**GRACE LIFE INSTITUTE APPLICATION**

**PLEASE PRINT & MAIL TO**: Grace Life Institute - PO BOX 2442 Post Falls, ID 83877

~ **OR** ~

 **SCAN & EMAIL “PDF” TO**: gracelifeinst@gmail.com (*for online submissions application fees may be paid through the* ***PayPal*** *giving link at aicministry.com - $35.00 please designate GLI in the memo section*)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_Male \_\_\_\_\_\_\_ Female Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s) now held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which Trimester would you like to enroll? Fall: \_\_\_\_\_\_\_\_\_\_ Winter: \_\_\_\_\_\_\_\_\_\_Spring\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Occupation / Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Class schedules cannot be adjusted to accommodate work schedules please work out any conflicting schedules in advance)*

Current Church Affiliation / Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTRACT**

In consideration of Grace Life Institute (GLI) accepting the undersigned as a student of its Biblical Educational Program, the undersigned agrees to pay appropriate scheduled fees and acknowledges that no refund will be made of application fees ($35). All course fees that the undersigned has been enrolled are to be paid on or before the first day of class of current trimester. There is a 2 week course drop policy in which 75% of course fees will be refunded, after which no refunds will be made for a dropped course. (*Application fees are one time unless you withdraw from the school for 2 or more trimesters*).

And in acceptance of this student's application and registration, GLI agrees to provide to the undersigned a course of Christian education and instruction beneficial to their understanding of the scriptures contained in the written Word of God and congruent with the standards set by *Education International*.

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month), \_\_\_\_\_\_ (year).

**Non-refundable registration fee enclosed: $35.00**

***\*\*Office Use only*:**

**Application received and reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Accepted: M\_\_\_\_Y\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_ Enrolled for degree: Y / N - App Fees Pd.: Y / N

**In addition to your application, you will need to submit the following:**

* Personal Recommendation – (*Friend of more than 3 years – or – Pastor*)
* \*Official **sealed** transcript from the school in which you completed your highest level of education - high school diploma, college degree, or GED Certificate. Original transcripts will not be returned to the student. *(These are obtained at your request to the school or institute, but does not need to be turned in with your application to GLI).*
* One Recent Photograph 2”x2” (passport size)
* \*If unable to provide a transcript you may still apply to GLI to earn a certificate of completion. Diplomas will not be issued without a transcript. For an additional fee we do offer an Entrance Exam which if completed and passed would then give the student eligibility to attend classes for a diploma. *Arrangements for Entrance Exam must be in place at minimum, two weeks before the beginning of any trimester. Arrangements are made through the office and at the scheduling convenience of a staff member.*
* For you convenience we have attached a transcript request form.

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* At the completion of the AA or BA programs there will be a formal graduation held for those receiving either Diploma’s or Certificates of completion, (*additional fees apply*).
* Degrees offered through GLI in the AA or BA programs are “Biblical Studies”.
* Ministerial Credentials may be pursued with **Abide in Christ Ministries** upon completion of AA program, and upon the: *submission of application, acceptance thereof, and interview process* of **Abide in Christ Ministries.**

\**We are accredited with Education International and recognized through accreditedu.org – at this time we are not recognized by CHEA or USDE.*

**TRANSCRIPT REQUEST FORM**

Institution attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I attended your school under the name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Student ID #: \_\_\_\_\_\_\_\_\_\_\_

Transcript requested: High School\_\_\_ GED/HS Equivalency\_\_\_ College/University\_\_\_\_ Other\_\_\_

Please send as soon as possible to:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send official copy of my academic record to: **Grace Life Institute / Admissions**

 **PO BOX 2442**

 **Post Falls, ID 83877**

Thank you for your cooperation!

**GRACE LIFE INSTITUTE 2015 / 2016**

**COURSE ROSTER**

***\*PLEASE CHECK CLASSES YOU ARE APPLYING FOR AND RETURN TO WITH YOU APPLICATION***

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**FIRST TRIMESTER:**

1. **THE CHURCH ---------- **
2. **GRACE THE KEY TO EVERYTHING ---------- **
3. **HOW TO STUDY THE BIBLE ---------- **
4. **THE LIFE OF PAUL ---------- **

**SECOND TRIMESTER:**

1. **JESUS REVEALED I ---------- **
2. **GODS ECONOMY ---------- **
3. **DANCE AND SIGN ---------- **
4. **HISTORY ---------- **

**THIRD TRIMESTER:**

1. **JESUS REVEALED 2 ---------- **
2. **EVANGELISM ---------- **
3. **WORKING WITH LEADERSHIP ---------- **
4. **FIRST AID / CPR ---------- **