



BROOKES BIBLE COLLEGE

10257 St. Charles Rock Road | St. Ann, MO | 63074 | 314-773-0083

APPLICATION FOR AUDIT

Personal Information

Legal Name:

Mr. Dr. Rev. _____ Male
 Mrs. Miss Ms. (Last) (First) (MI) Female

Nickname: _____ Birth Date: _____
(Month/Day/Year)

Mailing Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____) _____ Mobile Phone: (____) _____ Preferred (circle one): Home/Mobile

Email: _____ May we contact you via text? Yes No

Marital Status: Single Engaged Married Separated Divorced Remarried Widowed

Brookes Bible College holds that the only biblical marriage relationship is that between one man and one woman, and that those called into ministry have the responsibility to live as good examples in this area. Are there any relationship situations, past or present, that would hinder your ability to minister in this way? Yes No

If yes, please explain: _____

Primary Language: English Spanish Other: _____

Emergency Contact Information:

Name: _____ Phone: (____) _____ Relationship: _____

Address: _____

Influence:

How did you hear about Brookes Bible College? (check all that apply)

Website College Fair Radio Ad Sign out front
 Church leader BBC Student/Alumni BBC Faculty Member Other: _____

What factors influenced you to apply to Brookes Bible College? (check all that apply)

BBC student: _____ Alumni: _____ Church leader: _____
 Parent Degrees available Price Location Doctrine Advertisement

If you checked more than one, what was the most important factor? _____

Enrollment:

For which semester are you applying to begin? Fall Spring Summer Year _____



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Church Information

Church you attend: _____ Are you a member? Yes No
 Pastor's Name: _____ Denomination: _____
 Church Address: _____
(Street) (City) (State) (Zip)
 Church Phone: (____) _____ Church Email/Website: _____
 Name of individual completing pastoral reference: _____
 Phone: (____) _____ Email: _____

Employment:

Are you currently employed? Yes No Occupation: _____
 Name of employer: _____ Supervisor: _____
 Address: _____
Street City State Zip
 Phone: (____) _____ Website/Email: _____

Background: (Confidential)

If you answer "YES" to any of the following questions, please explain on the continuation page.

Has an educational institution ever placed you on probation, suspension, dismissal? Yes No
 Are you now, or have you ever been involved in any substance abuse (drugs, alcohol, tobacco)? Yes No
 Do you have any record of arrest or conviction (excluding traffic violations)? Yes No

Statement of Faith:

I believe in Jesus Christ as my personal Savior and Lord Yes No
 I agree to abide by the rules of the classroom and the instructor Yes No
 Are you open to instruction in areas where you disagree with the BBC Statement of faith? Yes No
 While present, are you willing to refrain from promoting views contrary to the BBC Statement of faith? Yes No

Additional Information: Please use this section to provide any additional explanations to your responses.

In signing this application, I certify that all the information on this application is true and complete. I understand that falsifying information on any part of this application may result in me being rejected or dismissed from the institution. Finally, I promise, if permitted to audit a course(s), I will honorably adhere to the standards of the college.

Applicant Signature: _____ Date: _____