



7700 South Lewis Avenue, Tulsa, Oklahoma 74136-7700 U.S.A.
Phone: 918-491-7630
Fax: 918-491-7635
E-mail this form to: ivbi@victory.com
Web-Site: www.victory.com

Application for Affiliation IVBI

(Please fill out this form in pen or type written. Complete all items requested.
 All information will be held in confidence. This application is to be filled out by the School Director or Pastor.)
 *** Please clearly PRINT all responses to the questions on this application. ***

Date:

I. General Information

Name: _____
 (Surname/Family/Last Name) (First Name) (Middle Name)

Ministry/Church Name: _____

Mailing Address: Street: _____

City: _____ State: _____ Country: _____

E-mail: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Nationality: _____ Birth Date: _____

Spouse's Name: _____

II. Educational Information

Check highest level of General Education completed:
 Secondary School: _____ Trade School: _____ University: _____ Graduate School: _____

Name of School: _____

City: _____ Country: _____

Name of Degree: _____ Date of Graduation: _____

Check highest level of Ministry Training completed:
 Bible School: _____ Seminary: _____ Other: _____

Name of School: _____

City: _____ Country: _____

Name of Degree: _____ Date of Graduation: _____

III. Ministry Information

- A. Are you legally recognized by your Country, State, or City? Yes: _____ No: _____
- B. Are you ordained? Yes: _____ No: _____
- Please list organization(s) by which you are ordained.

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- C. Do you recognize a sponsoring organization or authority? Yes: _____ No: _____
- Name: _____
- Address: _____
- Phone: _____ E-Mail/Website: _____

- D. In what ways do you expect IVBI to benefit your ministry? (Please remember we do not provide financial support.)

E. References

List two persons who are not related to you (non-family members) who have been acquainted with your professional experience. Please have each of them complete & submit the IVBI "Reference Letter" attached to this application by fax: 918-491-7635 or e-mail: ivbi@victory.com

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- | | | |
|----------|------------|-------------|
| 1. Name: | City: | Country: |
| E-Mail: | Telephone: | Occupation: |
-
- | | | |
|----------|------------|-------------|
| 2. Name: | City: | Country: |
| E-Mail: | Telephone: | Occupation: |
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IV. Bible School Information

The following questions are to help guide you in your projected plan for your Bible school, as well as help us to offer any guidance in those areas.

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- A. Name of Bible School: _____
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- B. Location of School: City: _____ Country: _____
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- C. Name of School Director if different from applicant: _____
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- D. Language of the School: _____
-
- E. Date classes will begin: _____
-
- F. Days of the week and number of hours per day you will have classes: _____
-
- G. Community, people group or area you foresee reaching with this school: _____
-
- H. Projected enrollment: _____
-
- I. Please list projected Bible school staff: _____
-

J. What are your projected tuition rates?

K. List courses you would like to offer to your students.

L. Will you be using? Live teachers: _____ Video School: _____ Both: Teachers and Videos: _____

M. If we provide DVD's, do you have a way to view them? Yes: _____ No: _____

N. If we provide a Flash Drive (USB) containing the Teacher and Student outlines, and Videos courses; Do you have a way of viewing the content? Yes: _____ No: _____

V. Spiritual Information

A. Have you accepted Jesus as your Lord and Savior? Yes: _____ No: _____ Date: _____

B. Have you received the baptism of the Holy Spirit with the evidence of speaking in other tongues?

Yes: _____ No: _____ Date: _____

C. What is God saying to you and/or doing in your life at the present time?

D. State the type of Christian service you have been involved in:

E. What does "being led by the Spirit" mean to you?

F. Who are you "in Christ"?

G. What does "word of faith" mean to you?

H. How does the "Great Commission" fit into your philosophy of teaching?

I. Please attach your statement of faith.

How did you come to know about I.V.B.I.?

Attended a conference: _____ Internet/Web-site: _____ Reference given by: _____

Met with IVBI representative: _____ Other: _____

I certify that all information given in this application is completely accurate to the best of my knowledge.

Applicant's Signature

Date