Logo

Description automatically generatedInternational 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.