



HARVEST OF JUBILEE

International Collegium of Biblical Studies

ENQUIRY and APPLICATION FOR BIBLE COLLEGE RECOGNITION and MINISTRY AFFILIATION

PLEASE PRINT CLEARLY OR TYPE IN INFORMATION.

Name of Existing Church or Sponsoring Ministry: _____

Proposed Name of Bible College or Learning Center: _____

Street Address of Facility to be utilized: (Please include state/province and nation) _____

If more than one location is proposed, please provide additional locations in a separate document.

Mailing Address of Administration: (Please include state/province and nation) _____

Name(s) of Administrative Contact(s): _____

Administrative Contact Telephone Number(s): _____

Web Site Address: _____

Facebook: _____

E-mail Address(s): _____

Skype Address, or other digital or social media addresses: _____

Present Denominational Affiliation: _____

Reason for seeking Bible College Recognition and Ministry Affiliation from HOJ-ICBS? _____

Have you been in an HOJ-ICBS program before? _____

Are you applying for a new Bible College Curriculum Package? _____

Printed Name and Signature of Authorized Applicant _____ Date of Signing _____

Printed Name and Signature of Authorized Applicant _____ Date of Signing _____

Printed Name and Signature of HOJICBS Representative or Consultant _____ Date of Signing _____

Response provided to Applicant on: _____ Method of Response: _____