



MORIAH

INSTITUTE OF CHRISTIAN STUDIES

PO Box 36098, Fayetteville, NC 28303
(910) 323-2970 www.MoriahInstitute.com

ADMISSION APPLICATION

*Please enclose \$45
application fee*

Please print in black ink or type

Name: Last First Middle Maiden

Mr. Ms.

Social Security No.

- -

Date of Birth

- -

MM

DD

YYYY

Address: _____

Home Phone: _____

Email: _____

Employer _____

Work Phone: _____

Church Name _____

Pastor's name: _____

Have you been active in Christian Work? _____ If yes, in what capacity? _____
(Use reverse side or additional paper if necessary)

=====

High School : _____ Year Graduated _____ Diploma? _____ GED? _____

Educational Institutes of Higher Learning:

<i>Name</i>	<i>Dates of Attendance</i>	<i>Degree/Diploma/Certificate</i>
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Student Signature _____ **Date** _____

FOR OFFICE USE ONLY

Date Received _____ Amount Paid \$ _____ Ck# _____ Campus Code: **NC100**