



(office use only)

Date rec'd \_\_\_\_\_ Fee \_\_\_\_\_

Ref. rec'd 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Transcripts \_\_\_\_\_

\_\_\_\_\_

Date Admitted \_\_\_\_\_

Student ID# \_\_\_\_\_

### APPLICATION FOR ADMISSION

(Please print clearly)

FULL NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS (Street & Box No.) \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

How or from whom did you hear about the college? (Please give a specific name): \_\_\_\_\_

What Semester are you applying for? 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

Fall  Spring

Full time student (15 credits or more)

Part-time student (15 credits or less)

Audit

Will you be in need of housing? \_\_\_\_\_

### PERSONAL INFORMATION

Age \_\_\_\_\_ Sex \_\_\_\_\_ Occupation/Trade \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Please list names and ages of your children\_\_\_\_\_

\_\_\_\_\_

If married, do you plan to bring your spouse and family with you? \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT**

Name\_\_\_\_\_ Phone Number\_\_\_\_\_

Address\_\_\_\_\_

**MEDICAL INFORMATION**

Are you in good health?(explain)\_\_\_\_\_

\_\_\_\_\_

Do you have any physical handicaps?\_\_\_\_\_

List all major illnesses you have had.\_\_\_\_\_

Do you have any communicable diseases?(explain)\_\_\_\_\_

\_\_\_\_\_

Are you presently on medication or under a physician's care?(explain)\_\_\_\_\_

\_\_\_\_\_

Have you been or are you presently under psychiatric care?(explain)\_\_\_\_\_

\_\_\_\_\_

Have you ever dealt with or are you presently dealing with an eating disorder?  
(explain)\_\_\_\_\_

\_\_\_\_\_

**INSURANCE INFORMATION**

Name of insurance company\_\_\_\_\_

Home address\_\_\_\_\_

Phone number(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Policy number\_\_\_\_\_

Name of primary carrier\_\_\_\_\_

**GENERAL INFORMATION**

Do you smoke or use other tobacco products?(explain)\_\_\_\_\_

\_\_\_\_\_

Do you regularly drink alcoholic beverages?(explain)\_\_\_\_\_

\_\_\_\_\_

Have you ever used or are you currently using any illegal drugs?(explain)\_\_\_\_\_

\_\_\_\_\_

**EDUCATION** (Please list all schools attended from High School to present.)

Name of Institution

Dates of Attendance  
Major/Minor

Degree/Diploma

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please have each of the above institutions send us an official copy of your transcript or proof of GED.

In light of the intensive program at CCBC Seattle, 2-3 hours of homework each day outside of class may be expected. Describe how you would function in this scenario.\_\_\_\_\_

\_\_\_\_\_

**PERSONAL PROFILE**

Please describe your personality. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would your friends describe you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your relationship with others. \_\_\_\_\_

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Please list and describe your personal strengths and weaknesses. \_\_\_\_\_

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Please list your talents, hobbies and interests. \_\_\_\_\_

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### **SRIRITUAL LIFE PROFILE**

**On a separate sheet of paper please describe in detail your born again experience.**

Please describe your current relationship with the Lord. \_\_\_\_\_

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Please list and describe your spiritual gifts. \_\_\_\_\_

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How would you describe your prayer life? \_\_\_\_\_

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Please identify your church and your current involvement in it. \_\_\_\_\_

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Please explain why you desire to attend CCBC Seattle, and how you hope to see it enhance your spiritual life and your future ministry plans.

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Please list the top three Christian preachers/teachers that have most influenced your life.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Please list the three Christian books (other than the Bible) that have most influenced your life, identify both title and author.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**STATEMENT OF FAITH**

On a separate sheet of paper, write a brief but concise statement of your belief regarding the following ten topics:

- 1) The Bible
- 2) God
- 3) Jesus Christ
- 4) The Holy Spirit
- 5) Sin
- 6) Salvation
- 7) Baptism with the Holy Spirit
- 8) Eschatology
- 9) The rapture
- 10) Eternal security

**PRACTICAL CHRISTIAN MINISTRY**

All who intend to graduate must enroll in Practical Christian Ministry (M199). Each student serves weekly in a practical area of service. Full time students serve an average of 8 hours per week if they live on campus and an average of 4 hours a week if they live off campus.

**FINANICAL RESPONSIBILTY**

Full payment of tuition is due and payable during registration hours on the first day of school.

**APPLICATION CHECK-LIST**

Please use the following check-list to complete all the necessary requirements that must accompany the application before it can be processed by our office.

- \_\_\_\_\_ I have completely filled out the application in the manner requested.
- \_\_\_\_\_ I have given my reference forms to the necessary people.
- \_\_\_\_\_ I have enclosed my \$25.00 application fee (this is non-refundable).
- \_\_\_\_\_ I have enclosed a small photograph of myself for your records.
- \_\_\_\_\_ I have signed and dated this application.
- \_\_\_\_\_ I have included a copy of high school diploma or equivalent

Mail all correspondence to the address at the top of this application. We will contact you after receiving and reviewing your application as well as all three reference letter forms.

I hereby make application to Calvary Chapel Bible College. I understand my responsibility for punctual, regular class attendance, and the fulfillment of all classroom assignments. I will also cooperate in observing all regulations and upholding the standards of the college. In addition, I also understand that my tuition is due and payable during the registration hours on the first day of school, and that I am required to participate in M1-99 to graduate.

Signed: \_\_\_\_\_ Date \_\_\_\_\_