



Application for Admission

Please print in ink or type all information.

PERSONAL INFORMATION

Legal Name: _____
 Mr./Miss/Mrs. First Middle Last

Mailing Address: _____
 Street or PO Box City State Zip

Home phone: _____ Cell phone: _____
 Male Female Race: _____

Height: _____ Birth date: _____ Birthplace: _____
 Ft. In.

Citizenship: _____ SSN: _____

Marital Status: Single, never married Married Spouse's Full Name: _____
 Divorced* Separated*
 Single Parent* Widowed
 Remarried* Engaged

*Send a letter of explanation with application.

ADMISSION INFORMATION

Entrance Date: Fall _____ Year Spring _____ Year

Applying for dorm? Yes No

Course Study: Bachelor- Theology- Missions Bachelor-Theology- Pastoral Studies Bachelor-Religious Ed. -Elem. Ed.
 Graduate-Theology Graduate- Theology- Missions 1-Yr Cert.-Bible
 2-Yr Cert.-Bible Secretarial Science

EDUCATION

High school: _____ Year Graduated: _____

Mailing address: _____
 Street or PO Box City State Zip

Phone number: _____ Date of graduation: _____

Are you home schooled? Yes No

Address to obtain records: _____
Street or PO Box City State Zip

List all colleges or technical schools you have attended*

Name of School	Mailing Address	City	State	Zip	Dates Attended	Degree(s) Received:

List any additional colleges, Bible institutes, or technical schools attended on a separate sheet and attach.*

FAMILY

Father's name: _____ Occupation: _____

Check here if deceased:

Permanent address: _____
Mailing Address City State Zip

Mother's name: _____ Occupation: _____

Check here if deceased:

Permanent address: _____
Mailing Address City State Zip

CHURCH INFORMATION

Name of your local church: _____ Phone No.: _____

Address: _____
Mailing Address City State Zip

Pastor's Name: _____ Church Denomination: _____

Are you a member? Yes No
Do you attend regularly? Yes No
Have you accepted Jesus Christ as your personal Saviour? Yes No

On a separate sheet of paper, give a brief testimony of your salvation.

EMPLOYMENT

List your last three jobs:

Company	Address	City	State	Zip
Company	Address	City	State	Zip
Company	Address	City	State	Zip

CONFIDENTIAL

Do you have any health condition/physical handicap which requires special attention? Yes No

If yes, please explain: _____

Have you ever used any narcotic drug illegally? Yes No

If yes, how long ago? _____

Do you presently use tobacco? Yes No

Do you presently use alcoholic beverages? Yes No

Do you presently attend Hollywood movies? Yes No

Have you ever been arrested? Yes No

If yes, please explain: _____

Have you been in the Armed Forces? Yes No

COMMITMENT

I agree to abide by the college regulations to abstain from drugs, alcohol, & tobacco. Yes No

I have read and am in complete accord with the doctrinal and positional statement of Bethel Baptist College. Yes No

If accepted, I agree to cheerfully abide by the school regulations of Bethel Baptist College on and off the campus while a student. Yes No

I hereby certify that this application is true to the best of my knowledge.

Applicant Signature

Date

*If you expect to transfer any credits from another college, please contact that college and request they forward your transcript to Bethel Baptist College. Credits must be evaluated by this office before they can be transferred.

Enclose the \$30.00 application and enrollment fee (non-refundable) and mail to:

Bethel Baptist College
8809 Mills Valley Road
Jacksonville, AR 72076

Phone: 800-985-2317 or 501-983-0255
Fax: 501-983-0014