



**APPLICATION FOR ADMISSION**

\* Please type the application or print it legibly in **black/blue ink**.

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First Name Middle Name (MM / DD / YYYY)

Address: \_\_\_\_\_  
City State Zip

Phone: (HOME/CELL): \_\_\_\_\_ Email: \_\_\_\_\_ Gender: M  F

**When to Start**

Spring Quarter, 20\_\_\_\_  Summer Quarter, 20\_\_\_\_  Fall Quarter, 20\_\_\_\_  Winter Quarter, 20\_\_\_\_

**Degree Programs**

- Bachelor of Theology
- Bachelor of Religious Business Administration
- Master of Divinity
- Master of Theology
- Master of Religious Business Administration

**Name of a Person in case of emergency**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Notice of Nondiscriminatory policy to students +++++  
**Ezra University** admits students of any race, color, national and ethnic origin to all tight, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



# EZRA UNIVERSITY

www.ezrauniversity.org

2064 Marengo ST #200 Los Angeles, CA 90033

Tel: 323-221-1024 / Fax: 323-221-1025

**Marital Status:**  Single  Married

**Family**

Name	Relationship	Gender	Date of Birth	Country of Citizenship

**Academic Background (From the most recent degree)**

High School Diploma  Yes  No

Name of School	Location (City, State, Country, if not U.S.)	Duration (From - To)	Degree/Diploma

**Job/Ministry Experience**

- Name of Company or Church:  
Duration: \_\_\_\_\_ Position: \_\_\_\_\_
- Name of Company or Church:  
Duration: \_\_\_\_\_ Position: \_\_\_\_\_
- Name of Company or Church:  
Duration: \_\_\_\_\_ Position: \_\_\_\_\_

**Recommendation**

- Name: \_\_\_\_\_ Position: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Name: \_\_\_\_\_ Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## LETTER OF RECOMMENDATION

Note to applicant: This recommendation letter is to be completed by a teacher, a pastor, or a mentor. Please have the recommender send completed letter of recommendation directly to **Office of Admissions, Ezra University, 2064 Marengo St. Los Angeles, CA 90033.**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

1. How long and how well have you known the applicant?

2. Relationship with the applicant:

3. Please mark the appropriate description in each item.

	Excellent	Good	Fair	Poor
Responsibility and Reliability	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Spiritual Condition	_____	_____	_____	_____
Church Service	_____	_____	_____	_____
Cooperation and Teamwork	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____
Financial Responsibility	_____	_____	_____	_____

4. Please add any other comments you have on the applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Institution \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip



# EZRA UNIVERSITY

## AFFIDAVIT OF FINANCIAL SUPPORT

(Please attach the verification of balance in bank letterhead for sponsor's account to this form.  
For additional sponsors, use a separate *Affidavit of Financial Support* form.)

**Student Information:**

Last Name	First Name	Middle	Date of Birth	
Address	City		State	Zip

I understand that EZRA UNIVERSITY's annual projection of the total tuition and expense for the above student is \$ \_\_\_\_\_ and is subject to change.

Sponsor's Name	Relationship	Sponsor's telephone	
Sponsor's Address	City	State	Zip

I, \_\_\_\_\_ (sponsor), am willing and able to maintain and agree to support \_\_\_\_\_ (student)'s educational costs during his/her stay at Ezra University in the amount of \$ \_\_\_\_\_ (USD) per year.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I swear (affirm) that I understand the contents of this affidavit and that all statements are true and correct.

Sponsor's Signature: \_\_\_\_\_

Subscribed and sworn to (affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

\_\_\_\_\_  
Signature of officer administering Oath