

New Life Christian Schools and Colleges International

P O Box 1268 Hillsville, Virginia 24343

Phone: 276-730-0706 Fax: 276-730-0705

Application for Extension School Program

Ministry Name _____ **School Name** _____

Ministry/School Address _____

City/State _____

Country _____

School Phone _____ **Fax:** _____ **E-Mail:** _____

Contact Person _____ **Title** _____

Home Phone (____) _____ **Business Phone** (____) _____

Email Address _____ **Best Time To Contact** _____

Please tell us about your program. What type of program and the group of people that you are ministering to through your school, and the location of the school:

Grades you are starting with?

Prospective date of starting:

Estimated number of students:

Estimated amount of tuition you will charge:

I have received a copy of the statement of faith for New Life Ministries and I am in agreement with your beliefs.

Date _____

Contact Person Signature and Title

Ministry Director Signature