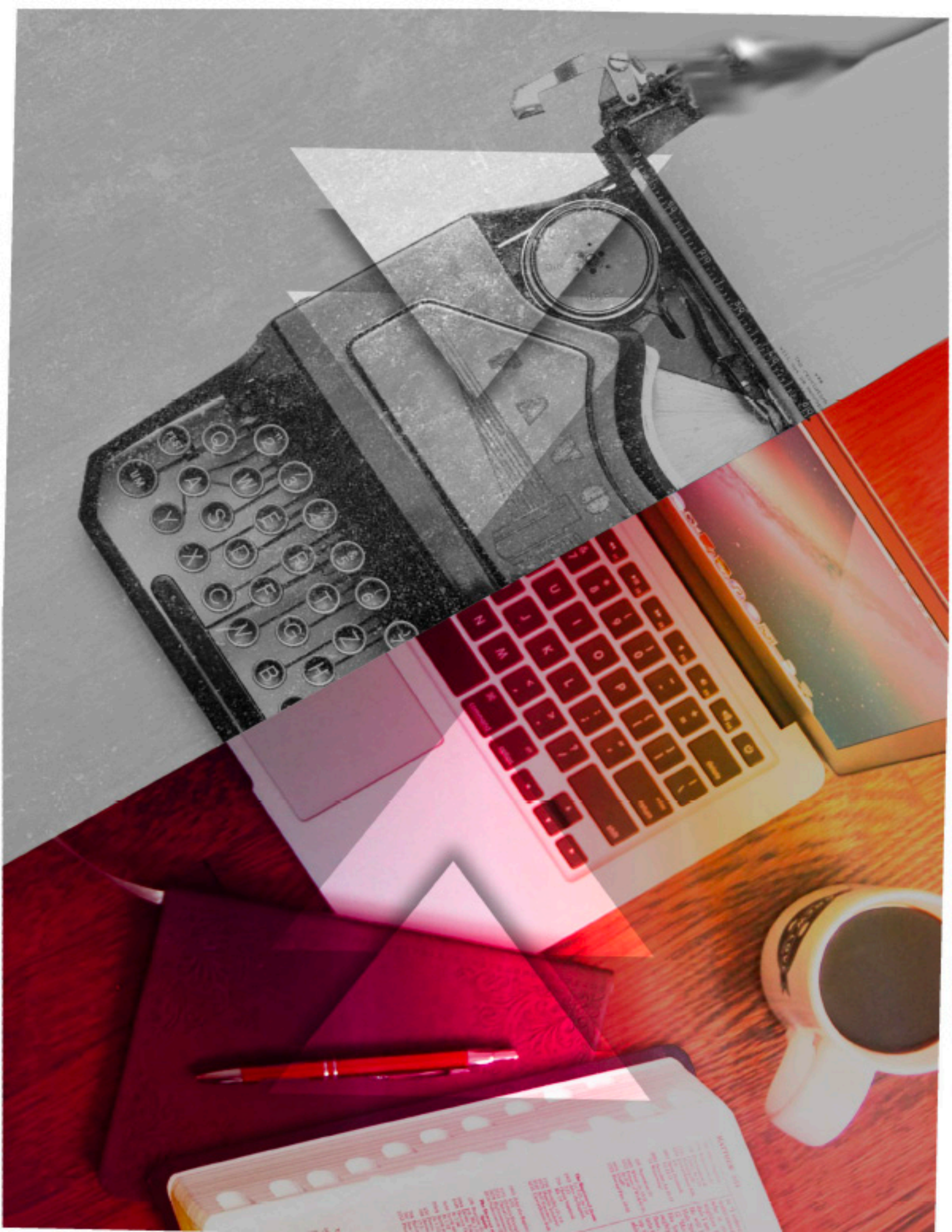




APPLICATION FORM

EQUIPPING YOU FOR PURPOSE



CBC Application



It is important that you read the Application Process before you complete this form. This will be found on a separate sheet enclosed in this application pack or if you down-loaded this from our website then see Application Process on the apply page. Answer ALL questions relevant to your application. Any unanswered questions will result in your application being delayed. If any question does not apply write N/A.

281-491-0504
cbc@carmelglobal.org

All recommendation forms must be filled out by the relevant people and returned directly to CBC. Be sure to select the application for admission as follows:

Physical Address:
Carmel Bible College
12412TX-36 Needville,
TX 77461

- Certificate** - 1st Year course, for all ages and education levels
- Diploma** - 2nd Year Course, for all ages and education levels
- Scholarship** - for High School Graduates pursuing 1st year course, which serve 15 hours a week in the ministry
- Leadership Academy** - CBC Diploma Graduates pursuing call into the Ministry

Mailing Address:
Carmel Church
PO BOX 1355
Needville, TX 77461

Your Application can only be processed if you have followed all of the above instructions.

ID PHOTOS	FOR OFFICE USE ONLY								
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 45%; height: 150px; display: flex; align-items: center; justify-content: center;"> <p style="text-align: center;">ATTACH 1ST PHOTO HERE Passport Size Photos Only</p> </div> <div style="border: 1px solid black; width: 45%; height: 150px; display: flex; align-items: center; justify-content: center;"> <p style="text-align: center;">ATTACH 2ND PHOTO HERE Do Not Send Application Without Photos</p> </div> </div>	<p>Date Received: _____</p> <p>Student ID No: _____</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Application Fee \$50</td> <td><input type="checkbox"/> Interview</td> </tr> <tr> <td><input type="checkbox"/> Minister's Recommendation</td> <td><input type="checkbox"/> Accepted</td> </tr> <tr> <td><input type="checkbox"/> Personal Recommendation</td> <td><input type="checkbox"/> Rejected</td> </tr> <tr> <td><input type="checkbox"/> Relative's Recommendation</td> <td><input type="checkbox"/> Conditional</td> </tr> </table>	<input type="checkbox"/> Application Fee \$50	<input type="checkbox"/> Interview	<input type="checkbox"/> Minister's Recommendation	<input type="checkbox"/> Accepted	<input type="checkbox"/> Personal Recommendation	<input type="checkbox"/> Rejected	<input type="checkbox"/> Relative's Recommendation	<input type="checkbox"/> Conditional
<input type="checkbox"/> Application Fee \$50	<input type="checkbox"/> Interview								
<input type="checkbox"/> Minister's Recommendation	<input type="checkbox"/> Accepted								
<input type="checkbox"/> Personal Recommendation	<input type="checkbox"/> Rejected								
<input type="checkbox"/> Relative's Recommendation	<input type="checkbox"/> Conditional								

APPLICATION FOR ADMISSION TO:

CERTIFICATE
 DIPLOMA
 SCHOLARSHIP
 LEADERSHIP ACADEMY

1. Full Name: Title: Mr. Mrs. Rev. Dr. Other:

Last Name: Maiden Name:

First Name: Middle Name:

2. Contact Details:

Home No:

Work No:

Mobile No: Email:

3. Residential Address:

City/State: Zip Code:

4. Mailing Address: (If not the same as above)

City/State: Zip Code:

Application Form

A. PERSONAL AND GENERAL INFORMATION

5. Birth Date: Day Month Year

6. Nationality:

7. Do you hold a passport? Yes No

8. SSN:

9. First Language:

10. Sex: Male Female

11. Indicate whether you will be attending CBC as: Individual Married Couple

12. List Dependants: (Include those that you support financially)

First Name: Last Name:

Age: Date of Birth: / / Relationship:

First Name: Last Name:

Age: Date of Birth: / / Relationship:

First Name: Last Name:

Age: Date of Birth: / / Relationship:

First Name: Last Name:

Age: Date of Birth: / / Relationship:

13. Your Present Occupation:

14. Name of Employer:

15. Address of Employer:

City/State: Zip Code:

16. Nearest Relative to be notified in case of emergency:

Name: Relationship:

Contact Numbers:

Home No: Mobile No:

Physical Address:

City/State: Zip Code:

Application Form

B. MARITAL STATUS INFORMATION

1. Marital Status:

Single Married Engaged Divorced Widower Widow Separated Remarried

a. Have you or your spouse been previously married: Yes No

b. If yes, give details: How many times: Date of last marriage: / /

2. Personal Data of Spouse/Fiancé:

Title: Mr. Mrs. Miss Rev. Dr. Other:

Last Name: First Name:

Contact Numbers:

Mobile No:

Work No:

SECOND YEAR APPLICANTS - GO TO QUESTION 4

3. Other Details:

Is your spouse/fiancé born again? Yes No

Will he/she be attending with you? Yes No

4. Agreement:

Is he/she in agreement with your decision to attend CBC? Yes No

C. SPIRITUAL DETAILS

SECOND YEAR APPLICANTS GO TO SECTION D

1. Have you been born again according to Romans 10:8-10? Yes No

Place: Date:

2. Have you received the baptism of the Holy Spirit with the evidence of speaking in other tongues according to Acts 2:4? Yes No

Place: Date:

3. Have you been baptized as a believer by full immersion in water? Yes No

Place: Date:

4. State your fundamental beliefs:

Do you believe the Bible is God's inspired Word and the only infallible guide in matters pertaining to conduct and doctrine? Yes No

Do you believe in the Trinity - that God is One, but manifested in three Persons: the Father, the Son and the Holy Spirit? Yes No

Do you believe in the Deity of Jesus Christ, that He is God made flesh and that He is the only Mediator between God and man? Yes No

Application Form

C. SPIRITUAL DETAILS CONTINUED...

8. Addictive Habits (Please give honest, truthful answers):

Have you ever used:

Tobacco

Yes No

If 'Yes,' date last used: / /

Alcohol

Yes No

If 'Yes,' date last used: / /

Illegal or habit forming drugs

Yes No

If 'Yes,' date last used: / /

What drug(s)?

For how long?

We would ask students to abstain from the use of tobacco, alcohol or illegal drugs while attending Carmel Bible College.

I will abide by this policy

I cannot abide by this policy

Signature

Date / /

D. MINISTERIAL DETAILS

1. In which church/denomination do you consider yourself to have been raised?

2a. State the details of the church you currently attend and denomination

e.g. Pentecostal, Charismatic, Baptist, Anglican etc.

2b. Name and address of Church:

City/State: Zip Code:

Application Form

D. MINISTERIAL DETAILS CONTINUED...

3. How long have you attended this church? If less than one year, explain briefly:
4. What is your position in the church?
5. List church activities you have been involved in and for how long:
6. Which church did you attend before?

SECOND YEAR APPLICANTS - GO TO SECTION H

7. Do you feel you have a definite call of God on your life to enter the ministry? (into the Five Fold Ministry)
 Yes No Not Sure
 If yes, explain briefly when, how and why you know that you are called of God:
8. Identify the area(s) of ministry to which you feel God is calling/has called you:
 Missions Pastor Helps Evangelist Teacher Other (Specify):
9. Do you hold ministerial credentials with any organization? Yes No
 If Yes, are you: Licensed Ordained Which organization/denomination?
10. If you are not currently involved with a church, please explain why on a separate page.

E. CHURCH AFFILIATION AND REFERENCES

1. Minister's recommendation given to (must be your Pastor):
- Name: Church:
 Contact No:
 Physical Address:

 City/State: Zip Code:
2. Personal recommendation given to someone who has known you well for a year or more, but not a relative
- Name: Church:
 Contact No:
 Physical Address:

 City/State: Zip Code:

Application Form

F. EDUCATIONAL HISTORY

1. Check highest level of secular education attained: GED H.S. Diploma Associates Bachelors
Masters Doctorate Other (Specify):

2. Have you ever been denied acceptance or been expelled, dropped or suspended from any School/College/University:
Yes No Date: / /

3. List the Secondary School educational institutions attended by you:

Name of School	From (Year) to (Year)	Diploma/Degree/etc.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Can you read, write and comprehend the English Language? Yes No

G. EMPLOYMENT HISTORY

1. Please list your present and past work experience starting with your present employer:

Name of Employer	From (Year) to (Year)	Occupation/Duties
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. List any occupational/professional skills you possess:

3. If you are currently unemployed, please give an explanation below, including how you will provide your tuition fees and personal expenses while attending CBC:

Application Form

H. FINANCIAL HISTORY

The CBC Administration is fully aware that God is able to supply all the needs of our student body. We are also aware that a person's ability and willingness to fulfill his/her financial responsibilities are very significant to successful Christian living. Thus, we desire the following information:

1. Please indicate how you plan to pay your expenses:

Spouse Employment Savings Parents (Amount Promised) \$

Sponsor (Amount Promised) \$

Other (Specify) (Amount Promised) \$

If sponsored, signature of sponsor is required:

Date / /

Signature of sponsor or parent(s) (if applicable)

I. MEDICAL DATA

1. Indicate by checking your physical condition: (E - Excellent, G - Good, F - Fair, P - Poor)

General Health **E** **G** **F** **P**

2. Relate any illnesses / conditions / disabilities you have had or presently have

3. Do you have any known allergies: Yes No

If Yes, specify:

4. Do you experience severe allergic reactions? Yes No

If Yes, do you have an EpiPen? Yes No

Application Form

I. MEDICAL DATA CONTINUED...

7. Are you presently taking any form of medication: Yes No

If Yes, name of medication/drug: How often?

Name of Doctor's Office:

City/State:

Zip Code:

8. Medical Consent:

"I hereby grant full and complete permission to CBC or its employees or any related consulting physician to render to me any emergency treatment, medical or surgical care that might be deemed necessary. When necessary for executing such care I also grant permission for hospitalization."

You must check YES or NO and sign on the line below Yes No

Date / /

(Applicant must sign above)

J. DECLARATION

SECOND YEAR APPLICANTS - GO TO QUESTION 3

1. Explain briefly on a separate sheet why you want to attend Carmel Bible College

2. Have you previously submitted an application to attend CBC? Yes No

3. Are you planning to attend CBC under an international study visa? Yes No

4. If you are under 18 years of age, has consent of parent(s)/guardian been obtained for your studies at CBC?

Yes No

Date / /

Signature of parent(s)/guardians

5. "I understand that all items submitted to CBC as part of the application process will not be returned. I hereby state that all the information contained in this application is correct and true. If CBC is notified that any of this information is false, it could be grounds for immediate dismissal."

Date / /

Signature of applicant

Data Protection Act

Unless otherwise informed, all relevant information contained in this application form will be kept on the CBC database for use by CBC to maintain student records. It is the policy of CBC not to pass your information to third parties, but to keep you informed of events as necessary. Please read over the data privacy notice and return the completed Keeping in Touch form:

Personal Recommendation Form

281-491-0504
cbc@carmelglobal.org

Physical Address:
Carmel Bible College
12412TX-36 Needville,
TX 77461

Mailing Address:
Carmel Church
PO BOX 1355
Needville, TX 77461

THIS INFORMATION SHOULD BE SENT DIRECTLY TO CBC AND WILL BE TREATED AS CONFIDENTIAL.

1. Name of prospective student:

Title: Mr. Mrs. Miss Rev. Dr. Other:
Last Name: Maiden Name:
First Name: Middle Name:

The above mentioned has applied for enrollment as a student at Carmel Bible College. Serious consideration will be given to your comments on this recommendation form, therefore we ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in strict confidence.

A. Details of Recommendation Friend/Relative

1. Name of Recommending Person:

Title: Mr. Mrs. Miss Rev. Dr. Other:
Last Name: Maiden Name:
First Name: Middle Name:

2. Contact Numbers:

Mobile/Home No:
Work No:

3. Mailing Address:

City/State: Zip Code:

4. Residential Address: (If not the same as above)

City/State: Zip Code:

5. Church Name:

6. Church Address:

City/State: Zip Code:

7. Position in Church: How long have you held this position?

8. Are you a graduate of ABTC Yes No If Yes, which year?
CBC
CBI

PERSONAL RECOMMENDATION FORM CONTINUED...

B. EVALUATION OF APPLICANT

1. How long have you known the applicant?

2. Describe your relationship: Very Close Close Casual Distant

3. Describe the nature of your relationship: Pastor Friend Co-Worker
Ministry Family Other Specify

4. Please evaluate the applicants character and lifestyle: (E=Excellent, G= Good, F=Fair, P=Poor, U=Unknown)

E	G	F	P	U	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Christian life and testimony
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honesty and integrity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to work with others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperativeness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial responsibility

E	G	F	P	U	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moral Character
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consideration for others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appearance/acceptance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Response to authority/instruction/discipline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependability

5. Does the Applicant associate with people of good moral character: Yes No

6. Briefly describe the applicant's married/family life:

7. Indicate the term(s) which best describe the applicant's attitude towards the church and its activities:

Warmhearted/Enthusiastic Tolerant/Passive Critical/Contemptuous

8. Is the applicant involved in active ministry? Yes No Unknown

9. Do you recommend the applicant be considered for CBC? Yes No Unknown

10. Please give any comments that would be helpful in evaluating the applicant:

(Continue on a separate sheet if necessary)

Date / /

Signature of recommending friend/relative

Ministers Recommendation Form

281-491-0504
cbc@carmelglobal.org

Physical Address:
Carmel Bible College
12412TX-36 Needville,
TX 77461

Mailing Address:
Carmel Church
PO BOX 1355
Needville, TX 77461

THIS INFORMATION SHOULD BE SENT DIRECTLY TO CBC AND WILL BE HIGHLY CONFIDENTIAL.

1. Name of Prospective Student:

Title: Mr. Mrs. Miss Rev. Dr. Other:
Last Name: Maiden Name:
First Name: Middle Name:

The above mentioned has applied for enrollment as a student at Carmel Bible College. Serious consideration will be given to your comments on this recommendation form, therefore we ask that you complete carefully. Since we request a candid evaluation, your remarks will be held in strict confidence.

A. DETAILS OF RECOMMENDING MINISTER

1. Name of Recommending Person:

Title: Mr. Mrs. Miss Rev. Dr. Other:
Last Name: Maiden Name:
First Name: Middle Name:

2. Contact Numbers:

Mobile/Home No: Work No:

3. Postal Address:

City/State: Zip Code:

4. Physical Address: (If not the same as above)

City/State: Zip Code:

5. Church Name:

6. Church Address:

City/State: Zip Code:

7. Position in Church: How long have you held this position?

8. Are you a graduate of: ABTC Yes No If Yes, which year?
CBC
CBI

MINISTERS RECOMMENDATION FORM CONTINUED...

B. EVALUATION OF APPLICANT

1. How long have you known the applicant?

2. Describe your relationship: Very Close Close Casual Distant

3. Describe the nature of your relationship: Pastor Friend Co-Worker
Ministry Family Other Specify

4. Please evaluate the applicants character and lifestyle: (E=Excellent, G= Good, F=Fair, P=Poor, U=Unknown)

E	G	F	P	U	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Christian life and testimony
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honesty and integrity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to work with others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperativeness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial responsibility

E	G	F	P	U	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moral Character
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consideration for others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appearance/acceptance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Response to authority/instruction/discipline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dependability

5. Emotional Evaluation: Very Stable Stable Unstable Very Unstable

6. What do you consider to be the applicant's strong and weak points:

7. Briefly describe the applicant's married/family life:

8. Does the applicant associate with people of good moral character? Yes No

9. Indicate the terms which describe the applicant's attitude towards the church and its activities:

Warmhearted/Enthusiastic Tolerant/Passive Critical/Contemptuous

10. Is the applicant involved in active ministry? Yes No Unknown

11. Do you recommend the applicant be considered for CBC? Yes No Unknown

10. Please give any comments that would be helpful in evaluating the applicant:

(Continue on a separate sheet if necessary)

Date / /

Signature of recommending Minister

DATA PRIVACY NOTICE

1. Your personal data – what is it?

Personal data relates to a living individual who can be identified from that data. Identification can be by the information alone or in conjunction with any other information in the data controller's possession or likely to come into such possession. The processing of personal data is governed by the General Data Protection Regulation (the "GDPR").

2. Who are we?

Carmel Global Ministries Inc. is the data controller (contact details below). This means it decides how your personal data is processed and for what purposes.

3. How do we process your personal data?

Carmel Global Ministries Inc. complies with its obligations under the "GDPR" by keeping personal data up to date; by storing and destroying it securely; by not collecting or retaining excessive amounts of data; by protecting personal data from loss, misuse, unauthorized access and disclosure and by ensuring that appropriate technical measures are in place to protect personal data.

We use your personal data for the following purposes:

- To enable us to provide a voluntary service for the benefit of the public in a particular geographical area as specified in our constitution;
- To administer membership records;
- To fundraise and promote the interests of the church;
- To manage our employees and volunteers;
- To maintain our own accounts and records (including the processing of gift aid applications);
- To inform you of news, events, activities and services running at Carmel Global Ministries Inc..
- To share your contact details with other departments in Carmel so they can keep you informed about news in the church and events, activities and services that will be occurring in the county you may be interested.

4. What is the legal basis for processing your personal data?

- Explicit consent of the data subject so that we can keep you informed about news, events, activities and services and process your gift aid donations and keep you informed about church events
- Processing is necessary for carrying out obligations under employment, social security or social protection law, or a collective agreement
- Processing is carried out by a not-for-profit body with a political, philosophical, religious or trade union aim provided: the processing relates only to members or former members (or those who have regular contact with it in connection with those purposes)

DATA PRIVACY NOTICE CONTINUED...

5. Sharing your personal data

Your personal data will be treated as strictly confidential and will only be shared with other members of the church in order to carry out a service to other church members or for purposes connected with the church. We will only share your data with third parties outside the church with your consent.

6. How long do we keep your personal data?

We keep data in accordance with the guidance set out within Data Protection Legislation.

Specifically, we retain data while it is still current; gift aid declarations and associated paperwork for up to 6 years after the calendar year to which they relate; and church registers (baptisms, marriages, funerals) permanently.

7. Your rights and your personal data

Unless subject to an exemption under the GDPR, you have the following rights with respect to your personal data:

- The right to request a copy of your personal data which the holds about you
- The right to request that the church corrects any personal data if it is found to be inaccurate or out of date
- The right to request your personal data is erased where it is no longer necessary for the church to retain such data
- The right to withdraw your consent to the processing at any time
- The right to request that the data controller provide the data subject with his/her personal data and where possible
- The right, where there is a dispute in relation to the accuracy or processing of your personal data, to request a restriction is placed on further processing
- The right to object to the processing of personal data,
- The right to lodge a complaint with the Information Commissioners Office (UK)

Further processing

If we wish to use your personal data for a new purpose, not covered by this Data Privacy Notice, then we will provide you with a new notice. The new notice will explain the new use of your personal data prior to commencing the processing. It will set out the relevant purposes and processing conditions.

Where and whenever necessary, we will seek your prior consent to the new processing.

8. Contact Details

To exercise all relevant rights, questions or complaints please contact:

Texas Attorney General
Ken Paxton
PO Box 12548
Austin, TX 78711-2548
www.texasattorneygeneral.gov

KEEPING IN TOUCH

Your privacy is important to us, and we want to communicate with church members in a way which has their consent, and which is in line with US law on data protection. As a result of a change in US law, we now need your consent to how we contact you. Please fill in the contact details you want us to use to communicate with you:

Name:	
Address:	
City/State, Zip:	
Email Address:	
Phone Number:	
Alternative Phone Number:	

By signing this form you are confirming that you are consenting to Carmel holding and processing your personal data for the following purposes (please check the boxes where you grant consent).

I consent to the church contacting me by: Mail Phone Email

- To keep me informed about news, events, activities and services Carmel (note you can unsubscribe from the church communications at any time);
- To including my details in the 'Church Directory'.
- To share my contact details with the departments in Carmel so they can keep me informed about news, events, activities and services that will be occurring in the church and which are directly relevant to the role I am undertaking.

Signed: _____ Date: _____

You can grant consent to all the purposes; one of the purposes or none of the purposes. Where you do not grant consent we will not be able to use your personal data; (so for example we may not be able to let you know about forthcoming services and events); except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can find out more about how we use your data from our "Privacy Notice" which is available from our website or from the Assets Team.

You can withdraw or change your consent at any time by contacting at info@carmelglobal.org. Carmel Church 12412 TX-36, Needville, TX 77461. Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.

