



COASTAL GEORGIA BIBLE INSTITUTE AND LEADERSHIP ACADEMY

P O Box 2736 ~ Brunswick, GA 31521 ~ coastalgeorgiabible@gmail.com

APPLICATION FOR ADMISSION

Name _____ Date of Application: _____
First Middle Initial Last

Address: _____

City: _____ State _____ Zip Code _____ Birthdate: _____

Cell Phone: _____ Alternate Phone: _____

E-Mail Address: _____ Occupation: _____

Marital Status (Check One): Married Single

Emergency Contact:

Name _____ Phone _____ Relationship _____

PROGRAMS OF STUDY (SELECT ONE)

- Certificate in Biblical Studies
- Certificate in Pastoral Leadership
- Certificate in Church Ministries with Focus Area

Specialized Ministries

- Deacons Ministry
- Ministry of Helps (Armor Bearer)
- Mission Ministry
- Recovery Ministries
- Lay Counseling
- Children/Youth Ministry

Church Affiliation _____ City _____ State _____

Are you a member of this church? Yes ___ No

In what church ministries are you currently involved?

Do you operate an independent ministry? Yes No If yes, what is the name/nature of your ministry?

FORMAL EDUCATION (circle highest grade completed)

Grammar School	6	7	8	9	10	11	12
College	1	2	3	4	Master's Degree	Doctorate	

Name of the College: _____ Years Attended: _____

By signing this application form I am indicating that I am in full agreement with the doctrinal statement of Coastal Georgia Bible Institute and Leadership Academy. If I am accepted as a student, I agree to abide by the policies set forth in the catalog of the Institute.

Signature _____ Date _____

My name typed on the signature line above serves as my official signature for an online application.

Download, print and mail your application to:

Coastal Georgia Bible Institute
Attn: Admissions
P O Box 2736
Brunswick, GA 31521

Please enclose a non-refundable application fee of \$50.00

OR

Submit your application online to institute.dean@gmail.com

Online application will not be processed without \$50 application fee paid [HERE](#)