

FREEDOM BIBLE COLLEGE AND SEMINARY



Affiliate College Application

2-09

Please type or print. It is important to complete all information.

Professionalism, neatness and accurateness in completing your application package is important

Mail the completed application and related fees to

FBCS Affiliate College System, 2718 West Walnut St., Rogers, AR 72756

800-494-7497 or 479-636-7497 out of the U.S.A.

church@freedomcollege.org

Person Making the Request

Last Name _____ First _____ Middle _____

Street Address _____ City _____ State _____

Zip/Postal Code _____ Country _____

Home Phone _____ Office Phone _____ Fax _____

E-Mail _____

The Proposed Affiliate College

Affiliate College Name _____

Street Address _____ City _____ State _____

Zip/Postal Code _____ Country _____

Cell Phone _____ Office Phone _____ Fax _____

Affiliate College President

Last Name _____ First _____ Middle _____ Sex _____

Street Address _____ City _____ State _____

Zip/Postal Code _____ Country _____

Home Phone _____ Office Phone _____ Fax _____

E-Mail _____

Web Page (if any) http://www.

Birth ___ - ___ - ___ SSN/SIN ___/___/___/ Church Membership _____

Years of Christian Service _____ Highest Academic Level Achieved _____

Education of the Proposed Affiliate College President

Name of College or School	Date Graduated	Degree or Diploma

Affiliation Fees

Include a check, money order or credit card number for the total amount of the options desired.

Please refer to the *Affiliate College Manual* for details of the pricing options.

Base Price	\$500
Use the FBCS Curriculum	\$200
Come under the FBCS 501(c)(3) umbrella	\$400
Have a web page created and maintained – On the FBCS Network	\$500 plus \$150 per year -
Have diplomas and transcripts issued by FBCS	\$400
Incorporation in the State of Arkansas	\$150
Accreditation by two FBCS Accrediting bodies	\$600
On-site College Operation Training (Rogers)	\$750
FBCS Graduation Fee (at Rogers)	\$200 Any number of students
Honorary Doctorate degrees (Processing Fee)	\$400 Not for sale

___ I have enclosed check number _____ in the amount of \$ _____

___ I wish to use my Visa ___ Discover ___ or Master Card ___

Number _____ Exp. date _____

___ I have enclosed a money order in the amount of \$ _____

The information on this application is submitted for the purpose of qualifying for an affiliation with Freedom Bible College and Seminary (FBCS). I hereby certify that the information is true, correct and complete to the best of my/our knowledge, and I/we understand and agree that any falsification of this data is grounds for denial or revocation of the affiliation.

By signing I (we) affirm that all information given in this application is true to the best of my knowledge.

Signatures

Applicant's Signature

Date

Applicant's Signature

Date

Affirmation of Commitment

By signing this application I affirm and acknowledge that all persons involved in the operation of this proposed branch will be expected to...

... uphold the standards of the Bible which is the only and true source of divinely written oracles of God.

... be true to the Christian faith.

... live a life before God and man that is exemplary of Christian service.

...live a life that will not bring reproach to Concepts of Freedom Ministries, Inc, Freedom Bible College and Seminary, Inc., Freedom Bible College & Seminary Branch System, Freedom Christian Ministries Association, Inc., Freedom Missions Relief, Inc., Joel Philip Church Ministries, Inc., or any other outreach or ministry of CFM.

...freely give permission to CFM to conduct a National Agency Check or other investigations as CFM deems necessary.

...acknowledge that the laws of the State of Arkansas, USA shall apply to all matters concerning the Proposed Branch

Signature _____ Date: _____

Signature _____ Date: _____

This application must be completed and signed before it will be processed. Do not leave blank spaces. Please call 800-494-7497 (U.S.A. Only) if you have questions.

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FBCS Use Only

Date Received: _____ Received by: _____

Background Check _____ Passed _____ Failed _____ Date _____

Approved: ____ Yes ____ No ____ Conditional

Conditions or Comments:

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