

**ARIZE INSTITUTE
OF THE FIVE-FOLD
MINISTRY AND
BIBLE COLLEGE**

2024

STUDENT APPLICATION

**Mail Application to:
Bishop Dr. Zella Berry Case
3209 Henderson Field Road,
Mebane, North Carolina 27302**

**School's Mailing ADDRESS:
P.O. BOX 517, CARRBORO, NORTH CAROLINA 27520**

**TELEPHONE: (919) 304-0725
WEBSITE: ARIZEFIVEFOLDMINISTRY.INFO
EMAIL:AFFMBC2019@GMAIL.COM**

Zella Case
[Company name]
1/1/2024



Statement of School's Position

AriZe is a Bible College training ground for anyone who not only has a gift of leadership as seen in those that have been called by Christ into one of the Five-Fold Ministry, Ephesians 4:11-16. but it also a Bible College that anyone who desires to work for Christ as a servant in the gifts of the nine fruit of the spirit (“But the fruit of the Spirit is love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness, and self-control. Against such things there is no law.” (Galatians 5:22-23).

It is a Bible-based institution that is free from control of any denomination. Its goals are to equip, train, instruct, and assist those who have been called into being all that they can be in their God-given talent, e.g., for the “perfecting of the saints.”

WELCOME

Thank you for your interest in ARIZE Institute of the Five-Fold Ministry. We are grateful for your interest in obtaining a Biblical Education. The following information should prove helpful as you submit your application. You are encouraged to read the information carefully.

Please complete the entire application package.

Prior to mailing your application, please write a standout essay (at least two pages) stating your reason for wanting to attend Arize Institute of the Five-Fold Ministry and Bible College.

Include with your application your:

1. Official transcript(s).
 - High School
 - Any attended Colleges
2. Pastor's letter of recommendation (In a sealed enveloped- must be on church/ministry letterhead).
3. Three personal references.
4. Spiritual Autobiography (This should be at least 3 pages, not more than 5 typed pages). Of note: A Spiritual autobiography is a sub-genre of memoir that traces your spiritual journey. Please include in your spiritual autobiography focusing on the spiritual influences and milestones of your life, set in chronological order.

This is a reflection of your spiritual background. Please write in detail. The Spiritual Autobiography is the most important portion of ARIZE in the enrollment process. It is a statement of the your salvation experience, growth in character as a believer in Christ, your call to ministry, and the current ministry that you are involved in for Jesus Christ, our Lord and Savior. ARIZE and its founder, places a great deal of the significance to this document, and must be written in the potential student's own words.

a. Please type your Spiritual Autobiography.



- b. Each of the areas of the Spiritual Autobiography must have a header above them. It must be a paragraph that consists of at least three sentences.
- c. The areas of the Spiritual Autobiography are:
- Salvation Experience
 - Growth in Christian Character
 - Call to Ministry
 - Current Ministry
5. **Your Personal Statement of Faith.** Your statement of faith is simply what you believe.
- Example:*
- In the Holy Scriptures as originally given by God, divinely inspired, infallible, entirely trustworthy; and the supreme authority in all matters of faith and conduct...
- a. One God, eternally existent in three persons, Father, Son, and Holy Spirit...Our Lord Jesus Christ, God manifest in the flesh, His virgin birth, His sinless human life, His divine miracles, His vicarious and atoning death, His bodily resurrection, His ascension, His mediatorial work, and His Personal return in power and glory...
 - b. The Salvation of lost and sinful man through the shed blood of the Lord Jesus Christ by faith apart from works, and regeneration by the Holy Spirit...
 - c. The Holy Spirit, by whose indwelling the believer is enabled to live a holy life, to witness and work for the Lord Jesus Christ...
 - d. The Unity of the Spirit of all true believers, the Church, the Body of Christ...
 - e. The Resurrection of both the saved and the lost; they that are saved unto the resurrection of life, they that are lost unto the resurrection of damnation.



ARIZE Institute of the Five-Fold Ministry and Bible College Application

This application form must be accompanied by an official transcript, e.g., High School or College official who has access to your official records. Please follow these steps so that your application is completed in its entirety.

STEP 1 Complete all questions and signatures requested in the application.

STEP 2 Give the required paperwork, i.e., references to the authoritative figure who is responsible for your admittance to this college.

STEP 3 Make sure you include a statement of any violations of the law for our records only. Depending on the offense, the school will consider having a personal conference with you concerning the matter.

Application for Enrollment

Circle Semester the closest date you wish to enter: January 20____ June 20____ September 20____

Circle the Program of interest.

- Associate in Biblical Studies with emphasis on Christian Education
- Associates in Biblical Studies with emphasis on the Five-Fold Ministry
- Bachelor in Biblical Studies with emphasis on Christian Education
- Bachelor in Biblical Studies with emphasis on the Five-Fold Ministry

Non-Refundable Application Fee of **\$50.00** is due with submission of an application for the Program. (Money Order, Cash app or Check) The college application process can seem intimidating, especially if students don't have parents or siblings who have already been through it and can offer advice. Please do not hesitate to ask for assistance while filling this out.

Registration Fee must be received before the application is processed.



Student's Name _____
 Last First Middle

Address _____
 Street or P.O. Box City State Zip

Social Security Number _____ Birthdate ____ / ____ / ____ Age _____

Birthplace _____ Citizenship Country _____

Home Phone (_____) _____ Work (_____) _____

EMAIL Address _____

Education Background

What is the name of your High School – give the address.

Name _____ Address _____

Did you graduate? Yes No Can you provide your diploma Yes No

List chronologically, beginning with the most recent, all schools attended – Provide a copy of all degrees completed.

NAME OF SCHOOL	ADDRESS	DATE ATTENDED	COMPLETION (YES/NO)

CHECK ONE BELOW

Academic grades have been: Superior Above Average Average Below Average

Do you speak a language other than English? Yes No Provide them: _____

Describe any physical, mental, or emotional problems (heart, hearing difficulty, speech impediment, nervous conditions, etc.) _____

Discipline Information

Have you ever been placed on probation, suspended, removed, dismissed, or expelled from any academic program since 9th grade? Yes No

Other than traffic offenses, have you ever been convicted of any misdemeanor, felony, or other crime? Yes No



(If “yes” please explain).

Ethnicity Race/Ethnicity information is optional.

The information you provide will not be used in a discriminatory manner.

1. Are you Hispanic or Latino? Yes No
2. Country of family’s origin _____
3. How would you describe your racial background? (select one or more of the following categories):
 - _____ Asian (country of family’s origin)
 - _____ Native Hawaiian or Other Pacific Islander
 - _____ Black or African American
 - _____ White
 - _____ American Indian or Alaska Native (enrolled)
 - _____ Tribal affiliation

Employment

Profession _____

Position _____

Employer _____ Date Employed _____

Address of Employment _____

May we contact your employer? Yes No

Employer’s Phone Number _____

*Please submit a copy of your valid driver’s license and/or other valid government issued identification containing your name, address, and your signature.

Authorization

On this ARIZE Enrollment Application the undersigned agrees that the information furnished is complete and correct and that any deliberate omission or falsification of information may result in denial of enrollment.

Signature of Applicant _____ Date _____

PLEASE RETURN COMPLETED APPLICATION AND APPLICATION FEE TO:

**ARIZE Institute of the Five-Fold Ministry & Bible College
Attention Registrar -3209 Henderson Field Road, Mebane, North Carolina 27302**

Arize Institute of the Five-Fold Ministry and Bible College, P.O. Box 517, Carrboro, North Carolina 27510
Web.www.arizefivefoldministry.info▪Email:AFFMBC2019@GMAIL.COM▪PHONE (919) 304-0725



Student Personal Information

Name _____ Date _____

Address _____

Street or P.O. Box

State

Zip

Telephone # _____ Cell _____

Marital Status: Married _____ Divorced _____ Single _____

Number of children in the family _____

How did you hear about our school? _____

Church Information

Name of Church: _____

Pastor's Name: _____ Phone _____

Address: _____

Street or P.O. Box

City

State

Zip

Does your family attend church? Yes No How often? _____

Do children attend Sunday School? Yes No How often? _____

Do parents attend Sunday School? Yes No How often? _____

What church activities are you involved in? _____

What church activities have children been involved in? _____

State how you promote Christian living in your home. _____

Describe your family devotions. _____

Signature _____ Date _____



Family Information

Name of Spouse _____ / _____
place of birth

Name of Mother _____ / _____
place of birth

Name of Father _____ / _____
place of birth

Home phone number _____ Emergency phone _____

Number of children in family _____

Education of Father _____ (years) _____ (years)
high school college

Education of Mother _____ (years) _____ (years)
high school college



Pastor’s Letter of Recommendation

Please submit this form directly to Arize Institute of the Five-Fold Ministry and Bible College, Attention: Registrar. (3209 Henderson Field Road, Mebane, North Carolina 27302)

Student Name _____

How long have you known this family? _____

Attendance at Worship Services

Entire family attends on a weekly basis. If not weekly, how often? _____

Some family members attend on a weekly basis.

Who attends? Spouse Children

Comments _____

Church Involvement

How long has the family been active members of your church? _____

Comments _____

What church activities are the children participating in? _____

Which family members attend *church school* on a weekly basis?

Father Mother Children

Would you consider this to be a Christian home? Yes No

Comments _____

Other comments regarding the student(s) _____

Do you recommend this individual for admission to AFFMBC? Yes No

Name of your church _____ Denomination _____

Address _____ Email _____

Phone _____ Cell _____

Pastor Signature _____ Date _____



References for Applicant

Name of Student Applying _____

1. How Many Years have you been affiliated? _____
2. Do you believe that _____ is ready for Ministry and the study thereof?

Check One: Yes ____ No ____

Give a brief testimony about the applicant.

Give your:

Name _____

Address _____

Telephone# _____ Email _____

Signature _____ Date _____



Medical Information

Name (Last) _____ (First) _____ (Middle) Maiden Name _____

Primary Address

City _____ State _____ Zip Code _____ Country _____

Alternate Address

City _____ State _____ Zip Code _____ Country _____

Home Phone _____ Work _____ Phone Cell Phone _____

E-mail Address _____ Date of Birth _____ Male Female

Height _____ Weight _____ Eye Color _____ Hair Color _____

Ethnicity/Race _____ Marital Status _____ Spouse Name _____

In Case of Emergency Contact: Name _____ Phone _____

Any Medical Illness

Medication

Signature

DATE _____



Financial Agreement

After submitting my application, should I withdraw my application before it has been approved, the application fee is non-refundable. A withdrawal request must be in writing.

After my application has been approved, should I withdraw, I understand that I will not receive a refund. I also agree to pay any outstanding balance of my tuition even if I did not pay in full initially. If my enrollment is discontinued at any time during the school year, I understand that transcripts cannot be issued and records cannot be released by ARIZE Institute of the Five-Fold Ministry and Bible College until all my records and payments are complete.

Tuition

- Associates in Biblical Studies with emphasis on Christian Education \$250.00/credit hour.
- Associates in Biblical Studies with the emphasis on the Five-Fold Ministry \$250.00 per credit hour
- Bachelor in Biblical Studies with emphasis on Christian Education \$250.00 per credit hour
- Bachelor in Biblical Studies with emphasis on the Five-Fold Ministry \$250.00 per credit hour

\$150 for Math or English Lab fee

\$50 per semester Tech and Library Fee

\$50 for application Fee

Agree to Pay	Payment in Full	Partial Payment (each Month)
\$	\$	\$

If paying partial payments ARIZE request that payments have no breaks unless approved by the Dean.

Signature _____