

SOUTH COAST BIBLE INSTITUTE

Dr. Carolyn McGuire
Coquille Foursquare Church
1546 N. Hemlock
Coquille, OR 97423
541-260-0818

APPLICATION/REGISTRATION:

Name: _____

Address: _____

Phone #: _____

E-mail address: _____

Background Information:

Church Currently Attending: _____
Name City

Senior Pastor/Leader: _____ Phone #: _____

Please share with us your reasons for applying to our school:

Date of Salvation: _____

Have you been Baptized with the Holy Spirit? _____ If so, when: _____

Date Term is scheduled to begin: _____

Student Registration: _____ @ \$85/Each \$ _____

Total Due \$ _____