

Application for Admission Aldersgate Distance Education Program

God's Bible School & College
1810 Young Street
Cincinnati, OH 45202

Name: _____
(First) (Middle) (Last)

Address: _____
(Street or Box Number)

(City) (State) (Zip Code)

Home Phone: _____ **Cell Phone:** _____
(Area Code) (Number) (Area Code) (Number)

E-mail Address: _____ **Birth Date:** _____

Social Security Number: _____ - _____ - _____ **Gender:** _____ Male _____ Female

Ethnic Background:

_____ American Indian or Alaskan Native
_____ Asian or Pacific Islander
_____ Black, Non-Hispanic
_____ Hispanic
_____ Non-Resident Alien
_____ Race/Ethnicity Unknown
_____ White, Non-Hispanic

Religion:

Denomination: _____ Name of Church: _____

Admissions Status:

_____ First-time freshman (you have never attended college)
_____ New student with no transfer credit
_____ New student with transfer credit
_____ Re-admission (you have previously attended GBSC)
_____ Non-degree seeking