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:

1. 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

1. 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.