



Thank you for applying to XploreNations Bible College. We are so excited to have You as a part of XploreNations. God has so many amazing things in store for this school year that you will not want to miss a session.

Classes will be held at Harvest Church Int'l (4646 Fox Hollow Rd. Eugene, OR) every Tuesday evening at 6:30pm. Child Care will be provided for children under 10. Class Sessions will begin in September and will conclude the year in May. (Specific dates TBD). We will offer 1 course per month, some of the topics include: Faith & The Power of God's Word, Book of Acts, Effective Armor Bearer, Believer's Authority, and more. Cost is \$145 Per month, including books.

Included in this application packet are some important documents.

- 1. Complete the attached application in full.**
- 2. Please distribute to each of your references a form to fill out and return to XploreNations. You will need to complete the top portion of that form. At least one reference must be a professional reference from a church leader, employer, or supervisor, etc. Return envelopes are included in this packet.**
- 3. Financial Assistance may be available. Submit request to email address below.**
- 4. A high school diploma or GED is required to attend XploreNations Bible College. If You have neither and would like to attend please contact the Directors.**
- 5. Attach a check or money order for \$35 made payable to XploreNations Bible College For your application fee. Submit this completed application to:**

**XploreNations-Bible-College
Eugene Campus
4646 Fox Hollow Rd.
Eugene, OR 97405**

Or you may return application to the XploreNations Office located at the address shown above.

If you were referred to XploreNations by a current student, please make mention of that Student on your application.

If you have any questions or would like more information please contact us at 541-505-7696 or xplorenationseugene@gmail.com.

IMPORTANT:

- Please PRINT, TYPE, or fill out the form on your computer
- ANSWER ALL QUESTIONS. Application will not be processed nor academic standing assessed unless all questions are answered and the application signed and dated by the applicant.
- Do not leave any question blank. Put 'N/A' if an item does not apply.

1. PERSONAL INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	<input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.	Last Name	First Name	M	<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> _____	Maiden Name (If Applicable)	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish
Mailing Address		City	State	Country	Zip Code		
Home Area Code & Phone Number		Work Area Code & Phone Number		Cellular Area Code & Phone Number			
Primary Email Address				Secondary Email Address			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Race <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic	<input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American	<input type="checkbox"/> Other	Citizen of <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____	Place of Birth	Date of Birth

2. CHURCH BACKGROUND/MEMBERSHIP & MINISTRY EXPERIENCE

Church Background/Denomination							
Church Currently Attending				Pastor's Name			
Current Ministry Status (If Any)		<input type="checkbox"/> Itinerant Teacher	<input type="checkbox"/> Music Minister	<input type="checkbox"/> Christian Broadcasting	<input type="checkbox"/> N/A		
<input type="checkbox"/> Senior Pastor	<input type="checkbox"/> Missionary	<input type="checkbox"/> Children's Minister	<input type="checkbox"/> Lay Minister	<input type="checkbox"/> Church/Ministry Administrator	<input type="checkbox"/> Other (Please Specify)		
<input type="checkbox"/> Assistant Pastor	<input type="checkbox"/> Evangelist	<input type="checkbox"/> Youth Minister	<input type="checkbox"/> Chaplain				
Ministry Start Dt	Ministry Credentials <input type="checkbox"/> Licensed <input type="checkbox"/> Ordained <input type="checkbox"/> N/A	Credentialing Organization	Past Ministry Involvement <input type="checkbox"/> Pastoral <input type="checkbox"/> Teaching <input type="checkbox"/> Evangelism <input type="checkbox"/> Radio/TV <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> N/A				

3. PERSONAL REFERENCES -

Name	Address	Phone Number	Relationship	Known How Long
Name	Address	Phone Number	Relationship	Known How Long

4. EDUCATIONAL INFORMATION

Have you previously attended XploreNations Bible College or XploreNations Bible Institute?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
High School Name*	State	Date	Stop Date	Study Emphasis	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> Diploma <input type="checkbox"/> No <input type="checkbox"/> GED	
School Name**	State	Date	Stop Date	Major	Diploma/Degree Earned	
School Name**	State	Date	Stop Date	Major	Diploma/Degree Earned	
School Name**	State	Date	Stop Date	Major	Diploma/Degree Earned	

ALL EDUCATIONAL BACKGROUND MUST BE SUPPORTED BY THE FOLLOWING DOCUMENTATION:

*If you have not attended an accredited college or university, you must send a photocopy of your high school transcript, diploma, or GED.

**List all schools including Bible institutes, Bible colleges, or universities. Must have original, sealed, official transcripts.

NOTE: It is the applicant's responsibility to order, pay for, and follow up on all transcripts ordered.

5. PLEASE STATE YOUR SALVATION TESTIMONY

6. PLEASE BRIEFLY STATE YOUR EDUCATIONAL AND MINISTRY GOALS

Non Discrimination Policy

XploreNations Bible College (XBC) does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights, privileges, and the availability of programs and activities to all students of the college.

Privacy Rights of Students

Statute 20, United States Code 1232 and regulations adopted pursuant thereto, hereinafter referred to as the Code, requires that each student be notified of the rights accorded to him or her by the Code. The following is provided as basic general information relative to the Code.

The Code provides for an institution to establish a category of student information termed, 'directory information.' When available in college records, any information falling in the category of 'directory information' will be available to all persons on request (i.e. the IRS, FBI, or other government agencies, and for use in XBC publications). XBC has identified the following student data as 'directory information':

- Name
- Address
- Telephone
- Race
- Date & Place of Birth
- Major Field of Study
- Church Membership
- Denominational Affiliation
- Dates of Attendance
- Degrees & Awards Received
- Most Recent Previous Educational Institution Attended

All other information, such as health & medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts or student permanent academic records, student placement records, and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties without consent of the student.

Except as required for use by the president in the discharge of his official responsibilities as prescribed by the laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT BEFORE SIGNING.

1. I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance to the College.

2. I indicated by my signature that I have been notified of my rights as recorded by Statute 20, United States Code 1232.

Signature

Date

Personal Reference

1. APPLICANT INFORMATION (Applicant to fill out this section)

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	<input type="checkbox"/> Ms <input type="checkbox"/> Rev <input type="checkbox"/> Dr	Last Name	First Name	M	<input type="checkbox"/> Sr <input type="checkbox"/> Jr <input type="checkbox"/> _____	Maiden Name (If Applicable)
Mailing Address		City	State	Country	Zip Code	
Home Area Code & Phone Number		Work Area Code & Phone Number		Cellular Area Code & Phone Number		

2. REFERENCE INFORMATION

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	<input type="checkbox"/> Ms <input type="checkbox"/> Rev <input type="checkbox"/> Dr	Last Name	First Name	M	<input type="checkbox"/> Sr <input type="checkbox"/> Jr <input type="checkbox"/> _____	Church Name (If Applicable)
Mailing Address		City	State	Country	Zip Code	
Home Area Code & Phone Number		Work Area Code & Phone Number		Cellular Area Code & Phone Number		

Primary Email Address	Secondary Email Address
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How Long Have You Known Applicant?	How would you describe your relationship? <input type="checkbox"/> Very Close <input type="checkbox"/> Casual <input type="checkbox"/> Close <input type="checkbox"/> Other _____	Do you believe the applicant has a personal relationship with Jesus Christ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you believe the applicant possesses the necessary qualities to be a leader in the body of Christ?
 If no, what qualities are they lacking? Yes No

How does the applicant influence the spirituality of others?
 Favorably Neutral Negatively Not sure

Have you ever known the applicant to engage in questionable moral conduct?
 If yes, please explain Yes No

What do you consider are the applicant's strong points?

What do you consider are the applicant's weak points?

Please share with us any information you may have about the applicant that would help in our evaluation:

From your personal knowledge of the individual, would you:

Recommend him/her as a qualified candidate for leadership training

Recommend him/her with slight reservations as a candidate for leadership training

Hesitate in recommending him/her for leadership training

Unable to honestly recommend him/her as a qualified candidate for leadership training

 Signature _____
 Date

Personal Reference

1. APPLICANT INFORMATION (Applicant to fill out this section)

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	<input type="checkbox"/> Ms <input type="checkbox"/> Rev <input type="checkbox"/> Dr	Last Name	First Name	M	<input type="checkbox"/> Sr <input type="checkbox"/> Jr <input type="checkbox"/> _____	Maiden Name (If Applicable)	
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Mailing Address			City	State	Country	Zip Code	
Home Area Code & Phone Number			Work Area Code & Phone Number		Cellular Area Code & Phone Number		
Primary Email Address				Secondary Email Address			
How Long Have You Known Applicant?			How would you describe your relationship? <input type="checkbox"/> Very Close <input type="checkbox"/> Casual <input type="checkbox"/> Close <input type="checkbox"/> Other _____		Do you believe the applicant has a personal relationship with Jesus Christ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you believe the applicant possesses the necessary qualities to be a leader in the Body of Christ? If no, what qualities are they lacking?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
How does the applicant influence the spirituality of others?						<input type="checkbox"/> Favorably <input type="checkbox"/> Neutral <input type="checkbox"/> Negatively <input type="checkbox"/> Not sure	
Have you ever known the applicant to engage in questionable moral conduct? If yes, please explain						<input type="checkbox"/> Yes <input type="checkbox"/> No	
What do you consider are the applicant's strong points?							
What do you consider are the applicant's weak points?							
Please share with us any information you may have about the applicant that would help in our evaluation:							
From your personal knowledge of the individual, would you: <input type="checkbox"/> Recommend him/her as a qualified candidate for leadership training <input type="checkbox"/> Recommend him/her with slight reservations as a candidate for leadership training <input type="checkbox"/> Hesitate in recommending him/her for leadership training <input type="checkbox"/> Be unable to honestly recommend him/her as a qualified candidate for leadership training							

Signature _____

Date _____

Please do not return to the applicant but rather mail to: XploreNations Bible College, 4646 Fox Hollow Rd. Eugene, OR 97405