	Monthly payments	Monthly payments during vacation periods	Weekly work hours	Work commitment during vacation periods
<input type="checkbox"/>	Regular resident student	Q 640.00	Q 2,680.00	_____	12 hours	_____
<input type="checkbox"/>	Partial scholarship 1	Q 1,200.00	Q 2,280.00	_____	20 hours	_____
<input type="checkbox"/>	Partial scholarship 2	Q 1,360.00	Q 1,840.00	Q 1,040.00	20 hours	6 weeks *
<input type="checkbox"/>	Partial scholarship 3	Q 1,360.00	Q 1,440.00	Q 1,040.00	28 hours	12 weeks *

* *Work commitment, per year, during vacation periods*

If you are married and wish to enroll full-time with your spouse:

Option	Study plan	Annual registration	Monthly payments	Weekly work hours	Work commitment during vacation periods
<input type="checkbox"/>	Married off-campus student	Q 300.00 each student	Q 500.00 each student	_____	Determined by the Director *

ALL PRICES ARE SUBJECT TO CHANGE

* *Work commitment per year during vacation periods*

NOTE: Married students must be sponsored 100% by their churches. This includes all costs for HMI tuition, housing, food, utilities, children's school expenses, etc.

Please note the year and semester for which you are applying for admission: Year: _____ Semester: February July

Classes are conducted in Spanish. Do you wish to receive interpretation to English? Yes No

(If so, the monthly interpretation cost is Q 800.00.)

ADDITIONAL INFORMATION

Please attach a sheet to this application that includes the following information:

- Why you wish to study at the Institute
- If you have studied at a Hebron Institute with video courses, list the courses taken and the grades
- If you have children who will move with you, list the following: Name, age, gender, and completed school grade level.

I understand the admissions requirements. I affirm that I answered the questions above truthfully and request that I be accepted as a student.

I am willing, by God's grace, to submit to all the Institute's rules and authorities.

Applicant's signature

YOUR PASTOR'S APPROVAL

(NOTE: If you do not have a pastor or covering, attach a letter explaining the reasons.)

I have read this application and recommend that Hebron Ministerial Institute accept the applicant as its student.

In order to contact you, please note your:

Email address: _____, or Telephone number: (_____)

Pastor's Name

Pastor's Signature

Admission requirements:

- Have experienced a personal encounter with Jesus Christ and be of good testimony.
- Age:
 - If the applicant was homeschooled for the last two years of school, men must be 20 and women must be 19.
 - If the applicant was NOT homeschooled for the last 2 years of school, men must be 22 and women must be 21.
- Have your pastor's full approval and recommendation.
- Have completed all the required information for this form and, along with the Pastor's Letter, submitted it to the HMI Secretary's office.

NOTE: If you need more information about the study costs or if you have any other question, please write us to:

hmi@hebronministries.com or imh@ministerioshebron.com

Tel.: +(502) 2333-2615 / +(502) 2268-2999

Fax: +(502) 2333-3274

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