

~ APPLICATION FOR ADMISSION ~
For Summit's "Independent Studies" Program

SUMMIT THEOLOGICAL SEMINARY
 2766 Airport Road ~ Peru, IN 46970 (765) 472-4111

**Please complete both sides of this form and return it with a CURRENT PHOTO
 for your Student Records:**

Application Date: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Soc.Sec.#: _____ - _____ - _____
 Email: _____
 Contact Numbers:
 Cell Phone: _____
 Home Phone: _____
 Work: _____

Date of Birth: ____ / ____ / ____ Date of H.S. Graduation: ____ / ____ / ____

Colleges Attended	Degree Received	Date	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

~ Church Currently Attending ~

Church Name: _____
 Address: _____
 City/State/Zip: _____
 Phone #: _____
 Preacher/Minister's Name: _____

Please number in which order you would like to receive the course media; mark your first choice as #1, etc. If not available, the next available choice will be provided. Note - if not specific, CD's will be sent.

_____ CD's _____ MP3's _____ DVD's

AREA OF DESIRED STUDY

- Degree: I will be working toward:
- _____ D.B.S. Diploma of Biblical Studies
 - _____ A.S.L. Associates of Sacred Literature
 - _____ B.S.L. Bachelor of Sacred Literature
 - _____ B.Th. Bachelor of Theology
 - _____ M.S.L. Master of Sacred Literature
 - _____ M.A.Th. Master of Theology

Send in your \$30.00 enrollment fee with your completed resume:
 This application will not be accepted unless the **second page** is completed, as well.

By the signing of my name below, I will be agreeing to the following:

1. The \$30.00 enrollment fee is non-refundable.
2. I will pay for the courses or program I am taking, regardless of whether I finish, unless I return the materials within 10 days.
3. If I am enrolled in a degree program, I will pay tuition for no less than 30 credit hours and the materials received regardless of my completing the program or not.
4. I will pay a penalty fee of \$10.00 for every month I do not send in the minimum payment on my bill. Minimum payment is \$50.00 a month for bills totaling \$500.00 and more, and \$25.00 a month for bills totaling less than \$500.00.
5. I will contact the school in writing concerning any discontentment I have about the courses, or my inability to pay a particular month. I will attempt to handle this account as a faithful Christian steward.
6. I agree to make all payments to the school. If not, I understand that the school has the right to turn the account over to collections. If the account is turned over to collections, I will be responsible for all collection fees, legal fees, court costs, etc.

Signed: _____

Date: _____

Email - summit1@myvine.com

Website - www.summit1.org