



(615) 757-4200

Fax: (615) 612-6069

acbi.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 _____
Name Email

☐ Male ☐ Female Birth Date ____/____/____ Social Security No. ____-____-____

Citizenship _____

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

Marital Status ☐ Married ☐ Not Married ☐ Widowed ☐ Divorced ☐ Separated

Physical Address _____
Address City

State/Province ZIP/Postal Code Country

Mailing Address _____
(if different) Address City

State/Province ZIP/Postal Code Country

Name of Church Attending City/State of Church Denomination Years Attending

How did you hear about ACBI? _____ Who referred you? _____

Education

Last K-12

School Attended _____
School Name

Street Address

City

State/Province ZIP/Postal Code Country

☐ Model ☐ Quality ☐ LCA
Years Attended _____
Highest Grade Completed _____
Was only A.C.E. curriculum
used in this school? ☐ Yes ☐ No

High school students enrolling in dual enrollment, please list the last PACE completed in each of the following subjects.

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

College(s) Attended, if any: _____ Degree Earned: _____ AA _____ BA

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 Phone (Include Codes)

Mother's Name _____

Employment

Home Phone (International-Include Codes)

Cell Phone (Include Codes)

Marital Status of Student's 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: Tuition

Cost Per Program

1-Year Certificate of Training in Christian Education	\$6,000 Total*
2-Year Associate of Applied Arts in Christian Education	\$12,000 Total*
*Scholarship and payment options available	

Fees: Other

- | | |
|--|-------|
| <input type="checkbox"/> Enrollment Processing Fee
<small>(Nonrefundable)</small> | \$100 |
| <input type="checkbox"/> Enrollment Fee
<small>(Curriculum, loaned resources, and shipping within the United States included)</small> | \$350 |
| <input type="checkbox"/> Graduation Fee per Program | \$50 |

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
 - Release of Liability
 - Student Photograph

- ☐ Enrollment Processing Fee
 - ☐ Check Included (Payable to ACBI) or ☐ Credit Card
- ☐ Official Transcript* from Student's Most Recent School
- ☐ Character Reference from Student's Pastor and Three Other Adults Not Related to Student
- ☐ SAT/ACT Test Scores

*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 semester is no more than 18 weeks and that each course for which I register during a semester must be completed within that semester. 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 to follow the assignment sequence of each course as laid out in the syllabus, complete coursework on a consistent basis, and stay on track academically, as explained in the catalog.

I understand and agree that I will respond in a timely manner to any communication from ACBI requesting a reply.

I understand and agree to the Academic Code of Conduct and to the ACBI testing procedures. I agree to the Proctor Agreement and will follow the instructions on the form. At no time will I see any test before taking it with my proctor, nor will I see it again after it has been completed. At no time will any portion of any test be in my possession or on any of my electronic devices.

I understand and agree that I will not post online or publicly publish any work that was completed for ACBI coursework. This includes any portion of any PACE or course material, paper, video presentation, or project of any kind.

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.

I understand and agree to the cancellation/withdrawal/drop/refund policy, as stated in the catalog.

I understand and agree that all fees and charges must be current and all loaned books returned prior to official documents being processed, final grades being recorded, transcripts being sent, 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 place on probation, 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 understand that enrollment in ACBI may not be authorized in my state.

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 _____
Required

Date ____/____/____

Printed Name of Student _____
Required

Phone _____

If student is under age 18:

Signature of Parent _____
Required

Date ____/____/____

Printed Name of Parent _____
Required

ACBI is authorized by the Tennessee Higher Education Commission. This authorization 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
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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 (full time)**
\$100 for each academic year you used the A.C.E. full curriculum and program
- ☐ **International Student Convention Scholarship (full time)**
\$100 for each year you attended International Student Convention (ISC) (maximum \$400)
- ☐ **Service Adventure Scholarship (full time)**
\$200 for each attendance at Service Adventure (maximum \$400)
- ☐ **Educational Assistance Scholarship (full time)**
\$400 for serving as an Educational Assistant prior to ACBI enrollment (maximum \$400)
- ☐ **Honors Scholarship (full time)**
\$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 in a school using the A.C.E. curriculum (maximum \$3,000)

Is the school you attend, graduated from, or work at a school with Model or Quality Status? ☐ 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: 2018, 2019, 2021, and 2022

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

Year(s) attended Service Adventure _____ and _____
Ex: 2021 2022

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.

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to function under stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working relationships with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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? _____

- 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 ☐ Recommend with slight reservations ☐ Not recommended at this time

Print Your Name _____ Phone (____) _____

Address _____ Email _____

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

Signature _____

MY CHRISTIAN TESTIMONY

(Use additional pages, if needed.)

My salvation experience (include Scriptures)

Date of salvation (if known) _____

My participation in church and school activities (current responsibilities at church, current and prior participation during high school years, current community service activities)

Signature _____ **Date** _____

Print full name _____

RELEASE OF LIABILITY

In consideration of the opportunity to participate in international education programs sponsored by Accelerated Christian Education Ministries d/b/a Accelerated College of the Bible International ("ACEM/ACBI"), 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 ACEM/ACBI. The undersigned also represents to ACEM/ACBI 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/ACBI shall have no liability whatsoever therefor.

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/ACBI, its successors and assigns, as well as 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 sponsored by ACEM/ACBI and the travel of the undersigned to and from any location of such educational activities. 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 _____

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 _____