Admission Application

For Questions Contact: robbie.tcor@gmail.com

PERSONAL INFORMATION *

LAST NAME: FIRST :

STREET ADDRESS:

CITY:

STATE/ TERRITORY: COUNTRY

EMAIL ADDRESS: ZIP CODE:

DATE OF BIRTH: CODE / PHONE

EDUCATION

List your previous schools, beginning with the most recent (if none type N/A)

NAME OF COLLEGE:

STREET ADDRESS:

CITY:

STATE / REGION

ZIP CODE:

COUNTRY:

YEARS ATTENDED:

GRADUATED:

CREDITS EARNED:

HIGH SCHOOL:

STREET ADDRESS:

CITY:

STATE/REGION:

ZIP CODE:

GRADUATION YR:

COUNTRY

Any Additional Information:

CHURCH AFFILIATION:

BRIEF DESCRIPTION OF YOUR ROLE:

CHURCH AFFILIATION:

BRIEF DESCRIPTION OF YOUR ROLE:

DESCRIBE YOUR CALLING

DESCRIPTION OF YOUR FUTURE MINISTRY ROLE:

Semester You Wish to Start

Will you require Financial Aid? Provide percentage required

Ready for A Class Catalog?

- ◯ Yes
- ◯ No

E-mail Address for E-Catalog

Any Additional Information or Questions / Comments

Please return this application with the $95 Admissions fee for processing to mailing address: 1456 E Philadelphia Suite 365, Ontario, CA 91761 or via e-mail to robbie.tcor@gmail.com with the Admission fee paid at: https://www.tcorcorporation.org/theios-college