



Branch Application

Please type or print. It is important to complete all information.

Professionalism, neatness and accurateness in completing your application package is important. Mail the completed application and related fees to COHBC, 561 Gilliam Road, Greer, SC 29651. Phone: 864-879-7080
Email: info@cityofhopebc.org

Person Making the Request

Last Name _____ First _____ Middle _____

Street Address _____ City _____ State _____

Zip/Postal Code _____ Country _____

Home Phone _____ Office Phone _____ Fax _____

E-Mail _____

Concerning the Proposed Branch

Proposed Branch Name

Street Address _____ City _____ State _____

Zip/Postal Code _____ Country _____

Cell Phone _____ Office Phone _____ Fax _____

Branch President Nominate

Last Name _____ First _____ Middle _____ Sex _____

Street Address _____ City _____ State _____

Zip/Postal Code _____ Country _____

Home Phone _____ Office Phone _____ Fax _____

E-Mail _____

Web Page (if any) http://www. _____

Birth ___-___-___ SSN/SIN (optional) ___/___/___/ Church Membership _____

Years of Christian Service _____ Highest Academic Level Achieved _____

Education of the Branch President Nominate

Name of College or School Date Graduated Degree or Diploma (You must submit all transcripts reflecting education of branch president)



If the Branch President Nominate is not the Pastor:

Pastor's Name _____ Pastor's Phone _____

Pastor's Address _____ City _____ State _____ Zip _____

Pastor's E-Mail _____ - _____

Branch Startup and Training Fees

Include a check, money order or credit card number for the processing fee of \$300. If your application is approved, you will be notified and asked to pay the \$2,500.00 branch startup fee. *(Fees for branch training will be separate).* The total Branch Fee including processing and branch start up is \$2,800.00.

Include with this application a check, money order, Visa or Master Card number the amount of \$300.00.

___ I have enclosed check number _____ in the amount of \$ _____

___ I wish to use my Visa ___ or Master Card! Number _____ Exp. date _____

___ I have enclosed a money order in the amount of \$ _____

If your application is approved and your background check is cleared, you will be notified. At that time you will be asked to submit the branch fee and the training fee.

Branch Student Enrollment Fees

There is a non-negotiable \$400.00 per year payment to COHBC for each student enrolled in your school. Payments for students can be made to COHBC monthly, quarterly or yearly.

The information on this application is submitted for the purpose of qualifying for a City of Hope Bible College (COHBC) Branch franchise. I hereby certify that the information is true, correct and complete to the best of my/our knowledge, and I/we understand and agree that any falsification of this data is grounds for COHBC refusing to grant me/us the franchise. I/we authorize COHBC to make whatever credit, and/or background investigation inquiries it deems necessary in connection with my/our Branch application. This application shall become a part of the Branch Agreement entered into by the applicant(s) and COHBC. Applicant(s) acknowledge(s) that the information contained herein is relied upon by COHBC as true and that any misrepresentation later discovered shall be grounds to revoke the franchise.

By signing I (we) affirm that all information given in this application is true to the best of my knowledge.

Signatures:

Applicant's Signature Date

Applicant's Signature Date



Affirmation of Commitment

By signing this application I affirm and acknowledge that all persons involved in the operation of this proposed branch will be expected to

... Uphold the standards of the Bible which is the only and true source of divinely written oracles of God.

... Be true to the Christian faith.

... Live a life before God and man that is exemplary of Christian service.

...Live a life that will not bring reproach to Concepts of New Hope Baptist Church, Allen Bruton Ministries, City of Hope Bible College or any other affiliates of COHBC.

...Freely give permission to COHBC to conduct a National Agency Check or other investigations as COHBC deems necessary.

...Acknowledge that the laws of the State of South Carolina, USA shall apply to all matters concerning the proposed branch.

Signature _____ Date: _____

Signature _____ Date: _____

This application must be completed and signed before it will be processed. Do not leave blank spaces. Please call 864-879-7080 if you have questions.

Return the completed application and related fees to COHBC, 561 Gilliam Road, Greer, SC 29651

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COHBC Use Only Date Received: _____ Received by: _____

Background Check _____ Passed _____ Failed Date _____

Approved: ____ Yes ____ No ____ Conditional

Conditions or Comments:

