

SCHOOL OF MESSIAH BIBLE INSTITUTE

(Under the Auspice of New Covenant Messianic Ministries Int'l)

Mailing Address: 4040 S. Tyler St., #18, Tacoma, WA 98409

Webmail: ncmmi.20m.com Email: ncmessianicmin@juno.com

APPLICATION FOR ADMISSION

Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Country: USA or Other (If Other Give Country Name): _____

Phone: _____ Email: _____

CHOOSE FROM ACADEMIC PROGRAMS OFFERED

_____ Certificate in Helps Ministries

_____ Certificate in Ministry Leadership

_____ Diploma of Theology

_____ Associate of Theology

_____ Bachelor of Theology

_____ Master of Theology (Independent Study Program)

Do you have a Pastor/Roeh/Moreh? Yes or No

Name of Pastor/Roeh/Moreh: _____

Email of Pastor/Roeh/Moreh: _____

Please provide a letter of recommendation if possible from the Pastor/Roeh/Moreh.

PERSONAL QUESTIONS

1. Are you a believer in the Messiah? Yes or No
2. Do you believe you are called to the ministry of Messiah? Yes or No
3. Are you willing to be available to volunteer your services to SOMBI at the location or remotely as needed? Yes or No

Statement of Commitment

I acknowledge to the best of my knowledge and ability to be a person of integrity to follow the moral guidelines of SOMBI by abstaining from the works of the flesh according to Galatians 5:19-21 and practicing the fruit of the Spirit according to Galatians 5:22-23 during my time as a student/talimid/disciple.

Signature of Student/Talimid/Disciple: _____

Date: _____

Application Fee: \$25.00

Choose Method of Payment:

Check or Money Order (Make payable to “New Covenant Messianic Ministries”)

Paypal (Use website: www.ncmmi.20m.com and click on “Donate” button)

Cash App (Use Cash App Code: \$NCMMI)

Return Admission Application:

By Mail:

SOMBI c/o NCMMI
4040 S. Tyler St., #18
Tacoma, WA 98409

By Email:

ncmessianicmin@juno.com

SOMBI COURSE REGISTRATION FORM

Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Country: USA or Other (If Other Give Country Name): _____

Phone: _____ Email: _____

Course Name: _____ Units: _____

Course Name: _____ Units: _____

Course Name: _____ Units: _____

Total Units: _____

Course Fees: (\$40 per unit)

\$40 x _____ units = \$ _____ Total fees

Choose Method of Payment:

Check or Money Order (Make payable to "New Covenant Messianic Ministries")

Paypal (Use website: www.ncmmi.20m.com and click on "Donate" button)

Cash App (Use Cash App Code: \$NCMMI)

Return Course Registration Form:

By Mail:

SOMBI c/o NCMMI
4040 S. Tyler St., #18
Tacoma, WA 98409

By Email:

ncmessianicmin@juno.com