

Bethel Breath of Life Ministries  
College of Divinity and Seminary

Yes, please consider me for admission to College of Divinity and Seminary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE PRINT or TYPE

\_\_\_\_\_  
Name (First) (Middle) (Last)

\_\_\_\_\_  
Permanent Address: (Street) (City) (State) (Zip)

Preferred Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
(optional)

\_\_\_\_\_  
Social Security Number

New Applicant:  Yes  No HS Graduation Date: \_\_\_\_\_

Transfer Student:  Yes  No

Current Student:  Yes  No

Anticipated BBOLM College of Divinity and Seminary Graduation Date: \_\_\_\_\_

Term you wish to be admitted to the College of Divinity and Seminary:

Spring  Summer  Fall  of 20\_\_\_\_ (Year)

Please Return To:  
Bethel Breath of Life Ministries  
College of Divinity and Seminary  
2300 Schwertner Drive  
Killeen, Texas 76543  
Phone: (254) 432-7647  
BBOLM@gmail.com