

# First Faith Theological Seminary Application & Registration Form



## Section I: Personal Information

Name: \_\_\_\_\_

First, Middle Initial, Last

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

Street Address, City, State, Zip Code

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

Telephone Number(s):

\_\_\_\_\_

Home

\_\_\_\_\_

Alternate (Cell / Work) Please Indicate

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

**Section II: Religious Affiliation**

Denomination: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Year(s) of Fellowship: \_\_\_\_\_

Ministry Gift(s) / Calling: \_\_\_\_\_

Church / Ministry Office(s) Held: \_\_\_\_\_

**Section III: Educational History (Returning Students Omit III, IV, & V)**

High School: \_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_  
Name of School, Dates Attended ( / )

\_\_\_\_\_, \_\_\_\_\_  
City & State Certificate, Diploma, Degree

College: \_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_  
Name of School, Dates Attended ( / )

\_\_\_\_\_  
City & State Certificate, Diploma, Degree

Secondary: \_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_  
Name of School, Dates Attended ( / )

\_\_\_\_\_  
City & State Certificate, Diploma, Degree



**Section VI: FFTS Registration Fees / Tuition:**

**Program of Enrollment:**

\_\_\_\_\_ Bachelors Program

\_\_\_\_\_ Masters Program

\_\_\_\_\_ Doctorate Program

\_\_\_\_\_ Certificate Program

**Area of Concentration:**

\_\_\_\_\_ Ministry

\_\_\_\_\_ Biblical Studies

\_\_\_\_\_ Theology

**Administrative Information:**

**Application & Enrollment Fee:** *\$150.00 One Time Fee*

Total Financial Obligation due at time of Registration / Enrollment: \$ \_\_\_\_\_

Mail or fax completed Application and Registration Form to FFTS Corporate Office.

First Faith Theological Seminary  
11402 208<sup>th</sup> Street  
Cambria Heights, NY 11411

**SECTION VII: Attestation of Truth:**

I, \_\_\_\_\_, attest that the information provided is true to the best of my knowledge and I also understand that if any portion is found to be in error; I will be subject to the actions of RBC's Student Judiciary Committee and recommendations made by the Dean of Student Affairs.

\_\_\_\_\_  
Signature and Date

**\* Please print, sign, and fax this document to FFTS's Administrative Office: 917 995 6337**

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**For "FFTS" Official Use Only:**

\_\_\_Application received and processed for Admission;

\_\_\_Admission Letter forwarded to Perspective Student;

\_\_\_Support documentation received and verified;

\_\_\_Course selections made and are appropriate;

\_\_\_Associated Fees have been calculated correctly;

\_\_\_Payment for Tuition & Fees received;

\_\_\_Student in "Good Academic Standing";

\_\_\_Perspective Student cleared for registration via Dean of Student Affairs;