



„Christ For The Nations – Poland” Bible School

## APPLICATION FORM

Please use BLOCK CAPITAL LETTERS to fill in the form below

**When do you want to start learning?**  Autumn  Spring Year 20 \_\_\_\_\_

Name and surname \_\_\_\_\_

Address: Street \_\_\_\_\_ House and apartment number \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Post Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of completion of secondary education \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_

Marital status:  Single  Married  Separated  Divorced  Widowed

When did you accept Jesus Christ as your personal Savior? \_\_\_\_ / \_\_\_\_

Do you regularly attend church?  Yes  No

Are you a member of the church?  Yes  No

Have you been involved the church ministry? (specify below)

\_\_\_\_\_  
\_\_\_\_\_

The name of your church / denomination \_\_\_\_\_

Your pastor's name \_\_\_\_\_

Your pastor's telephone number \_\_\_\_\_

Your church address \_\_\_\_\_

Church e-mail: \_\_\_\_\_

### EDUCATION

High School: \_\_\_\_\_ Years of study from-to \_\_\_\_\_ Completed:  Yes  No

College: \_\_\_\_\_ Years of study from-to \_\_\_\_\_

Academic title: \_\_\_\_\_

Other: \_\_\_\_\_ Years of study from-to \_\_\_\_\_

### WORK EXPERIENCE

Current workplace: \_\_\_\_\_

Address: \_\_\_\_\_

Years of work from-to: \_\_\_\_\_

Activities performed: \_\_\_\_\_



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Have you ever been convicted?  Yes  No

If yes, briefly describe:

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How are you going to pay for the school tuition?

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How did you hear about our school?

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I hereby declare that I am aware of the CFN rules and requirements and I accept them and will comply with them during my studies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Photography

Your  
application is  
incomplete  
without your  
photo

*Note! The School Director has the right to remove or suspend any student whose behavior is contrary to the requirements of the school.*

***Please return the form to the following address:***

**Stowarzyszenie „Chrystus Dla Narodów - Polska”  
ul. Falista 10  
81-331 Gdynia**

**tel. 0 58 620 01 84**

**Email: [cfn@cfn.org.pl](mailto:cfn@cfn.org.pl)**