

APPLICATION FOR ADMISSION

403 Warner Road
 Anderson, SC 29625
 Phone: 864-226-7248 ext 110
 Fax: 864-332-6272

Instructions: Please print or type. Be sure to answer each question. All documents submitted to the college become part of the official files and cannot be returned. **I acknowledge that academic or disciplinary concerns may be discussed by the appropriate official and my parents or legal guardian.**

PART A: STUDENT BACKGROUND

ID# - For Office Use Only

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Social Security Number

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Name (Last, First, Middle)		Goes by	Date of Birth	Gender Male Female
Mailing Address (Street-Rt-Box)		City	State	Zip Code
Physical Address (if different than mailing address)				County of Residence
Telephone Number		Cell Phone Number	Work Phone Number	
Email				
Ethnic Date – select all that apply (These items are used to satisfy State/Federal reporting requirements and in no way affect the admission decision.) Asian _____ Black/African American _____ Latin/Hispanic _____ American Indian/Alaskan Native _____ White _____			Marital Status: Single _____ Married _____ Widowed _____ Divorced _____	
Place of Birth: City		State	Country of Citizenship:	

SUPPLEMENTAL INFORMATION

1. Will you be attending full time? ___Yes ___No
2. Have you been employed in the past 5 years, part-time and/or full-time? ___Yes ___No
3. Have you ever been convicted of a felony? ___Yes ___No
4. Will you be relocating to the area? ___Yes ___No
5. If married, will your family be relocating with you? ___Yes ___No, my family will NOT be relocating
6. Have you applied for financial aid through government or military programs? ___Yes ___No

EDUCATION INFORMATION

1. Did you graduate from high school? ___Yes ___No If YES, give date _____(month) _____(year).
 If NO, did you receive a GED? ___Yes ___No Date GED received: _____(month) _____(year).
2. Are you currently enrolled in high school? ___Yes ___No If YES, give anticipated date of graduation: _____(month) _____(year).
3. High School attended: Name: _____ City: _____ State: _____
4. Did you attend Tech Prep classes? ___Yes ___No **(must be indicated on official transcript.)**
5. If you are currently enrolled in high school, will you be attending as a **Dual Credit** student? (You are enrolling in a class in which you will earn college credit while in high school.) ___Yes ___No
 (Permission must be granted by the CBC President to become a Dual Credit Student.)
6. List ALL preciously attended colleges or universities below in chronological order. Do not abbreviate. (Please attach a separate sheet if necessary.)

NOTE: An official transcript that includes grades from ALL semesters in attendance is required from ALL institutions previously attended.

College/University Name & Address	City/State	Dates of Attendance	Hours Earned	Type of Degree earned

7. What Major field of study are you planning to persue? (Check one.) Fall / Spring (circle one) Year _____
- Pastoral Theology Christian Ministries for Men
 Christian Ministries for Women Christian Education

HOUSING ACCOMMODATIONS (All single students must live on campus unless they live within 75 miles of the college. All single students living campus must be living with a blood relative and must be approved by the Dean of Students Services prior to enrollment.)

Dormitory Off Campus

PART B: SPIRITUAL INFORMATION

- Have you ever been saved? If yes, when were you saved? _____
(On a separate sheet of paper, please describe you salvation experience and submit with your application.)
- Do you feel like the Lord has called you into ministry of any capacity? Yes No
If yes, please list what ministries you feel God is leading you into: _____
- At Carolina Bible College, part of your training will be assessed by your involvement in various church ministries as well as community outreach. List any areas of ministry you would like to be considered for and placed in during your training. (Jail Ministry, Rescue Mission, Personal Evangelism, Children’s Ministry, Music Ministry, etc.)

PART C: MEDICAL INFORMATION

List all known medical conditions: _____

Are there any emergency protocols the college should be aware about? (Ex. EPI pen carried for severe allergy, nitroglycerin for heart condition) _____

List 2 emergency contacts: (include name, phone number, and relationship. All out of town students must list at least one local emergency contact:

#1 _____

#2 _____

PART D: SIGNATURE OF APPLICANT (All students must complete this section.)

I understand that the information I have submitted will be relied upon by the officials of CAROLINA BIBLE COLLEGE to determine my status for admission and residency eligibility. I authorize CAROLINA BIBLE COLLEGE to verify the information I have provided. I agree to notify officials of any change in the information provided. I certify that the information on this application is complete and correct and understand that the submission of false information is grounds for rejection, reversal of acceptance, cancellation of enrollment, or initiation of disciplinary action.

SIGNATURE _____ DATE _____



PASTOR RECOMMENDATION

This form is developed for, and is to be used by, the officials of the Carolina Bible College. All members evaluate this form equally with all other forms accepted by the institution. Please type or print neatly.

APPLICANT INFORMATION

*Please complete the applicant information questions below, then give this recommendation form to your Pastor. No student will be accepted into Carolina Bible College without a Pastor recommendation. For ease of submission, please provide your Pastor with a stamped envelope addressed to: **Carolina Bible College 403 Warner Road Anderson, SC 29625***

Name (Last, First, Middle)	Goes by	Date of Birth	Gender Male Female
Mailing Address (Street-Rt-Box)	City	State	Zip Code
Physical Address (if different than mailing address)	City	State	Zip Code
			County of Residence
Telephone Number	Cell Phone Number	Work Phone Number	
Email			

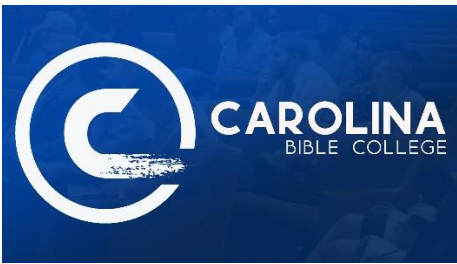
My signature below authorizes all schools I attended to provide all requested records and allow review of my application for the admission process chosen on my application.

Signature of applicant: _____ Date: _____

PASTOR INFORMATION

The members of CAROLINA BIBLE COLLEGE are interested in your perspectives about the applicant's personal and academic capabilities for success in college. The information you provide will assist the officials of CAROLINA BIBLE COLLEGE with choosing applicants for admission. It is recommended you retain a copy of this form should the applicant require additional evaluations. You may forward copies of this form to other Universal College Application members. We are grateful for your time and assistance.

Pastor's Name _____ Church Name: _____
 Phone: _____ Email _____



OFFICIAL TRANSCRIPT REQUEST

This form is developed for, and is to be used by, the officials of form is developed for, and is to be used by, the officials of Carolina Bible College. All members evaluate this form equally with all other forms accepted by the institution. Please type or print clearly.

Name (Last, First, Middle)		Goes by	Date of Birth	Gender Male Female
Mailing Address (Street-Rt-Box)		City	State	Zip Code
Physical Address (if different than mailing address)		City	State	Zip Code
		County Residence	of	
Telephone Number	Cell Phone Number		Work Phone Number	
Email				

Last year attended _____

Graduated: ____ Yes ____ No

My signature below authorizes all schools I attended to provide all requested records and allow review of my transcripts by the school and its officials.

Signature of applicant _____ Date _____

Please mail official transcripts to:

Carolina Bible College
403 Warner Road
Anderson, SC 29625

Official use only: Date transcript was received: _____ Received by: _____



BACKGROUND CHECK

I, _____ (print full name), give Carolina Bible College permission to run a background check to complete my application to the college.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State issued: _____

(student's signatures)

(Date)

For official use only:

Received by: _____

Date received: _____

Date background check submitted: _____

Date background check returned: _____