



Maranatha Bible Institute

Attach photo here

Application for Admission

Maranatha Bible Institute admits students of any race, color, gender, nationality or ethnic origin to all rights, privileges, programs and activities generally made available to students at the college. Maranatha Bible Institute does not discriminate on the basis of race, color, gender, nationality, ethnic origin or disability in the administration of its educational policies, admissions policies or any school administered program.

Personal Information

Semester you wish to enter Maranatha Bible Institute: Fall (Sept.) _____ Spring (Jan.) _____
year year

Name: _____
Last First Middle

Address: _____
Street Apt. #

City State Zip

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail address: _____

Social Security No.: _____ - _____ - _____ Date of Birth: ____/____/____ Age: ____
mm dd yy

Gender: Male Female

Marital Status: Single Engaged Married Divorced Widowed

Maiden Name: _____ If divorced, date finalized: _____

Have you been previously enrolled at MBI? Yes No *If yes, when?* _____

Race/Ethnicity:

- Caucasian African American/Black Hispanic/Latino Origin
- Asian Native American/Alaskan Native Multiracial
- Native Hawaiian or other Pacific Islander

Citizenship:

Country of Birth: _____ Country of Citizenship: _____

Country of Permanent Residency: _____

Personal Reference

Please give information of a close, Christian (not a family member) who has known you and your lifestyle for a minimum of one year. This individual should complete the personal recommendation form included in this application.

Name: _____

Address: _____

Home Telephone (_____) _____ City _____ State _____ Zip _____
Cell Telephone (_____) _____

Enrollment Information

Currently, I plan to enroll in the following concentration (*check only one, please*):

Biblical Studies Independent Course Study

Do you plan to enter Full-Time Ministry? Yes No

Family

If married, spouse's full name: _____

Children/Dependents:

Name	Age	Male/Female	Living With You?
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education/Academic Information

High School Attending/Attended _____

City/State _____ Year of graduation _____

For information purposes please list ALL colleges and universities attended

Name of College	Date Entered	Date Withdrew	Course of Study/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment

Name of Current Employer: _____

Name of Employer	Position Held	From (mo/yy)	To (mo/yr)
Previous Employer	_____	_____	_____

Name of Employer	Position Held	From (mo/yy)	To (mo/yr)
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Name of Employer	Position Held	From (mo/yy)	To (mo/yr)
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If you are currently unemployed, please explain: _____

Christian Service

Please check services/activities in which you are currently involved in your church:

- | | | |
|---|--|--|
| <input type="checkbox"/> Church Volunteer | <input type="checkbox"/> Music Program | <input type="checkbox"/> Mission Trips |
| <input type="checkbox"/> Prayer Group | <input type="checkbox"/> Church Leadership | <input type="checkbox"/> Sunday School Teacher |
| <input type="checkbox"/> Youth Group | <input type="checkbox"/> Community Service | <input type="checkbox"/> Drama/Performances |
| <input type="checkbox"/> Student Council | <input type="checkbox"/> Other _____ | |

Are you an ordained or licensed minister? Yes No *If yes, credentials issued by:*

Spiritual/Health

When were you born again? ____/____/____
mm dd yy

Have you lived a consistent Christian life since conversion? Yes No *If no, please explain:*

Church currently attending: _____ Denomination: _____

Senior Pastor's Name: _____

Church Address: _____

Street

City _____ State _____ Zip _____ Country _____
Telephone (____) _____ Are you a member? Yes No *If yes, how long?* _____

Please indicate if you have been involved in any of the following activities in the **past two years (only)**. If none, write "NA":

- | | |
|---|---|
| <input type="checkbox"/> Smoking/Tobacco use from ___/___ to ___/___ | <input type="checkbox"/> Drinking Alcohol from ___/___ to ___/___ |
| <input type="checkbox"/> Pornography from ___/___ to ___/___ | <input type="checkbox"/> Illegal Drug Use from ___/___ to ___/___ |
| <input type="checkbox"/> Homosexuality/Lesbianism from ___/___ to ___/___ | <input type="checkbox"/> Fornication/Adultery from ___/___ to ___/___ |
| <input type="checkbox"/> Child Abuse from ___/___ to ___/___ | <input type="checkbox"/> Other Immoral Acts from ___/___ to ___/___ |
| <input type="checkbox"/> Cult/Occult Involvement from ___/___ to ___/___ | |

Comments: _____

Have you ever been arrested? Yes No *If yes, please explain:* _____

Date of arrest: _____ Were you convicted? Yes No

Have you ever sought psychiatric/professional counsel for a mental or emotional condition*?

Yes No *If yes, list dates and explain:* _____

Please list any health issues, which require special attention or might limit your participation in any aspect of college life*:

List any prescribed medication you are taking*:

Name of health care provider: _____

**These questions asked in order to provide better services to the applicant.*

Emergency Contact:

Please give information of a close relative (not a spouse) or a friend who we may contact in case of emergency:

Name: _____ Relationship: _____

Address: _____

Street City State Zip
Home Telephone (_____) Cell phone (_____) _____

Application Agreement

I understand that all items obtained by Maranatha Bible Institute in the application process become the permanent property of MBI and will not be returned. I understand the information contained on the personal, pastoral and spousal recommendations is confidential. I waive my right to review this confidential material. I hereby state all the information I have provided in this application is true and correct. I understand that MBI reserves the right to revoke admission on the basis of misrepresentations or omissions in the application. Submission of this application in no way guarantees or implies acceptance and/or enrollment as a student to MBI. If MBI is notified at any time that any information is false or misleading, it will be grounds for my immediate dismissal from MBI.

I agree that Admissions Committee at MBI in under no obligation to disclose the basis for my acceptance or denial.

I hereby grant authorization to MBI and any related physician to render and/or give emergency medical aid, care or treatment they deem necessary.

Signature: _____ Date: _____

Maranatha Bible Institute

Pastoral Recommendation

Pastor: Send this form directly to MBI.

Do not return it to the applicant.

TO THE APPLICANT:

This recommendation form should be completed by your Pastor and mailed directly by him/her to the MBI Admissions Office. If an immediate family member is the pastor of your home church, then an elder, deacon or other church officer **must** act as the pastoral reference for you. Please sign the following waiver prior to giving this form to your Pastor or church leader.

I hereby waive my right to review this confidential recommendation which becomes a part of my admissions file.

Please Print

Name: _____ Signature: _____
Address _____ Phone: (____) _____

TO THE PASTOR:

The above named applicant is applying for admission to Maranatha Bible Institute. Serious consideration will be given to your comments; therefore, your cooperation in completing this form as candidly and prayerfully as possible will be greatly appreciated. All information provided on this form will be held in the strictest confidence.

Name: _____ Position: _____
Address: _____ Office Phone: (____) _____
City/State/Zip: _____ Home Phone: (____) _____
Church Name: _____ Average Sunday AM Worship Attendance: _____
Address: _____ Church Denomination: _____
City/State/Zip: _____ Are you related to the applicant? Yes No
E-mail Address: _____ If yes, how are you related? _____

How long have you known the applicant? _____

How well do you know him/her? (check one)

Very close pastoral relationship Fairly well with numerous personal contacts
 Casually with few personal contacts Only by name and sight

Has the applicant demonstrated a personal commitment to Jesus Christ? Yes No

To what extent is the applicant engaged in church activities?

Attends regularly, enthusiastically and deeply involved
 Attends regularly, cooperative and willing to help
 Attends regularly, seldom participates in activities
 Attends irregularly, with minimal participation
 Attends irregularly, no participation
 Unknown

In what form of Christian service has the applicant been a participant? _____

What type of spiritual influence is applicant on peers?

Strengthening Negative
 Neutral I do not know

Does the applicant smoke? Yes No Unsure

Does the applicant drink? Yes No Unsure

Has the applicant lived a consistent moral life?

Yes No Unsure

If no or unsure, please comment: _____

Are there family conditions which might hinder the applicant's college work or effectiveness in full-time ministry? _____

Is there anything about the applicant's life, past or present, which should be called to our attention? _____

PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS: (If you are unsure, leave that line blank.)

Overall spiritual condition	<input type="checkbox"/> Deeply spiritual	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Carnal
Knowledge of the Scriptures	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Well versed	<input type="checkbox"/> Average	<input type="checkbox"/> Fair
Passion for souls	<input type="checkbox"/> Burdened	<input type="checkbox"/> Average	<input type="checkbox"/> Casual	<input type="checkbox"/> Indifferent
Spiritual growth	<input type="checkbox"/> Remarkable	<input type="checkbox"/> Progressive	<input type="checkbox"/> Slow	<input type="checkbox"/> Stagnant
Responses to authority	<input type="checkbox"/> Very open	<input type="checkbox"/> Respectful	<input type="checkbox"/> Resistant	<input type="checkbox"/> Rude
Seriousness of purpose	<input type="checkbox"/> Extremely focused	<input type="checkbox"/> Purposeful	<input type="checkbox"/> Limited	<input type="checkbox"/> Vacillating
Initiative	<input type="checkbox"/> Strongly motivated	<input type="checkbox"/> Motivated	<input type="checkbox"/> Inverted	<input type="checkbox"/> Passive
Academics	<input type="checkbox"/> Highly intelligent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Reliability	<input type="checkbox"/> Conscientious	<input type="checkbox"/> Dependable	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Unreliable
Emotional stability	<input type="checkbox"/> Exceptional mature	<input type="checkbox"/> Very stable	<input type="checkbox"/> Unstable	<input type="checkbox"/> Unbalanced
Adaptability	<input type="checkbox"/> Adjusts well	<input type="checkbox"/> Average	<input type="checkbox"/> Ill at ease	<input type="checkbox"/> Poor
Work Ethic	<input type="checkbox"/> Seeks added work	<input type="checkbox"/> Does assignment	<input type="checkbox"/> Passive	<input type="checkbox"/> Poor habits
Reaction to difficulties	<input type="checkbox"/> Victorious	<input type="checkbox"/> Accepting	<input type="checkbox"/> Struggles	<input type="checkbox"/> Bitter
Overall attitude	<input type="checkbox"/> Very respectful	<input type="checkbox"/> Above average	<input type="checkbox"/> Passive	<input type="checkbox"/> Critical
Organizational ability	<input type="checkbox"/> Very gifted	<input type="checkbox"/> Effective	<input type="checkbox"/> Average	<input type="checkbox"/> Not effective
Leadership	<input type="checkbox"/> Excellent leader	<input type="checkbox"/> Gifted	<input type="checkbox"/> Limited	<input type="checkbox"/> Not a leader
Personal appearance	<input type="checkbox"/> Very sharp	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Untidy
Financial accountability	<input type="checkbox"/> Beyond reproach	<input type="checkbox"/> Honest	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Not faithful
Morality	<input type="checkbox"/> Unquestionable	<input type="checkbox"/> Above average	<input type="checkbox"/> Fair	<input type="checkbox"/> Bad
Health	<input type="checkbox"/> Robust	<input type="checkbox"/> Good condition	<input type="checkbox"/> Average	<input type="checkbox"/> Poor health
Perseverance	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Waivers	<input type="checkbox"/> Weak

OVERALL EVALUATION OF THE APPLICANT:

Excellent Above average Average Questionable

I RECOMMEND THIS APPLICANT TO MBI:

Without reservation With reservation I am unable to recommend at this time.

Comments:

Signature: _____ Date: _____

Maranatha Bible Institute

Personal Recommendation

PLEASE: Send this form directly to MBI.

Do not return it to the applicant.

TO THE APPLICANT:

This recommendation form should be completed by of a close, Christian (not a family member) who has known you and your lifestyle for a minimum of one year and mailed directly by him/her to the MBI Admissions Office. Please sign the following waiver prior to giving this form to your Pastor or church leader. I hereby waive my right to review this confidential recommendation which becomes a part of my admissions file.

Name: _____ Signature: _____
Address _____ Phone: (____) _____

TO THE RESPONDENT:

The above named applicant is applying for admission to Maranatha Bible Institute. Serious consideration will be given to your comments; therefore, your cooperation in completing this form as candidly and prayerfully as possible will be greatly appreciated. All information provided on this form will be held in the strictest confidence.

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City/State/Zip: _____ Are you related to the applicant? __ Yes __ No
E-mail Address: _____ If yes, how are you related? _____

How long have you known the applicant? _____

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What type of spiritual influence is applicant on peers? _____

Strengthening Negative
 Neutral I do not know

Does the applicant smoke? Yes No Unsure

Does the applicant drink? Yes No Unsure

Has the applicant lived a consistent moral life?

Yes No Unsure

If no or unsure, please comment: _____

Are there family conditions which might hinder the applicant's college work or effectiveness in full time ministry? _____

Is there anything about the applicant's life, past or present, which should be called to our attention? _____

PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS: *(If you are unsure, leave that line blank.)*

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OVERALL EVALUATION OF THE APPLICANT:

Excellent Above average Average Questionable

I RECOMMEND THIS APPLICANT TO MBI:

Without reservation With reservation I am unable to recommend at this time.

Comments:

Signature: _____ Date: _____

Maranatha Bible Institute
2910 Kanawha Terrace St. Albans, WV 25177
Toll free: 1(877) 776-6271 Phone: (304) 722-6271 Fax: (304) 722-4717

Maranatha Bible Institute

Medical Information Form

PLEASE TYPE OR PRINT

General Information

CLASSIFICATION *(check one)*

- New Freshman Fall,
- Re-Activation
- Special student

ENROLLMENT DATE *(check one)*

- Fall, 20__
- Spring, 20__
- Summer, 20__

Health History

PERSONAL INFORMATION

Name _____ Social Security No. _____ / _____ / _____
Last First Middle

Address _____ Gender: _____
Street City State Zip

Marital Status: _____ Daytime Phone (____) ____ - _____ Evening Phone (____) ____ - _____

Date of Birth ____/____/____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

Phone (____) ____ - _____

FAMILY MEDICAL HISTORY: Have any of your relatives had any of the following diseases/disorders? If yes, please explain relationship to you.

	Yes	No	Relationship	Yes	No	Relationship	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mental	<input type="checkbox"/>	<input type="checkbox"/>	_____
Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____

PERSONAL HISTORY: Have you ever experienced any of the following? If yes, give approximate age.

	Yes	No	Age		Yes	No	Age
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____	Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	Emotional Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Malaria	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____	Use of Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Use of Drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	_____	Use of Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Impaired Sight	<input type="checkbox"/>	<input type="checkbox"/>	_____	Use of Tranquilizers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	_____	Regular Use of Diet Pills	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____	Typhoid Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Draining Ears	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other illness(es): _____				Surgeries past 5 years: _____			

Maranatha Bible Institute
 2910 Kanawha Terrace St. Albans, WV 25177
 Toll free: 1(877) 776-6271 Phone: (304) 722-6271 Fax: (304) 722-4717

Application Checklist

Before you submit your completed application, take a few moments to check and make sure that the following items have been included or requested to be sent to MBI.

Application for Admission

All questions on the application must be answered. If a question does not apply to you write "NA" (Not Applicable) in the blank. Please print or type your responses. Application **MUST** be signed and dated.

Social Security Number

MBI is required to obtain social security numbers on all prospective students (except international applicants).

\$25 Clerical Fee

\$25 Registration Fee

The application process begins with your completed application AND the accompanying non-refundable application fee. Make your money order or cashier's check payable to Maranatha Bible Institute. DO NOT send cash or check. Visa, MasterCard or Discover is accepted.

Current Photograph

A recent photograph must be attached to the application. Your application will NOT be processed without a photo.

Autobiographical Sketch

Your personal testimony should be typed on a separate page consisting of approximately **300-500** words. Use one inch margins, size 12-point font and double spacing. Grammar, cohesion and paragraph development will be examined carefully by the Admissions Committee. In the testimony you will need to indicate your Christian experience, commitment to God, description of your life, and anything you consider important that must come to the attention of the Committee.

Pastor's Recommendation

The form must be completed by the current pastor of your home church and mailed directly to MBI. An elder or youth pastor can complete the form if you attend a church with a large congregation. If the pastor is an immediate family member an associate pastor or elder must complete the form. MBI Admissions Committee looks for a **minimum** of a one year history of service in a local church. Make sure to fill out the top portion of the form.

Official High School Transcript or a GED

All applicants must have completed high school or GED equivalency. Applicants who have not completed high school or a GED are not eligible for enrollment. Please have an **official** copy of your high school transcript or GED certificate and scores sent directly to MBI Admissions Office. Home-schooled students must submit a transcript that included grades received, courses completed, and date of graduation (or date of intended graduation).

Should you have any additional questions as you are completing the application, please call toll free at 1(877) 776-6271 or locally at (304) 722-6271. Our fax number is (304) 722-4717. All hard copy forms must be mailed to: 2910 Kanawha Terrace, St. Albans, WV 25177.

Maranatha Bible Institute

2910 Kanawha Terrace St. Albans, WV 25177

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