



APPLICATION FOR ADMISSION TEMPLE BAPTIST COLLEGE

Print legibly in ink or type response to each item and sign the application.
Return it along with the required **\$25.00 non-refundable** application fee to:

Temple Baptist College
Attn: Dean of Student Affairs
11965 Kenn Road
Cincinnati Ohio 45240

APPLICATION INSTRUCTIONS

Along with this completed and signed application, please provide:

1. A Letter of Recommendation from your Pastor or church officer.
2. Transcripts from high school and any institution of higher education.
3. A recent photograph and affix it below in the space provided.



OFFICE USE ONLY:	
Fee:	_____
Transcript:	_____
Recommendation:	_____
Accepted:	_____

APPLICATION FOR ADMISSION

PERSONAL HISTORY

Last Name	First Name	Middle or Maiden Name
-----------	------------	-----------------------

Male Female Race: _____

Mailing Address _____

City _____ State _____ Zip Code _____

Parents' Names _____

Day Phone (____) ____-____ Evening Phone (____) ____-____

Email - _____

Citizen of: USA Other (Country) _____

If other, give type of visa: Student visa Permanent visa Other type of visa: _____

If a resident alien, please check here: **Please send a copy of your alien card.**

Marital Status:

Single Divorced Date of Birth ____-____-____ Place of Birth: _____
(MM) (D) (YYYY)

Married Engaged Social Security Number ____-____-____

_____ If married, is your spouse in agreement with you desire to enter? Yes No
Name of Spouse

Spouse's Education History: _____

Number of Children: _____ Names/Ages: _____

Employer: _____

Company Name	Location	Position Title
--------------	----------	----------------

Does your company provide education reimbursement or tuition assistances? Yes No

Are you a veteran? Yes No Branch of Service: _____

Type of Discharge: _____ Date of Discharge: _____ (If other than Honorable, attach explanation.)

Health Condition: Good Fair Poor Under Doctor's Care (Attach Explanation)

Physical Characteristics: Hair Color ____ Eye Color ____ Weight ____ Height ____
Vision ____ Corrected Vision ____

Do you have any of these illnesses? Asthma Yes No Hay Fever Yes No Allergies Yes No

List any serious illnesses, operations, accidents and/or nervous disorders that you have had the last five years:

Indicate any physical impairments or learning disorders: _____

EDUCATIONAL BACKGROUND

List all High Schools, Bible Institutes and/or College:

<u>School Name</u>	<u>Location</u>	<u>Yrs. Attended</u>	<u>Graduation Date</u>	<u>Major</u>
--------------------	-----------------	----------------------	------------------------	--------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Approximate Grade Point Average at last school attended: _____

Were you ever dismissed from any school? _____ (If, so, attach an explanation.)

Credits received from other institution of higher learning: _____ Semester or Quarter (circle one)

Extracurricular activities in high school and college: Hobbies _____

Recreational Interests _____

Club Memberships and Offices held: _____

Did you take the ACT/SAT? Yes No When? _____ Composite Score: _____

Has it been sent to TBC? Yes No

ENROLLMENT INFORMATION

Classification entering as: Freshman, Sophomore, Junior, Senior, Special or Audit (circle one)

Which degree program do you desire to enter: (check choice or choices)

BA – Christian Ministries

Area of Concentration: Biblical Ministries Church Ministries Music Ministries

BS – Education

Area of Concentration: Elementary Education Music Education

BS – Business

Expected college entrance date: Quarter _____ Year _____

What percentage of your expenses must you earn? All ¾ ½ ¼ None (check one)

Will you need housing while attending school? Yes No For how many? _____

Have you applied to any other institutions of higher learning for the same period covered by this application?

Yes No

If so, list institutions and whether you were accepted, rejected or if pending: _____

Are you holding a reservation at any of the above institutions? Yes No

CHRISTIAN COMMITMENT

Church Membership: _____

Pastor's Name: _____ Church Address: _____

Christian Service Experience: _____

Life Vocational Plans: _____

