

**Hope Baptist Institute**  
**Application for Admission**  
**Ministry of Hope Baptist Church**  
**Dr. Terry L. Coomer, Pastor**  
**139 Shadow Oaks Drive**  
**Sherwood, AR 72120**  
**501-983-4403**  
**www.hopebaptistlittlerock.com**  
**tlcoomer@juno.com**

**PLEASE PRINT IN PEN OR TYPE ALL INFORMATION**

**Personal Information**

**Student Information** \_\_\_\_\_  
*Last First Initial*  
**Address** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_  
**Phone number** \_\_\_\_\_ **S.S. #** \_\_\_\_\_  
**Birth date** \_\_\_\_\_ **Age** \_\_\_\_\_

**Current marital status:**

(Include a note of explanation if the categories marked with an asterisk apply to you or your spouse)  
\_\_\_\_ Single \_\_\_\_ Engaged \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Separated\* \_\_\_\_ Divorced\* \_\_\_\_ Remarried\*  
Citizenship: \_\_\_\_ USA \_\_\_\_ Canada \_\_\_\_ Other \_\_\_\_\_

If not a USA citizen: Do you have a student visa? \_\_\_\_ Yes \_\_\_\_ No

**Parent/Guardian Information:**

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**Educational Information:**

High school attending or graduated  
from \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Are you being home schooled? \_\_\_\_ Yes \_\_\_\_ No

Please list all post-secondary schools you have attended:

*If you have attended more than two schools, submit additional school information on a separate sheet.*

College \_\_\_\_\_ Dates attended \_\_\_\_\_  
College \_\_\_\_\_ Dates attended \_\_\_\_\_

Have you been denied enrollment, suspended, or dismissed from any school? \_\_\_\_\_

If so please explain on a separate sheet.

Do you have any outstanding college debts? \_\_\_\_\_

**Please go to page 2**

**Christian Life Information**

Have you trusted Jesus Christ as your Saviour? \_\_\_\_\_ Yes \_\_\_\_\_ No  
When? \_\_\_\_\_

Briefly describe your salvation  
experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a faithful church member? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Church  
Name \_\_\_\_\_ Pastor \_\_\_\_\_  
Church  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Are your parents in full time Christian service? \_\_\_\_\_ Yes \_\_\_\_\_ No Position \_\_\_\_\_  
*If so please list*  
Name of  
ministry \_\_\_\_\_  
Ministry  
address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Acceptance Agreement**

*I certify the information given on this application and all related application forms is complete and accurate. I understand that knowingly providing false information or failure to provide true information may result in dismissal from the Institute.*

**Applicant's**  
**signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***There is no cost to attend Hope Baptist Institute. Books can be purchased through the Hope Baptist Church Book Store.***

**Mail this form and application fee to:**

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