

888.234.7716
www.sbcv.org/studentz



Mail to: SBC of Virginia
4101 Cox Rd, suite 100
Glen Allen, VA 23060



Student Application Form:

CONTACT INFORMATION:

Last Name: _____ First Name: _____ College: _____

Semester Address: _____ City: _____ State: _____ Zip: _____ Box #: _____

Dorm/HousePhone: _____ Cell Phone: _____ Summer Phone: _____

Summer Address: _____ City: _____ State: _____ Zip: _____

Semester E-Mail: _____ Summer E-Mail: _____

PERSONAL INFORMATION:

Gender: _____ DOB: _____ Major/Minors: _____ Year in School: FR SO JR SR+

Home State: _____ Home Church: _____

Local Church: _____ Denomination Affiliation: _____

Have you ever been convicted of a crime? yes no If yes, what? _____ With a Minor? yes no

EXPERIENCE:

Led small groups? yes no Band/led worship? yes no Led recreation? yes no

Drama? yes no Preach? yes no

Describe any service or missions projects: _____

Describe any other ministry experience:

1) _____

2) _____

3) _____

List activities/clubs/ministries currently involved in: _____

List Spiritual Gifts: _____

Please attach your spiritual testimony/salvation experience...