



# Bear Valley Bible Institute

Z I M B A B W E

Application Form

Date: \_\_\_\_\_

## **Personal Information**

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M F Marital Status: Married Single

Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Citizenship: \_\_\_\_\_

Children's Names and Ages: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **Permanent Contact Information**

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If single, have you ever been married? Y N

If married, have you or your spouse ever been previously married? Y N

If you answered yes to either question above, please give a detailed explanation on a separate sheet of paper.

Students and members of students' families are not allowed to use tobacco, drugs, or alcohol while attending school. Do you agree to abide by this rule? Y N

Have you been or are you being treated for any physical or emotional problems? Y N

If yes, what kind and when \_\_\_\_\_

Please attach your recent photo and of spouse, if applicable. Also attach copies of ID and school leaving certificates

## **Education Information**

Educational Background (Circle highest level)

Form: 1 2 3 4 5 6 College: Freshman Sophomore Junior Senior

College graduate level: Associate Bachelor Masters Doctorate

College Major: \_\_\_\_\_ College hours: \_\_\_\_\_

Other professional or trade qualifications: \_\_\_\_\_

**Church Background**

When were you baptized? \_\_\_\_\_ Where: \_\_\_\_\_ By Whom: \_\_\_\_\_

When was your spouse baptized: \_\_\_\_\_ Where: \_\_\_\_\_ By Whom: \_\_\_\_\_

Children baptized? \_\_\_\_\_ Where: \_\_\_\_\_ By Whom: \_\_\_\_\_

Name of the congregation where you are presently a member: \_\_\_\_\_

Address	City/Town/Growth Point	Province	Telephone
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**References**

List the names of three (3) elders or leaders (members of the Church of Christ) who have known you since you became a Christian.

Name	Address	City	Province	Telephone
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Briefly state why you want to preach the gospel or why you want to attend the Bear Valley Bible Institute.

**SELECT PROGRAMME**

National Diploma in Theology       National Certificate in Theology

National Certificate in Pastoral Studies

If accepted by the Bear Valley Bible Institute - Zimbabwe, I will do my best to maintain the highest moral, spiritual, and academic standards possible. I will abide by the policies of the school as I approach the term of study in a serious and prayerful manner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*NB: Please kindly attach your copy of Identity Card and available academic certificates*

Return to: BVBI-Zimbabwe, P.O. Box GW 1214, Gweru, Zimbabwe or return to  
[registration@bvbiz.co.zw](mailto:registration@bvbiz.co.zw)