



Applicant Spouse Supplement

Keystone School of Biblical Theology

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Lebanon, PA 17046

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Name _____
First Last (Maiden Name)

Full Name of Spouse/Fiancée _____

Date of Birth _____ Date of Marriage _____

Are you a citizen of the United States? _____

If not a U.S. citizen, what country is your citizenship? _____

Marital Status:

Engaged*

Married _____

Separated* _____

Divorced* _____

Remarried* _____

Widow or Widower

Number of children _____

Ages of children: _____

* Please include an explanation of this in your testimony.

Are you in full agreement with your spouse's decision to train for full-time Christian service at

Keystone School of Biblical Theology? Yes or No

Please attach your written salvation testimony.

Signature _____ Date _____