

**Preliminary Application for Admission to
SouthWest School of the Bible**

*Please fill out the information requested and return this
form to the SWSB Office.*



SouthWest School of the Bible
Attn: Registrar
590 N 96th Street
Mesa AZ 85207

Your First Name: _____

Your Last Name: _____

Address: _____

City/State: _____

Country: _____

Phone Number, with Area Code: _____

Church of which you are a member: _____

Church Address: _____

Please indicate highest level of education achieved:

High School

Some Post-High School/College

4-year College Degree or equivalent

Master's Degree or equivalent

Doctorate or equivalent

Other (Explain) _____

How long has it been since you were last a student? _____

Your Date of Birth: _____

Gender: Male Female

Why do you want to study at SouthWest School of the Bible?

References:

Your Pastor's Name: _____

Pastor's Address: _____

Pastor's Phone: _____

Pastor's E-mail: _____

Please provide contact information for two additional personal references, other than your Pastor.

Personal Reference #1

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Relationship to you: _____

Personal Reference #2

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Relationship to you:

Please Note: We will contact the references you give us to ask about your character, your Christian faith, and whether or not you are recommended for study at SWSB. By signing below you authorize this contact.

Signature: _____

Date: _____