

**Faith Impact Bible Institute**  
**New Orleans, Louisiana 70126**  
**Admission Application**  
**FAX: 504-246-3071**

"Together we can make your dreams come true".

Directions: Please read carefully before completing this application.

Note: Type or Print in ink all information.

Freshman  Transfer  Graduate Student

Entry Date: Fall  Spring  Summer

\_\_\_\_\_

Last Name, First, Middle Initial

\_\_\_\_-\_\_\_\_-\_\_\_\_

Social Security #

\_\_\_\_\_

Permanent Home Address    State    Zip Code

\_\_\_\_\_

Home Telephone    Date of Birth    Gender

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address if different from student: \_\_\_\_\_

EDUCATIONAL DATA

Name of High School    City/State    Graduation Date

\_\_\_\_\_

Name of College    City/State    Hours/Degree Earned

\_\_\_\_\_

\_\_\_\_\_

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

\$25.00 Application Fee must be forwarded with this application.