

**APPLICATION TO
ADVANCED LATIN@ THEOLOGICAL EDUCATION (ALTE PROGRAM)**
IBE, 3532 W. North Ave., Chicago, IL 60647
Telephone: (773) 252-3929

(Please type or print clearly)

Full Legal Name: Last _____ First _____ Middle _____

Social Security No.: _____ **Citizenship:** _____ **Sex:** __M__F

Current Mailing Address: Street: _____ **Apt. No.** _____

City: _____ **State:** _____ **Zip Code:** _____

Current Phone Numbers: Home: _____ **Work:** _____

Fax: _____ **Email:** _____

Birth Date: _____ **Year** _____

Birthplace: _____

Church Background: What is your denominational affiliation? _____

Name of church you currently attend: _____

Address: _____

City/State/Zip Code: _____

Minister's name: _____ How long have you attended this church? _____

Briefly describe your church involvement (e.g., pastoring, teaching, ministry leadership,)

Are you a licensed minister? ___Yes ___No **Are you ordained:** ___Yes ___No

Current Employer: _____ **Job Title:** _____ **FT**___ **PT**___

Address: _____ **Phone No.** _____

List the last three employers including your current place of employment.

Company Name: _____ **Supervisor:** _____

Address: _____ **Phone No.:** _____

Dates Employed: **Start Date:** _____ **Ending Date:** _____

Company Name: _____ **Supervisor:** _____

Address: _____ **Phone No.:** _____

Dates Employed: **Start Date:** _____ **Ending Date:** _____

Company Name: _____ **Supervisor:** _____

Address: _____ **Phone No.:** _____

Dates Employed: **Start Date:** _____ **Ending Date:** _____

EDUCATIONAL BACKGROUND (INCLUDE THEOLOGICAL EDUCATION)

Name of Institution	Location	Dates of Attendance	Degree Rec'd
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please request transcripts from each of these schools to be sent directly to the ALTE PROGRAM.

Describe your short and long educational term goals as they relate to ALTE.

Reference

Please list the name and address of the pastor, presbyter or teacher/professor who will fill out the enclosed reference form. For confidentiality purposes the recommendation can be mailed or faxed to us only by the person completing the form.

Pastor: _____ Phone No. _____
Address: _____
City/State/Zip Code: _____

How did you hear about ALTE?

Would you like seminary credit for your course work? _____

NOTE:

- Please have the ALTE Pastoral reference form filled out, signed and returned directly to the ALTE PROGRAM
- Complete and sign this application form and return it to the ALTE PROGRAM
- Request official transcripts from the schools that you have attended be sent directly to the ALTE PROGRAM

I hereby make application for admission to the ALTE program and promise to abide by the regulations of the institution and to promote its best interest. I certify that to the best of my knowledge all answers given in this application are correct. I authorize the person I listed in the reference section to give information about me. I agree that this application and all supporting documents submitted will become property of the institution.

Signature _____

Date _____

Mail the completed application to:

ALTE PROGRAM
c/o Instituto Bíblico Ebenezer
3532 W. North Ave.
Chicago, IL 60601-5909

Telephone: (773) 276-7013

Autobiographical Sketch

Type a brief autobiographical sketch (on the back of this form or separate typed sheet). Please discuss your family background, work experiences and other key events surrounding your faith commitment and your decision to pursue theological studies. Please include a brief description of you recall to ministry and the role you want to play.

Name _____

Date _____

Autobiographical Sketch