



Please complete the information below, and submit to:
Open Arms Bible Institute, 546 Ramsey Street, Fayetteville, NC 28301

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone Number: _____

E-Mail Address: _____

Country: _____

Gender: _____

Social Security No.: _____

Occupation: _____

Yrs in Occupation: _____

Education:

High School: _____

Year Graduated: _____

City/State: _____

College: _____

Dates Attended: _____

City/State: _____

Degree Earned: _____

College: _____

Dates Attended: _____

City/State: _____

Degree Earned _____

**Please attach an official transcript for each college or university attended.

Degree Program you wish to enroll in: _____

Have you accepted Jesus Christ
as your Lord and Savior? _____

How long have you been a Christian? _____

STATEMENT: I certify that all of the information listed on this application is true and correct to the best of my knowledge. I understand that all items related to the application process become the permanent property of Open Arms Bible College.

Signature: _____

Date: _____