

# International Baptist College Undergraduate Admission Application

## GENERAL INFORMATION

Are you applying for a residence hall reservation?  Yes  No  
(All undergraduate students under 23 years of age must live in the residence hall unless they are married or live nearby with close relatives.)

Sex:  Male  Female Birth Date: \_\_\_\_\_

Last or Family Name: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Name by which called: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Citizenship (country): \_\_\_\_\_

### Present Mailing Address

Street or Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

### Family Information

Father's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Please give the name(s) of immediate family members who have attended IBC:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## CHURCH INFORMATION

Are you a church member?  Yes  No

Do you attend regularly?  Yes  No

Specific Denomination: \_\_\_\_\_

Full name of church of membership: \_\_\_\_\_

Street or Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Pastor's Email: \_\_\_\_\_

Are you willing to become a member of Tri-City Baptist Church unless your membership is already in a fundamental Phoenix-area church?  Yes  No

## BACKGROUND INFORMATION

Are you now or have you ever been under the supervision of a parole officer or the custody of a juvenile or other court?  Yes  No

Have you ever had a police record?  Yes  No

If yes, give dates: \_\_\_\_\_

(If answer to either of the above questions is "yes", give full information, including the name and address of the judge or probation office, on a separate sheet of paper.)

Have you ever served in the United States Armed Forces?  Yes  No

If so, give the dates: from \_\_\_\_\_ to \_\_\_\_\_

(If you have been separated from such service, state the nature of such separation, and if other than honorable, specify the type and the circumstances of your release.)

If not yet separated, give expected date of release: \_\_\_\_\_

## EDUCATIONAL INFORMATION

Were you ever expelled, dropped, or suspended by any secondary school or college?  Yes  No

(If answer is "yes", state details on a separate sheet of paper. Include name of school, date, and reasons for such action.)

Currently Attending or Graduated from:  High School  Home School

Graduation or Expected Graduation Date: \_\_\_\_\_

List the name and address of the high school you are attending or the last high school in which you were enrolled:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

(Freshmen must contact the high school from which they did or will graduate and request official transcript of high school credits to be sent directly to the IBC Admissions Office.)

Check the enrollment period for which you are making application:

Fall  Winter  Spring  Summer 20\_\_\_\_

## American College Test

Have you taken the ACT? (SAT is also acceptable.)  Yes  No

If so, have the results been sent directly to IBC?  Yes  No

(All freshmen must take the ACT and send results to the IBC Admissions Office before enrollment unless special permission is given from the Director of Admissions.)

Will you transfer credits to IBC from another college?  Yes  No

## Post-Secondary School Record

Name: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Approximate Number of Credits: \_\_\_\_\_

Degree Received: \_\_\_\_\_

(Transcripts of the record of applicants transferring to IBC from another institution of higher learning will be required. Applicant must request the institution from which he or she is transferring to mail his or her transcript(s) directly to the IBC Admissions Office. Transcripts are accepted only when sent directly from the institution formerly attended.)

## FINANCIAL INFORMATION

Are you eligible for education benefits under the GI Bill?  Yes  No

Do you desire financial assistance information?  Yes  No

Have you filled out your FAFSA?  Yes  No

## INTENDED MAJOR

Check the vocational objective that you intend to pursue:

### Bachelor of Arts

Pastoral Studies  Missions  Church Music

Secondary Education  Elementary Education

### Other

Associate's Degree  Certificate Program  Early Start

Please return this application to International Baptist College, Office of Admissions, 2211 W Germann Road, Chandler, AZ 85286