

VICTORY ♦ BIBLE ♦ INSTITUTE



A P P L I C A T I O N

## **VBI APPLICATION CHECKLIST**

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All applicants must submit the following to complete the application process:

- \$25 Application Fee
- Photograph (head shot)
- Pastoral Recommendation
- Personal Recommendation
- Copy of high school diploma or equivalent
- International Applicants must also contact the VBI office for an additional packet which must be filled out and returned, in order to complete the application process.

Application fee and all documents should be submitted to:

Victory Bible Institute  
7700 South Lewis  
Tulsa, OK 74136  
– or –  
[www.vbitulsa.org](http://www.vbitulsa.org)





# VICTORY BIBLE INSTITUTE

7700 South Lewis  
Tulsa, OK 74136  
(918) 491-7600  
vbi@victorytulsa.org  
www.vbitulsa.org

## APPLICATION FOR ADMISSION

### OFFICE USE ONLY

Application Fee \_\_\_\_\_  
Photograph \_\_\_\_\_  
Pastoral Recommendation \_\_\_\_\_  
Personal Recommendation \_\_\_\_\_  
H.S. Diploma or Equivalent \_\_\_\_\_  
Entered into Computer \_\_\_\_\_

Domestic       International  
 Approved       Not Approved

Student ID # \_\_\_\_\_

*PLEASE TYPE  
OR PRINT  
ALL  
INFORMATION*

Attach a  
Recent Photograph  
Here

## PERSONAL INFORMATION

Full Legal Name  Mr.       Mrs.       Miss       Rev.

First Name \_\_\_\_\_ Last \_\_\_\_\_

Preferred Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Month Day Year

Place of Birth City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Citizen of  USA       Other (please specify country) \_\_\_\_\_

Permanent Resident/Green Card       U.S. Visa Type: \_\_\_\_\_

# of Years in the U.S. \_\_\_\_\_

Marital Status  Single       Engaged       Married       Separated       Divorced       Widowed

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

How did you learn about VBI? \_\_\_\_\_

# FAMILY INFORMATION

Spouse's Name First \_\_\_\_\_ Last \_\_\_\_\_  
Occupation \_\_\_\_\_  
Denominational Preference \_\_\_\_\_  
Has your spouse accepted Christ as his/her personal Savior?  Yes  No How long ago? \_\_\_\_\_  
Is your spouse in favor of you attending VBI?  Yes  No

Father's Name First \_\_\_\_\_ Last \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_  
Denominational Preference \_\_\_\_\_

Mother's Name First \_\_\_\_\_ Last \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_  
Denominational Preference \_\_\_\_\_

# SPIRITUAL INVENTORY

Home Church \_\_\_\_\_ Denomination \_\_\_\_\_  
Pastor's Name First \_\_\_\_\_ Last \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
How long have you attended? \_\_\_\_\_

Have you accepted Christ as your personal Savior?  Yes  No How long ago? \_\_\_\_\_

Since you have been born again, have you used or been involved in the following? (If yes, how long ago?)

- |   |             |              |   |             |              |
|---|-------------|--------------|---|-------------|--------------|
| <input type="checkbox"/> Alcohol          | _____ years | _____ months | <input type="checkbox"/> Homosexuality      | _____ years | _____ months |
| <input type="checkbox"/> Drugs            | _____ years | _____ months | <input type="checkbox"/> Pornography        | _____ years | _____ months |
| <input type="checkbox"/> Gambling         | _____ years | _____ months | <input type="checkbox"/> Sexual Promiscuity | _____ years | _____ months |
| <input type="checkbox"/> Eating disorders | _____ years | _____ months |   |             |              |

## E D U C A T I O N A L   I N F O R M A T I O N

Are you a high school graduate?    Yes    No    If no, do you have a GED?    Yes    No

Please list all academic institutions beginning with high school.

Name & Address of School	Dates From/To	Courses of Study	Degree or Diploma
List any special ministry experience or talents:			

## F I N A N C I A L   I N F O R M A T I O N

How do you plan to pay for school expenses?

- Personal Employment                       Spouse's Employment  
 Savings     Other (list) \_\_\_\_\_

Do you have financial obligations that will hinder your commitment to VBI?    Yes    No

If yes, list below.

Creditor Name	Starting Dates	Current Balance	Monthly Payment

Do you owe any student loans?    Yes    No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# HEALTH INFORMATION

Give a brief statement of the general condition of your health.

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Have you been diagnosed with any medical illness in the last 2 years?  Yes  No (If yes, please explain)

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Are you presently taking prescriptions of any kind?  Yes  No (If yes, please explain)

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Do you have any physical conditions, mental illness, weaknesses or chronic diseases that could interfere with your performance at VBI?  Yes  No (If yes, please explain)

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In case of a medical emergency, whom should we contact?

Name First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

# MEDICAL CONSENT

I, the undersigned, do hereby state that on the date indicated I grant full permission to Victory Bible Institute, or any related or consulting physician, to render or give emergency medical care or treatment that is deemed necessary. I also state that, should extended hospitalization be required, I grant complete permission for such care and treatment to be given. I also state that by granting such permission, I absolve Victory Bible Institute of any financial liability pertaining to such medical treatment or hospitalization.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# CODE OF HONOR

Honor is a concept that is one of the cornerstones of the Christian faith. The term honor means integrity, upright, respect or having a good name. By signing the Code of Honor, you are committing to living a lifestyle of the highest level. In this act of commitment, you are recognizing that Victory Bible Institute is committed to helping you live a life of the highest caliber with regard to reputation, respect, honesty and moral integrity.

My signing today is my acknowledgement to honor the Lord Jesus Christ, Victory Bible Institute, and to adhere to the following:

- I commit to apply myself wholeheartedly to my academic studies and intellectual pursuits for the glory of God.
- I commit to grow in my spiritual pursuits by developing a personal relationship to the Lord Jesus Christ through Bible study, prayer and worship.
- I commit to developing the whole person in body, mind and spirit.
- I commit to cultivating good relationships by a lifestyle of integrity and honesty. In so doing, I will not lie, cheat, steal or gossip.
- I will promote a lifestyle that will influence all other students positively.
- I commit to take care of my financial obligations, including Victory Bible Institute, VBI housing and other personal obligations in a responsible and timely manner.
- I commit to live a life of purity and integrity. To this end, I will keep from any illegal or unethical acts. This would include but not be limited to sexual immorality, sexual misconduct, homosexual behavior, the taking of illegal drugs, the drinking of alcoholic beverages, and the viewing of pornographic materials including internet pornography. I will not physically or verbally abuse any person or thing.
- I commit to pursue God's will for my life and to live a life of service while attending VBI.
- I commit to be punctual and to attend all required classes, services and activities held by Victory Bible Institute and my local church.
- I commit to demonstrate integrity in all of my personal and academic pursuits. I will not lie, cheat or participate in any academic dishonesty including plagiarism or cheating.
- I commit to abide by the rules and regulations of VBI which may from time to time be altered or changed by the institution. I understand that in order to maintain the highest levels of training and to safeguard its ideals of spiritual and moral values, VBI reserves the right to require the withdrawal of any student if, in the judgment of the Director of Victory Bible Institute or the administrative team of Victory Christian Center, the conduct of the student is deemed to violate VBI's ideals of scholarship or its spiritual or moral atmosphere as a Christian institution.

The signing of the Code of Honor acknowledges I have read and agreed to the above criteria for admittance into VBI. Any violation of this Code is grounds for dismissal by Victory Bible Institute.

## STATEMENT OF TRUTH

I, the undersigned, hereby state that the information contained in this application is true and correct. I understand that if Victory Bible Institute is notified that any information contained in this application is false, it will be grounds for either denial of admission or immediate dismissal from VBI.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## PASTORAL RECOMMENDATION

### This section should be completed by the applicant.

Name First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

I authorize the pastor listed on this form to complete this recommendation and return it to Victory Bible Institute. I understand that this form is confidential and that I will not be entitled to review the completed document. I release this pastor and Victory Bible Institute from all claims, liabilities and damage that could arise from disclosure of information consistent with authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### A pastor should complete this section.

Pastor's Name First \_\_\_\_\_ Last \_\_\_\_\_

Church Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # Day \_\_\_\_\_ Evening \_\_\_\_\_

Denomination \_\_\_\_\_

- How long have you known the applicant? \_\_\_\_\_
- How well do you know the applicant?  Very Well  Well  Casually
- Do you believe the applicant has a personal relationship with Jesus Christ?  Yes  No
- Do you believe the applicant possesses the necessary qualities to succeed at VBI?  Yes  No  
If no, what are they lacking? \_\_\_\_\_

Rank the following areas:	Excellent	Above Average	Average	Below Average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submission to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

Is there any reason why the applicant should not be admitted to Victory Bible Institute?  
\_\_\_\_\_

Based on the above information, I  strongly recommend  recommend  do not recommend this applicant for admission.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## PERSONAL RECOMMENDATION

### This section should be completed by the applicant.

Name First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

I authorize the person listed on this form to complete this recommendation and return it to Victory Bible Institute. I understand that this form is confidential and that I will not be entitled to review the completed document. I release this person and Victory Bible Institute from all claims, liabilities and damage that could arise from disclosure of information consistent with authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### A friend should complete this section.

Name First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

- How long have you known the applicant? \_\_\_\_\_
- How well do you know the applicant?  Very Well  Well  Casually
- Do you believe the applicant has a personal relationship with Jesus Christ?  Yes  No
- Do you believe the applicant possesses the necessary qualities to succeed at VBI?  Yes  No  
If no, what are they lacking? \_\_\_\_\_

Rank the following areas:	Excellent	Above Average	Average	Below Average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submission to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

Is there any reason why the applicant should not be admitted to Victory Bible Institute?  
\_\_\_\_\_

Based on the above information, I  strongly recommend  recommend  do not recommend this applicant for admission.

Signature \_\_\_\_\_ Date \_\_\_\_\_