

City of Hope Bible College

We believe that teaching is our privilege!



Application for Doctoral Degree

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

Professionalism, neatness and accurateness in completing your application package is important.

Submission Options:

Postal Mail: City of Hope Bible College
C/O Dr. Allen Bruton
PO Box 753 Duncan, SC 29334
email-dralbruton@gmail.com

Name _____ Date: _____

Address: _____

City: _____ State _____ (County) _____ Zip _____

Telephone: (Day) (____) _____ - _____ Evening: (____) _____ - _____

Social Security Number: _____ - _____ - _____ D.O.B.: ____/____/____ Sex: _____

Email Address _____

Occupation: _____

Ministry Vocation: _____

Education: (please note highest education level obtained) _____

Last School attended: _____

Did you graduate: Yes No Year: _____

Have you received a Master's Degree Yes No Year: _____

Number of College Credits Completed: _____ Degree Earned _____

In which program are you enrolling?

____ *Doctor of Ministry Degree (DMin)* ____ *Doctor of Theology Degree (ThD)*

* Master's Degree required to enter the COHBC Doctoral program.

Church Affiliation: _____

Church Address: _____ City _____ (County) _____ State _____ Zip _____

Pastor's Name: _____ Telephone: () _____ - _____

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Ministry Experience:

Name: _____ Name of Church: _____

Name of Pastor: _____ Church Phone Number: _____

Type of Service Performed: _____ Years/Months: _____

Payment Information:

I have enclosed my first monthly payment of \$_____ (Minimum payment of \$358.33) for the first month's tuition payment **PLUS** Application Fee of \$ 150.00.

I have enclosed full amount payment of \$_____ Price of Doctoral Degree Program

Credit Card Information:

Visa/Master Card! Number _____ Exp. ____/____ Cvv _____ Zip _____

Signature:

This application must be completed and signed before it can be processed. If you have any questions about the application process, please call (864) 266-2566 or email dralbruton@gmail.com.

Signature of applicant _____

Dated signed _____

Enrollment Checklist:

Please include all items below. . .

- Completely filled out Application
 - \$150 non-refundable Application Fees (cash, check, or money order made payable to COHBC)
 - Proof of education enclosed (copy of Master's degree, transcript, etc.)
 - Statement of Christian Faith and Service/ Christian Experience Biography
 - 2 letters of recommendations (non-relatives)
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Pre-approved, interest free payment plans available for Doctoral degree program. The Standard payment is \$358.33 per month (24 months).