



(615) 757-4200

Fax: (615) 612-6069

acem.org

acbi@acem.org

P.O. Box 508 • Hendersonville, TN 37077-0508

Division of Accelerated Christian Education Ministries

Accelerated College of the Bible International™ Enrollment Agreement

Student Information

Student's Name _____ Male Female Birth Date ____/____/____

Social Security No. ____-____-____ Citizenship _____ Birthplace _____

Ethnic Background (optional): 1. Are you Hispanic or Latino? Yes No

2. Regardless of your answer to question 1, please mark one or more races that you consider yourself to be:

White Black Asian American Indian or Alaskan Native Native Hawaiian or other Pacific Islander Other

Previous School Attended _____ Model Quality LCA
School Name _____
Street Address _____
City _____
State/Province _____ *ZIP/Postal Code* _____ *Country* _____
Years Attended _____
Highest Grade Completed _____
Was the A.C.E. curriculum used in this school? Yes No

If you are currently using the A.C.E. curriculum, please list the last PACE completed in each of the following subjects.

Math _____ English _____ Social Studies _____ Science _____ Other _____ Other _____ Other _____

Account Information

Student's Name _____
Name _____ *Email* _____

Physical Address _____
Address _____ *City* _____
State/Province _____ *ZIP/Postal Code* _____ *Country* _____

Mailing Address _____
(if different) *Address* _____ *City* _____
State/Province _____ *ZIP/Postal Code* _____ *Country* _____

If you have ever had an account with A.C.E. or Lighthouse Christian Academy—Account # _____

Parent Information *(if student is under age 18)*

Father's Name _____
Employment _____ *Home Phone (International—Include Codes)* _____ *Cell Phones (Include Codes)* _____

Biological Father? Yes No If "No," biological father's name _____

Mother's Name _____
Employment _____ *Home Phone (International—Include Codes)* _____ *Cell Phones (Include Codes)* _____

Biological Mother? Yes No If "No," biological mother's name _____

Marital Status of Student's Biological Parents Married Not Married Widowed Divorced Separated

Nondiscriminatory Policy

Accelerated College of the Bible International does not discriminate against members, applicants, students, and others on the basis of race, color, gender, or national or ethnic origin.

Program Option

- 1 year Certificate of Training in Christian Education
- 2 year Associate of Applied Arts in Christian Education

Fees: Certificate of Training in Christian Education

Full Payment Option: One Year Program

Enrollment Processing Fee <i>(nonrefundable)</i>	\$ 100
Enrollment Fee <i>(Curriculum, loaned resources, and shipping within the United States included)</i>	\$ 350
Tuition Fee (\$200 per credit hour)	\$ 6,000
<u>Graduation Fee</u>	<u>\$ 50</u>
Total Fees	\$ 6,500*

Fees: Associate of Applied Arts in Christian Education

Full Payment Option: First Year

Enrollment Processing Fee <i>(nonrefundable)</i>	\$ 100
Enrollment Fee <i>(Curriculum, loaned resources, and shipping within the United States included)</i>	\$ 350
Tuition Fee (\$200 per credit hour)	\$ 6,000
<u>Graduation Fee</u>	<u>\$ 50</u>
Total Fees	\$ 6,500*

Full Payment Option: Second Year

Tuition Fee (\$200 per credit hour)	\$ 6,000
Rosetta Stone Language Fee	\$ 200
<u>Graduation Fee</u>	<u>\$ 50</u>
Total Fees	\$ 6,250*

Fees: Other

3-Month Extension Fee	\$ 75
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***Scholarship and payment options available.**

Payment Information

The following fee is due with the completed enrollment agreement.

- Enrollment Processing Fee

Enrollment Process

In order for this enrollment agreement to be processed, Accelerated College of the Bible International must receive the following information:

- Enrollment Agreement Completed and Signed
 - Copy of the Student's Birth Certificate
 - Christian Testimony Form
 - Health Status Form
 - Short-Term Mission Release of Liability
 - Short-Term Mission Medical Release
 - Consumer Authorization Form
- Enrollment Processing Fee
 - Check Included (Payable to ACBI) or Credit Card (Call to make payment)
- Official Transcript* from Student's Most Recent School
- Character Reference from Student's Pastor and Three Adults

*For your convenience, a Transcript Request (page 7) is enclosed that you may complete and forward to the school you most recently attended, requesting that an official transcript be forwarded to Accelerated College of the Bible International.

Enrollment Agreement

I understand and agree that a school year is considered to be 12 months, beginning on the date enrollment is completed and ending either 12 months later or when the student has completed all curriculum assigned for the school year, whichever comes first. The projected date of completion for the Certificate and Degree programs must be within 7 years of the date of acceptance to the program.

I understand and agree that I am responsible for the payment of all fees, including the enrollment processing and tuition fees. I understand and agree that the enrollment processing fee is nonrefundable. Tuition fees are refundable within 30 days after the enrollment or reenrollment date. Requests for refunds are to be made in writing and transmitted to ACBI. Refunds will be made after the return of all curriculum and resources.

If the student has not completed the assigned course work once the original 12-month enrollment period has passed, a one-time \$75 extension fee will be applied to provide a 3-month extension to complete and turn in the material. If I have not turned in the material by the end of this extension, my status will be changed to inactive and withdrawn.

I understand and agree that all fees and charges must be current and all loaned books returned prior to any tests being validated, official documents processed, grades recorded, and certificates or diplomas being provided. I understand that enrollment in Accelerated College of the Bible International is a privilege, and Accelerated College of the Bible International reserves the right to suspend or expel any student in accordance with its official policies.

I understand and agree that no rights or presumptions of continued enrollment are conferred or implied by this agreement.

I further understand and agree that no right to notice of renewal or nonrenewal of this agreement is conferred or implied. I understand the acceptance of the enrollment agreement shall be conditioned upon completion of all requirements to the satisfaction of the administration.

I have reviewed this enrollment agreement and, to the best of my knowledge, all information provided is complete and accurate. I also understand I may request an exact copy of this agreement.

Signature of Student _____ Date ____/____/____
Required

Printed Name of Student _____ Phone _____
Required

If student is under age 18:

Signature of Parent _____ Date ____/____/____
Required

Printed Name of Parent _____
Required

ACBI is authorized by the Tennessee Higher Education Commission. This authorization must be renewed each year and is based on an evaluation of minimum standards concerning quality of education, ethical business practices, and fiscal responsibilities.

Arbitration

Section 1 — Submission to Arbitration. All students, parents of students, and guardians of students of this college agree to submit to binding arbitration any matters that cannot otherwise be resolved, and expressly waive any and all rights in law and equity to bringing any civil disagreement before a court of law, except that judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

Section 2 — Notice of Arbitration. In the event of any dispute, claim, question, or disagreement arising out of or relating to this enrollment agreement/catalog or any other school matter, the parties shall use their best efforts to settle such disputes, claims, questions, or disagreement as benefits Christians. To this effect, they shall consult and negotiate with each other in good faith and, recognizing their mutual interests not to disgrace the name of Christ, seek to reach a just and equitable solution. If they do not reach such solution within a period of sixty (60) days, then upon notice by either party to the other, disputes, claims, questions, or differences shall be finally settled by arbitration as described in Section 1 above, and such Arbitration Procedures as are adopted pursuant to Section 3 below.

Section 3 — Arbitration Procedures. The Procedures for Arbitration shall be adopted by the administration of Accelerated College of the Bible International, a subsidiary of Accelerated Christian Education Ministries. A copy of the Arbitration Procedures may be obtained from Accelerated Christian Education Ministries.

Signature of Student _____ Date ____/____/____
Required

Printed Name of Student _____
Required

If student is under age 18:

Signature of Parent _____ Date ____/____/____
Required

Printed Name of Parent _____
Required

**Office of Admissions • ACBI • P.O. Box 508 • Hendersonville, TN 37077-0508
(615) 757-4200 • Fax (615) 612-6069 • acem.org • acbi@acem.org**

ACBI Scholarship Application

Full Name _____ Date ____/____/____
First Name Last Name

Physical Address _____
Address City

State/Province ZIP/Postal Code Country

Mailing Address _____
(if different) Address City

State/Province ZIP/Postal Code Country

Email Address _____ Phone Number _____

Check all scholarships for which you are applying (Maximum \$3,000 per year):

- A.C.E. Program Scholarship**
\$100 for each academic year you used the A.C.E. full curriculum and program
- International Student Convention Scholarship**
\$100 for each year you attended International Student Convention (ISC) (Maximum \$400)
- Service Adventure Scholarship**
\$200 for each attendance at Service Adventure (Maximum \$400)
- Educational Assistance Scholarship**
\$400 for serving as an Educational Assistant prior to ACBI enrollment (Maximum \$400)
- Honors Scholarship**
\$400 for graduating with an A.C.E. Honors course of study
- Ministry Scholarship**
\$600 if you or your legal guardian is currently serving in full-time Christian ministry
- Adult Learner Scholarship**
\$50 for each credit hour taken for adults with 5 years of experiential learning in a school using the A.C.E. curriculum. (Maximum \$3,000)

Is the school you attend, graduated from, or work at a Model or Quality Status school? Yes No

School Name _____ School Account # _____

Administrator's/Advisor's Name _____

School Phone Number _____ Email _____

School Address _____
Address City

State/Province ZIP/Postal Code Country

Year of Graduation _____ Year(s) attended ISC _____
Ex: 2015, 2016, 2017, and 2018

Starting and ending year attended a school using A.C.E.'s full curriculum and program:

Year(s) attended Service Adventure _____ and _____
Ex: 2016 2015

Please continue to the next page to complete the application.

Only fill out below if you are applying for the Ministry Scholarship.

Name of Church or School of Service _____

Pastor's or Supervisor's Name _____

Church or School Phone Number _____ School Account # _____

Church or School Email _____

Church or School Address _____
Address City

State/Province _____ ZIP/Postal Code _____ Country _____

Start Date ____/____/____ End Date ____/____/____

Job Responsibilities

For ACBI Use Only

- ACE17
- ISC17
- SA17
- HS17
- MS17
- EA17
- AL17

Signature of Student _____
Required

Date ____/____/____

Printed Name of Student _____
Required

If student is under age 18:

Signature of Parent _____
Required

Date ____/____/____

Printed Name of Parent _____
Required



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Division of Accelerated Christian Education Ministries

_____/_____/_____
Date

Attention: Records Department

School Name

School Mailing Address

City

State/Province

ZIP/Postal Code

Transcript Request

To Whom It May Concern:

The following student is applying for acceptance into Accelerated College of the Bible International:

Student Name

_____/_____/_____
Date of Birth

Social Security Number

This is to request an official copy of the above-named student's academic transcript including attendance, standardized test scores, and **evaluation of grading system.**

Do not send the cumulative file folder. Please forward all requested items to the following address:

**Office of Admissions
Accelerated College of the Bible International
P.O. Box 508
Hendersonville, TN 37077-0508**

The release of these records is authorized by:

Print Name _____ Date _____/_____/_____
Student or Parent/Guardian (if under 18 years of age)

Signature _____
Student or Parent/Guardian (if under 18 years of age)

CHARACTER REFERENCE

(To be completed by student's pastor and three other adults who are not relatives)

Student: Please fill in your personal information and give this form to your pastor or supervisor to complete.

Print Name _____ Phone (____) _____

Address _____ City _____

State/Province _____ ZIP/Postal Code _____ Country _____

Accelerated College of the Bible International is endeavoring to assist mature, committed, Christian students to represent our Lord as His servants. With this in mind, we ask that you please fill out the Character Reference form and return it to: **Accelerated College of the Bible International, P.O. Box 508, Hendersonville, TN 37077-0508.** All responses will be held in strict confidence.

- How long have you known this prospective student? _____
- Your relationship with the prospective student: Pastor Other _____
- Please indicate character strengths and weaknesses in the following areas.

	Excellent	Good	Inconsistent	Poor	Unknown
Ability to follow directions	<input type="checkbox"/>				
Attitude toward authority	<input type="checkbox"/>				
Functions under stress	<input type="checkbox"/>				
Leadership qualities	<input type="checkbox"/>				
Working relationships with others	<input type="checkbox"/>				
Emotional stability	<input type="checkbox"/>				
Character and honesty	<input type="checkbox"/>				
Spiritual life	<input type="checkbox"/>				

- If "Inconsistent" is marked, please explain. _____
- Please note anything, including areas of concern, about the prospective student or his/her family that you feel we should know. _____
- To the best of your knowledge, does or has the prospective student engage(d) in the use of tobacco, alcohol, or drugs? Yes No
- Is the applicant active in your church? Yes No If no, which church? _____
- What character trait(s) are demonstrated that you believe qualify this applicant to attend ACBI's distance learning program and future mission trips?

- Has the applicant been previously involved in service opportunities? _____ If so, what was his/her participation? _____
- Please indicate your recommendation for this prospective student.
 - Fully recommend Not recommended at this time
 - Recommend with slight reservations

Print Your Name _____ Phone (____) _____

Address _____ Email _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Signature _____

HEALTH STATUS

(Please type or print clearly.)

Print Name _____ Date _____

Please identify any medical conditions or limitations which might affect your performance during your mission program.

Do you have any allergies that require special attention? If so, please explain.

Do you require any medications? If so, please identify by prescription name.

Do you have any dietary concerns or requirements? _____

Have you had surgery during the past 12 months? If so, please explain.

Are you currently under a doctor's care? If so, for what condition?

Doctor's Name _____ Phone (_____) _____

Doctor's Address _____

Street

City

State/Province

ZIP/Postal Code

Country

Immunization History

Please list dates of most recent vaccination boosters.

Note: The following vaccinations are recommended but not required.

Vaccine	Date	Travel Immunizations	Date
DTP or DTaP	_____	Hepatitis A	_____
Tetanus Booster	_____	Hepatitis B	_____
MMR	_____	Tuberculosis	_____
Polio	_____	Rabies	_____
Influenza	_____		
H1N1	_____		

IN THE EVENT OF AN EMERGENCY, CONTACT:

Name _____ Relation _____

Phone (_____) _____ Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Insurance Company _____ Policy # _____

Phone (_____) _____ Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

SHORT-TERM MISSION RELEASE OF LIABILITY

For providing minimal accidental insurance and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and confessed, the undersigned individual hereby acknowledges that the undersigned has voluntarily elected to pursue certain educational activities with a full understanding of the risks involved therein, that the undersigned is responsible for acquiring any required travel documents and immunizations, and that in such pursuits the undersigned is not an employee, representative, or guest of Accelerated Christian Education Ministries (ACEM/Accelerated College of the Bible International). The undersigned also represents to ACEM/Accelerated College of the Bible International that (i) the undersigned or the undersigned's relatives have made adequate provision for the undersigned's care and return in the event of injury or sickness necessitating such return, (ii) provision has been made for the undersigned's return upon completion of the undersigned's educational activities therein, and (iii) all expenses incurred by the undersigned in connection with the performance of the undersigned's educational activities or otherwise shall be borne by the undersigned or the undersigned's sponsoring organization, and that ACEM/Accelerated College of the Bible International shall have no liability whatsoever therefore.

Consequently, the undersigned with the intent of binding the undersigned and the undersigned's heirs, executors, personal representatives and assigns, hereby unconditionally releases, acquits and forever discharges ACEM/Accelerated College of the Bible International, its successors and assigns, its officers, directors, shareholders, and employees from any and all claims, demands, actions, or causes of action of whatever kind, character and description, whether based on facts presently known or hereafter discovered, whether based upon statutory law or common law, whether known or unknown, which have accrued or which may ever accrue to the undersigned, the undersigned's heirs, executors, personal representatives and assigns, for and on account of all matters relating to the educational activities of the undersigned and the travel of the undersigned to and from such a location and the performance of the educational activities of the undersigned from the beginning of time until one year after the permanent return of the undersigned from such a location. This Release is for any relief, no matter how denominated, including, but not limited to, compensatory damages, punitive damages, and damages for pain and suffering or mental anguish, personal injury, medical expenses, and attorneys' fees and costs.

Print Name _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____

National Identification Number (e.g. Social Security Number) _____

Phone (_____) _____

Important: DO NOT SIGN except in the presence of witnesses. Witnesses must be unrelated to prospective student and at least 21 years of age.

Student Signature _____ Date _____

Witness Signature _____ Date _____

Witness Signature _____ Date _____

SHORT-TERM MISSION MEDICAL RELEASE

(Please type or print clearly.)

I release Accelerated Christian Education Ministries/Accelerated College of the Bible International, its employees, Service Adventure personnel, and the host school(s) selected as official ACEM/Accelerated College of the Bible International Service Adventure location(s) from any liability for accidents, sickness, or death that may occur while serving with ACEM/Accelerated College of the Bible International Service Adventure, at all times and locations, during ACEM/Accelerated College of the Bible International Service Adventure, and while in and/or en route to and from the host country. Supervising personnel in leadership with whom I serve have my permission to take me to a doctor for medical treatment, emergency surgery, or hospitalization if the need arises. **I assume the responsibility of all medical expenses for myself.** Should circumstances require me to return home due to disciplinary action or for medical reasons, I will assume total transportation costs.

Print Name _____

Phone (_____) _____ Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

National Identification Number (e.g., Social Security Number) _____

Important: DO NOT SIGN except in the presence of witnesses. Witnesses must be unrelated to prospective student and at least 21 years of age.

Student Signature _____ Date _____

Witness Signature _____ Date _____

Witness Signature _____ Date _____

CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc. (GIS), on behalf of A.C.E. Ministries may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with A.C.E. Ministries' consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with A.C.E. Ministries, and give my full consent for this information to be obtained.

II. IF APPLICABLE, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

III. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

IV. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

V. I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .

VI. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by GIS to furnish the information described in Section I.

VII. Upon proper identification, you have the right to make a request to GIS, within a reasonable period of time, as to the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that GIS has previously furnished. Communications with GIS should be directed to P.O. Box 353, Chapin, SC 29036 or 1-888-333-5696.

CANDIDATE COMPLETES THE FOLLOWING:

Signature _____
Today's Date

Please Print Full Name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Month, Day, And Year Of Birth _____
Social Security Number

Home Address City State/Province ZIP/Postal Code

Driver's License Number And State _____
Name As It Appears On License

Have you ever been convicted of a crime? No Yes If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the **FCRA**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the enrollment process, have the Candidate/employee contact General Information Services, Inc.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by A.C.E. Ministries by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.