



Pastor Marvin E. Smith III
Founder and President

Application for Enrollment into the School of Counseling

Please submit the completed application form to:
Harvest Baptist Bible College
ATTN: ADMINISTRATIVE OFFICE
1940 225th Street, Fort Dodge, IA 50501
PHONE: (515) 532-7537
Email: hbbc.forstudents@gmail.com

(Please Print or Type All Information)

LEGAL NAME: Mr. ___ Mrs. ___ Ms. _____
LAST FIRST MIDDLE

Birthday ___/___/___ Age: _____

Contact phone #: _____ Cell or Home

E-mail Address: _____

Home Address: Street: _____

City: _____ State: _____ Zip Code: _____

HOME CHURCH: _____

Pastor's Name: _____ Church Phone Number: _____

PREVIOUS EDUCATION/TRAINING:

High School:

Name: _____ Address _____

City: _____ State: _____ Graduation Date: _____

G.E.D. _____ Date Completed: _____

College:

Name: _____ Address _____

City: _____ State: _____

Degree Earned: _____

Name: _____ Address _____

City: _____ State: _____

Degree Earned: _____

Please enclose one of the following documents if you will be applying your credits towards a degree:

High School Transcript or Copy of Diploma or G.E.D. (for Associate Degree or Bachelor Degree)

College Transcript(s) or Copy of Diploma (for Masters Degree)

How are you are planning on applying your credits: Circle one

Personal Enrichment Certificate of Completion Associate Degree Bachelor Degree Masters Degree

Payment Plan: Check One

- 8 installments of \$110
- 1 payment of \$800
- 1 payment of \$320 for personal enrichment

Student Signature: _____ Date: _____