

HARVEST ARMY BIBLE COLLEGE

2435 White Plains Rd., Bronx, New York 10467, USA
(718) 696-2769 info@harvestarmy.org
Application Form

APPLICANT INFORMATION

Check One: () First Time Student () Re - entry					
Name / Title:					
Current Address:					
City:	State:	ZIP Code:			
<u>'</u>					
	Email:	Phone:			
How long since have you been saved?					
Use the following lines to give a brief testimony of how you received Christ?					
Name of Your Home Church:		Pastor's Name:			
Church Address:		How long?			
Church Address.		lilow long.			
City:	State:	Church Post:			
Education					
List the most recent colleges or high school that you have attended					
Name	City / State	What Year(s)?			
Did you complete High School or GED? () Yes () No					
What was your highest level of achievement?					
what was your highest level of achievement:					
() High School Diploma () Certificate () Diploma () Degree () Other					

OBJECTIVE				
Which program do you intend to pursue at HABC? () Certificate () Diploma () Associate () Bachelor				
	FINANCIAL IN	FORMATION		
Do you intend to pay full tuition at regi	stration? () Yes	() No		
If no, would you be interested in our de	eferment payment pl	an? () Yes	() No	
	REFERE	NCES		
List three ref	erences (one minis	ter and two ot	her believers)	
Name		Telephone	How long known?	
	VERIFICATION A	ND SIGNATURE		
Have you included the non-refundable	application fee? ()	Yes ()No		
(The application fee is normally \$20.00 u representative for discount)	nless you have received	d a waiver or disco	unt. You may contact a HABC	
Remember to have all transcripts from high school diploma, you may attach a of this application, or submit it to our o	copy of the diploma		the address above. For evidence of on, and mail it to the address at the top	
I hereby submit my application to enro information in this application is valid. application.				
Signature of Applicant:		Date:		
	For Office l	Jse Only		
Accepted:	Not Accepted:		Donation Received:	
Notes:				