

ExCEL Certificate Program Application

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Gender: _____ Date of Birth: _____

Program (s) of Interest:

- | | |
|--|---|
| <input type="checkbox"/> Psychology, Pastoral Care, & Counseling | <input type="checkbox"/> Christian Studies |
| <input type="checkbox"/> Youth Ministries | <input type="checkbox"/> Church Business & Management |

Two Reference Forms (i.e. Pastor, Teacher or Employer) must be provided as part of the application.

*Email Address Required

1) Name: _____ *Email: _____

2) Name: _____ *Email: _____

I certify that all the information provided is accurate. I also agree to submit any additional information needed to complete my application including reference letters or any additional information required by the certificate program for which I am applying.

Applicant Signature: _____ Date: _____

Submit your completed application to Eli Vega, Chief Enrollment Officer, at evega@labi.edu. You may also mail it in at: Attn: Admissions – 14209 E. Lomitas Ave., La Puente, Ca 91746

For Office Use Only

Application Complete: <input type="checkbox"/>	Reference Forms: <input type="checkbox"/>
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