



**SCRIPTURE THERAPY
COLLEGE & SEMINARY**
The way is His. The path is yours!

Scripture Therapy® College & Seminary

(A Division of Scripture Therapy Center, Inc.)

340 E. First St. #3617, Tustin, CA. 92781-9998

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STUDENT ENROLLMENT APPLICATION

It is **Scripture Therapy® College & Seminary's** (STC&S) policy to provide all persons with equal opportunity to education, accept as otherwise exempted by law, without regards to race, color, sex, national origin or other similar factors defined by law.

INSTRUCTIONS: This application is part of your evaluation, and the application and attachments become the property of STC&S. Please answer all questions completely and accurately.

Type or print legibly in ink

Name (Last - First - Middle)		Social Security Number (last four)
Address (Number -Street)		Telephone Number
City – State – Zip		Work or Message Telephone
Email	Website:	Date of Birth

Check the highest grade you have completed

1 3 5 7 9 11 12+
 2 4 6 8 10 12

High School Completion

Yes No High School Graduate
 Yes No Passed High School Equivalency Test

List colleges, institutions, vocational schools attended. *Attach additional sheets if necessary.

Name of Institution	Location	Degree Earned	Course of Study	Date Earned	Units Completed

List all valid academic and administrative credentials held.

Type	Subject Matter Area

PROFESSIONAL LICENSES/CERTIFICATES

List all licenses and/or certificates and expiration dates.

PLEASE READ CAREFULLY BEFORE SIGNING

I certify the answers given by me to the foregoing are true and correct without consequential omissions of any kind. I agree that STC&S, its principals or agents shall not be liable in any respect if my enrollment is terminated because of omissions or false statements made by me on this application. I authorize STC&S, or persons identified by STC&S to give information regarding my education and training or release such persons from all liability in issuing this information.

Furthermore, I authorize all individuals, schools, forms named by STC&S to provide any information requested about me, and I release them from all liability for damage in providing this information. I understand that an offer to enrollment at STC&S is valid only if it is from STC&S. I also understand that this application is not a contract for enrollment or any other purpose.

Signature: _____

Date: _____