

Signature of Student

Grace Theological Institute Milwaukee Application for Admission

	PERSON	IAL INFORMA	TION		
Name:		Soc. S	Sec. No:		
	First M				
Home Phone: ()	Work Phone:	:()	Cell Ph	one: ()_	
Email Address:			Sex: _	Male	Female
State of Residence:		C	itizenship: _	_USA _	Other
Height/ Weight	/(graduation	purpose)			
Marital Status:Sing	leMarried _	Separated _	Divorced	Wid	ow/Widower
Do you use alcohol, tobac Ethnic Origin: Ameri	cco, or illegal drugs? can Indian Asian	Yes1 Black1	No Hispanic	_ White _	Other
DOB:Month	_DayYear Occ	cupation:			
Name of Church:		Name of Pas	tor:		
_	mpleted:Non-high	_			-
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gh Schoolease list all other schools att Name of Scl	tended beyond high school hool City, State ENROLL First-Time Student	Date Graduated Credi	ts Earned	Date (GED Passedee/Diploma Earned
gh Schoolease list all other schools att	tended beyond high school hool City, State ENROLL First-Time Student	Date Graduated Credi	ts Earned IATION Return	Date 0 Degree ing Studen Maste Divir	GED Passed ee/Diploma Earned t r Doctorate

Registers Signature

Date

Date