

TRINITY BAPTIST BIBLE COLLEGE

Attach
Current
Photo

Application for Admission

Admissions
Trinity Baptist Bible College
2212 N. Davis
Arlington, TX 76012
(817) 460-7940

*Please type or print in ink. Form should
be filled out completely.*

Official Use Only	
Date Rec'd	_____
App. Fee Paid	_____
References	_____
Med. Form	_____
Emerg. Permit	_____
H.S. Transcript	_____
ACT Scores	_____
SAT Scores	_____
Coll. Transcript	_____
Dorm Fee Paid	_____
Approved	_____

General Information

Name: Mr. Mrs. Miss Male Female

Last *First* *Middle* *Maiden*

Birth Date: _____ / _____ / _____ Social Security Number: _____ - _____ - _____

Mailing Address: _____
Street *City* *State* *Zip*

Telephone Number: (_____) _____ Citizenship: USA Other _____

Marital Status: Single Married (Name of Spouse: _____) Widow (er) Divorced

If you have ever been divorced or had an annulment, please enclose a statement of the circumstances.

Do you have children? Yes No If yes, please list number of children. _____

Admissions Information

Entrance Date: Fall of 200____ Summer School 200____ Spring 200____

Applying as a: First Year Student Transfer Non-degreed student Auditor

Will you be living in dorm? Yes No Will you have an automobile at school? Yes No

Probable Study Concentration Area:

<input type="checkbox"/> General Studies-Men	<input type="checkbox"/> General Studies-Women
<input type="checkbox"/> Missions- Men	<input type="checkbox"/> Missions- Women
<input type="checkbox"/> Pastoral Theology	<input type="checkbox"/> Pastoral Assistant
<input type="checkbox"/> Secretarial Science	

Educational Background

High School

City, State

Dates Attended

Date Graduated

If you did not graduate from high school, do you have a GED? Yes No *If yes, please send documentation..*

Transfer Students: Do you expect to transfer credits from another college? Yes No

Are you eligible to return to the last college or university you attended? Yes No *If no, please attach a brief explanation.*

It is the applicant's responsibility to request that the previously attended institution send an official transcript to Trinity Baptist Bible College. **Students should have their transcripts sent to the TBBC Admissions Office, even if they do not expect to transfer credit.**

(In chronological order, list all schools after high school from latest to earliest.)

College, University, or Other

City, State

Dates Attended

Date Graduated

Have you taken the A.C. T. or S.A.T.? Yes No Are you being home schooled? Yes No

Family Information

Father's Name: _____ Occupation: _____
(Indicate if deceased)

Permanent Address: _____
Street City State Zip

Home Phone: (____) _____ Business Phone: (____) _____

Mother's Name: _____ Occupation: _____
(Indicate if deceased)

Permanent Address: _____
Street City State Zip

Home Phone: (____) _____ Business Phone: (____) _____

Personal Information

Name and Address of current church membership: _____
Church

Street City State Zip

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

Will you be applying for a scholarship at TBBC? If yes, please mark appropriate box:

- Missionary Pastor's Child Full-time Workers' Child Valedictorian

Mark appropriate box (es):

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you any significant impairment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been treated for any nervous, mental, or emotional disorder, or been seen by a psychologist? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used or sold illegal or dangerous drugs? If so, when was the last time? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used alcoholic beverages? If so, when was the last time? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used tobacco in any form? If so, when was the last time? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you ever expelled, dropped, or suspended by any school or college? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been arrested for any reason? |

If the answer is yes, please give complete details on a separate piece of paper.

Is there anything else in you background about which we should know? _____

Medical History

Do you have medical insurance? Yes No Name of primary insured: _____

Medical insurance company: _____ Policy #: _____

History of injuries: Give a short account. If none, indicate "none." _____

History of operations: If any, what? When? If none, indicate "none." _____

List any medications you take regularly: _____

Student History

(Check those that you have had)

- | | | |
|---|--|---|
| <input type="checkbox"/> AIDS or HIV positive | <input type="checkbox"/> Headaches (frequent) | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Service with U.S.A. overseas |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Sinus Disease |
| <input type="checkbox"/> Chest Colds (frequent) | <input type="checkbox"/> Kidney or Bladder Disease | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tonsillitis (frequent) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Trouble with Eyes |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Malaria | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Drug Flashbacks | <input type="checkbox"/> Measles | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mumps | <input type="checkbox"/> Weight Loss (over 10 lbs in last year) |
| <input type="checkbox"/> Fainting Attacks | <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Head Colds (frequent) | <input type="checkbox"/> Pneumonia | |

Family History

(Parents, grandparents, brothers and sisters)

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Mental disease | <input type="checkbox"/> Brain Tumors | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Tuberculosis |

Please write a short resume on this page about your salvation experience, your reasons for attending Trinity Baptist Bible College, and your call of service.

I hereby certify that this application is true and complete with no omissions in any area. I also understand that any untrue statement will make me subject to immediate dismissal from Trinity Baptist Bible College. Furthermore, if admitted, I pledge to conduct myself in accordance with the standards outlined in the catalog and the student handbook.

Signed: _____

Date: _____

Complete this application, enclose your \$20 application fee, and mail to:

***Admissions Office
Trinity Baptist Bible College, 2212 N. Davis, Arlington, TX 76012***