APPLICATION INSTRUCTIONS:

Step 1: Complete the Application for Admission and attach a recent photograph. Complete the Medical/Health Questionnaire. Send the completed application and $40.00 application fee in envelope provided.

Step 2: Give the Pastor’s Reference form to your pastor and the Personal Reference form to a friend, business acquaintance or employer along with a stamped envelope for each addressed to:

Admissions
Pacific Baptist College
P.O. Box 8050
La Verne, CA 91750

Step 3: Residence Students only: Have your physician complete the Supplemental Physical Examination Form. Submit form with completed application.

Step 4: Complete the High School Transcript Request and mail it to the high school from which you graduated. Home schooled students must take the Tests of General Education Development (GED) and have an official copy of the results sent to the Admissions Office.

If you have not yet graduated, request that the high school send a transcript of your course work completed up until the current semester. After graduation have a transcript sent which signifies your graduation date. If you passed the GED, you must have an official copy sent directly from the GED test center to the Director of Admissions.

If you have attended another college, mail a completed College Transcript Request to your former college(s).

Step 5: ACT or SAT test scores are not required for acceptance to PBC, however, test scores may be used for proper placement. If available, please submit test scores with completed application.

Step 6: Once your application is received, you will receive an acknowledgment letter from us. Should any forms still be outstanding, such information will be stated in the letter. As soon as all required forms and information are received by us, we have reviewed the application and you are accepted by PBC, you will receive a letter stating acceptance.

Pacific Baptist College does not discriminate against any ethnic or racial group.
APPLICATION FOR ADMISSION

This application is for (check whichever is appropriate):

☐ Fall     ☐ Spring     _______ Year

Have you previously applied at PBC?  ☐ Yes  ☐ No
If yes, for what semester and year? ________________________

1. Legal Name: Mr., Mrs., Miss (circle one) __________________________________________
   Last Name First Name Middle

2. Home Address: ________________________________________________________________
   Street  Apt/Suite  City  State  Zip Code
   Telephone (_____)____________Cell # (____)_________  Social Security No. ____________

E-Mail Address: _______________________________ Driver’s License #: __________ State of License: _________

3. Your Present Age: ______ Date of Birth: _______________ ☐ Male  ☐ Female  Race __________
   Place of Birth: ____________________________ Country of Citizenship: _____________________

4. Marital Status:  ☐ Single  ☐ Married  ☐ Separated  ☐ Widowed  ☐ Divorced
   ☐ Divorced Remarried (If divorce, a letter of explanation must accompany application)

   If married, give spouse’s name ___________________________________________ Number of children ________
   Do you plan to be married before enrollment?  Yes _____  No _____

   If so, give date and spouse’s name ____________________________________________

5. Are you a high school graduate ___________ or have you received your GED __________? Year ________

   If so, from what high school did you graduate? _______________________________________
   Name of School
   ____________________________  ____________________________  ____________________________
   City  State  Phone Number

6. If not, how far did you go in your schooling? _________________________________

7. Why didn’t you finish? ________________________________________________________
8. List chronologically ALL colleges and schools beyond high school that you have attended.

<table>
<thead>
<tr>
<th>Name</th>
<th>Dates</th>
<th>Degrees Received</th>
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<tbody>
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Note: It is the student’s responsibility to have all transcripts of both high school and college work forwarded to Pacific Baptist College before registration date.

9. Have you ever been dismissed from school or placed on probation?

   Academic  ☐ Yes  ☐ No  Disciplinary  ☐ Yes  ☐ No

   If yes, explain the circumstances (use additional paper if necessary) _____________________________

10. Do you intend to enroll as a full-time student? (12 Credits)  Yes ☐  No ☐

11. Father’s name_________________________________________ If deceased, when? _________________

    Address_______________________________________________________________________________

12. Mother’s name _________________________________________ If deceased, when? ________________

    Address_______________________________________________________________________________

13. If parents are separated, give date of separation___________________________________________

    With whom are you living? ☐ Mother  ☐ Father  ☐ Stepmother  ☐ Stepfather  ☐ Guardian

    Give name and address of legal guardian ____________________________________________________

14. Do you have any health conditions which require special attention?  Yes ☐  No ☐

    If yes, please explain ___________________________________________________________________

15. Have you had or are you now receiving counseling for emotional or mental difficulties?  Yes ☐ No ☐

    If yes, please explain ___________________________________________________________________
16. To what extent, if any, do you use or have you used tobacco, alcoholic beverages, or hallucinogenic drugs?
__________________________________________________________________________________________

17. Selective Service No. __________________________

18. If veteran, indicate length of service: From _______ to _______ Branch __________________________

    Did you receive your honorable discharge? _______ If you have not been separate from the service,
    state your expected date of release ___________________ VA File Number (if known)_____________

19. Are you now or have you ever been under the supervision of a parole officer or under the custody of a
    juvenile or other court? ___________ Have you ever had a police record? ___________ If so, give the
    dates and the complete name of the judge or probation officer and their addresses. Briefly state nature of
    offense___________________________________________

                                                                                       ______________________________________
                                                                                       ______________________________________

20. Are you in accord with the doctrines for which this college stands? ___________ If not, please explain
    which doctrine (s) ________________________________________________________________

                                                                                       ______________________________________

21. What influenced your applying to PBC? _________________________________________________

22. List any members of your immediate family who are attending PBC, have attended PBC, or have
    graduated from PBC _________________________________________________________________

23. Who will finance your educational training? □ Yourself    □ Parents    □ Other

    Please note: Any applicant under 21 years of age will be required to have a co-signer.
24. Have you personally accepted Christ as Savior? ___________ When? _____________________________

Give a brief testimony of your salvation and call to Christian service. (Use separate sheet of paper if necessary)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

25. Name of local church you attend __________________________________________________________

Address of the church ___________________________________________________________________

Pastor’s name ________________________________

Are you a member? ____________ Do you attend regularly? ______________

26. CHECK UNDERGRADUATE MAJOR:  St  Pastors  St  Missions (Men)

St  Missions (Women)  St  Church Education/Youth  St  Elementary Church Education

St  Secondary Church Education  St  Church Music  St  Music Education

St  Associate of Arts – Bible  St  Certificate of Bible Proficiency

27. Please contact the college if you have any housing needs

Give the name and address where you will be living during school

_____________________________________________________________________________________

I HEREBY MAKE APPLICATION for admission to Pacific Baptist College

and ENCLOSE the non-refundable $40.00 APPLICATION FEE. If I should be accepted, I agree to give
cheerful and ready obedience to and cooperate with the spirit and regulations of the College. I understand that
attendance at PBC is a privilege, not a right, and agree to regard it as such. I understand Pacific Baptist College
does not discriminate against any ethnic or racial group.

Signature of Applicant _________________________________ Date __________________

PLEASE CHECK APPLICATION CAREFULLY. ALL QUESTIONS MUST BE ANSWERED AND
APPLICATION FEE MUST BE SUBMITTED BEFORE APPLICATION WILL BE CONSIDERED.
Medical / Health Questionnaire

Applicant: Complete ALL items. PLEASE PRINT

Name ______________________________ Address __________________________

Home Phone ( ) ___________ Birth Date / / Social Security # _____________

Age _______ Sex _______ Race _______________ Marital Status _______________

Parents’ Name ___________________________ Address __________________________

Father’s Work Phone _______________ Mother’s Work Phone _______________

How would you rate your health? ☐ Excellent ☐ Good ☐ Poor

In your opinion, is there anything that would hinder you in pursuing a college career? ☐ Yes ☐ No

Explain ______________________________________________________________

General Wellness Questions: (please answer yes or no)

Do you exercise on a regular basis? ___________ Do you handle stress well? ___________

Do you become angry easily? _________________ Are you often depressed about life? ______

Do you get along well with others? ___________

Injuries or Surgeries? ☐ Yes ☐ No

Explain ______________________________________________________________

Are you currently or have you recently been under the care of a doctor? ☐ Yes ☐ No

For what reason? _______________________________________________________

Are you taking any medication – i.e. insulin, Dilantin, allergy injections, special diet, etc.? ☐ Yes ☐ No

If yes, give complete information ___________________________________________
SEE OTHER SIDE

**Allergies:** Are you allergic to any food, drugs, medicines, serum, etc.?

- Yes
- No

Explain _____________________________________________________________

**Mental Health Problems:** Please answer yes or no and explain any “yes” answer on a separate sheet of paper.

Has your job or schooling ever been interrupted because of mental or emotional problems? _________

Have you ever been diagnosed as having an eating disorder such as Anorexia or Bulimia? _________

Have you ever been hospitalized or treated with medication for anxiety, depression, or psychosis? _________

**Limitations:** Do you have a physical limitation? _________ Do you have a learning disability? _________

Will you need any exemptions or special exceptions from the rules of PBC? ________________

Please explain any “yes” answer on a separate sheet of paper:

**Personal Health Problems:** Have you ever used any illegal, injectable, or recreational drugs? _________

If so, please list types, approximate length of usage, and when last used. ________________

_____________________________

Have you ever used alcohol on a regular basis? _________ If so, please list approximate length of usage and when last used. ________________

_____________________________

Have you ever used tobacco on a regular basis? _________ If so, please list approximate length of usage and when last used. ________________

**Personal History:**

Circle any of the following you have had or are having problems with:

- AIDS
- Deformities/Amputations
- Kidney/Bladder Infec.
- Tuberculosis
- Allergies
- Diabetes
- Low Blood Pressure
- Thyroid Problems
- Anemia
- Diphtheria
- Malaria
- Venereal Disease
- Appendicitis
- Diseases (Liver/Lungs/Skin)
- Measles
- Whooping Cough
- Arthritis/Rheumatism
- Epilepsy (Seizure disorder)
- Migraine Headaches
- Asthma
- Fainting Attacks
- Mumps
- Back Impairment
- Fractures
- Pneumonia
- Bleeding Disorder
- Frequent Colds
- Rheumatic Fever
- Scarlet Fever
- Cancer
- Frequent Headaches
- Sinus Infections
- Carpal Tunnel Synd.
- Glaucoma
- Speech Impairment
- Chicken Pox
- Hearing Loss
- Slow Blood Clotting
- Chronic Cough
- Heart Condition
- Small Pox
- Colitis/Ulcerative
- Hepatitis
- Speech Impairment
- Cystic Fibrosis
- High Blood Pressure
- Tonsillitis
**Family History:** Has any member of your family (parents, grandparents, brothers, or sisters) had any of the following? Circle those that apply.

- Allergy
- Arthritis
- Brain Tumors
- Cancer
- Epilepsy
- Heart Attack
- Heart Trouble
- High Blood Pressure
- Kidney Disease
- Leukemia
- Low Blood Pressure
- Mental Illness
- Stroke
- Tuberculosis
- Venereal Disease

**Medical Insurance:** ______ I am ______ I am NOT covered by Medical Insurance.

Company name ________________________________

Address ______________________________________

Policy No. ______________________ Group No. __________

**Emergency Contact:** (Parent or Guardian)

Name __________________________ Relationship ______________

Home Phone __________________________ Work Phone _____________

**Person to be notified in the event of an emergency if parents cannot be contacted.**

Name __________________________ Relationship ______________

Address __________________________________________

Home Phone __________________________ Work Phone _____________

Name of your physician ____________________ Physician’s Phone __________

Date of last physical _________________
TB Tine Test: Date _________ Negative _________ Positive ____________
If positive, chest x-ray is required. Result: ________________________________________

Immunization: Tetanus toxoid: Date __________

Identification Data: Height ________________ Weight ___________________
Color Eyes ____________ Color Hair ____________ Scars/Birthmarks _______________
Glasses ________________ Contacts ________________ Hearing Aids (s) ________________

The college reserves the right to require a doctor’s physical examination or certain blood tests. I hereby certify that the above information is complete to the best of my knowledge.

Signature ___________________________________________________ Date ________________

CONSENT TO TREAT:

I, ____________________________________________, the legal parent or guardian of
____________________________________________________, who is under 18 years of age, hereby authorize medical treatment for my child in the event of an emergency.

_________________________________________ ________________
Signature of parent or guardian Date
Pacific Baptist College
PERSONAL REFERRAL

Name: ☐ Mr. ☐ Mrs. ☐ Miss __________________________________________________________

Address _______________________________________________________________________
Street, Apt/Suite, City, State, Zip Code

Expected enrollment date _____________________ ☐ Male ☐ Female Birth Date ____/____/____
Semester and Year

Your comments will be given serious attention and will be regarded as confidential. Please mail this form
directly to the Registrar’s Office:
Pacific Baptist College
ATTN: Registrar’s Office
P. O. Box 8050
La Verne, CA 91750
(877) 622-2921

1. How long have you known the applicant? _________________ In what capacity? _________________

______________________________________________________________________________________

2. Do you feel the individual presents a Godly testimony? (Financial matters, church, community, etc.) ______

______________________________________________________________________________________

3. What is your general evaluation of the applicant? __________________________ __________________________

______________________________________________________________________________________

4. Please rate the applicant either: Good (G), Average (A), Poor (P), or Unknown (U) in the following areas:

   Spirituality__________Cooperation__________Leadership__________

   Dependability__________Ambition__________Character__________

   Adaptability__________Punctuality__________Discretion__________

5. Does the applicant have any outstanding talents? __________________________________________________

______________________________________________________________________________________
6. Comment briefly on the family situation. ______________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

7. Are there any special circumstances, negative character traits, learning problems, health conditions, etc., that would hinder relationships with others or success in college?

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

8. Circle your recommendation of this applicant for admission to PBC.

Highly recommended  Recommended  Recommended with reservations  Not recommended

* Please indicate the reason(s) for this recommendation below.

COMMENTS

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Name of Reference _________________________________________________________________

Address __________________________________________________ Street, City, State, Zip Code

Signature __________________________ Date __________

PLEASE SEND DIRECTLY TO COLLEGE. DO NOT RETURN TO APPLICANT. THANK YOU!
Pacific Baptist College
PASTOR’S REFERRAL

APPLICANT, FILL IN HERE ONLY

Name:  ☐ Mr.  ☐ Mrs.  ☐ Miss______________________________________________________________

Address ____________________________________________________________

Street, Apt/Suite, City, State, Zip Code

Expected enrollment date ___________________ ☐ Male  ☐ Female  Birth Date ____/_____/_____

Semester and Year

Your comments will be given serious attention and will be regarded as confidential. Please mail this form
directly to the Registrar’s Office: Pacific Baptist College
ATTN: Registrar’s Office
P.O. Box 8050
La Verne, CA 91750
(877) 622-2921

1. Please rate the applicant either: Good (G), Average (A), Poor (P), or Unknown (U) in the following areas:

   Intelligence _________  Cooperation _________  Leadership _________

   Dependability _________  Ambition _________  Character _________

   Adaptability _________  Punctuality _________  Discretion _________

2. Is the applicant a member of your church? ____________________________________________________

3. From your knowledge, or after a personal interview, have you determined that the individual has received
Jesus Christ as personal Savior? ________________________________________________________________

4. How long have you known the applicant? _____________________________________________________

5. Are you related to the applicant? _____________________________________________________________

6. Does the applicant present a clean, neat appearance at all times? ________________________________

7. Comment briefly on the family situation of the applicant. ________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

8. Is the applicant a Soul-Winner?

___________________________________________________________________________________________
Pastor’s Reference Continued

9. Is the applicant a faithful worker in the church? _____________________________________________

10. In what way is the individual involved in the church? ______________________________________

11. Does the individual have any outstanding talent, skills, abilities? ____________________________

12. Are there any special circumstances, negative character traits, learning problems, health conditions, etc., we should know about?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

13. Do you recommend the applicant be accepted as a student at Pacific Baptist College? Circle your answer.

Highly recommended  Recommended  *Recommended with reservations  *Not recommended

* Please indicate the reason(s) for this recommendation below.

COMMENTS
_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Name of Reference ________________________________________________________________

Address ______________________________________ Street, City, State, Zip Code

Signature ________________________________ Date ____________
REQUEST FOR HIGH SCHOOL TRANSCRIPT

Date ______________________

Name ___________________________________________________________________________________

Last   First   Middle   Maiden (if applicable)

Social Security Number ________________________________

Birth Date ________________________________

1. Check if you are now enrolled  ☐
   Indicate when LAST ENROLLED in high school: Year ____________

   Are you a graduate? ______Yes     ______No

2. Special instructions:
   _____ A. Send now, do not hold for semester grades.
   _____ B. Hold for semester grades
   _____ C. Hold until graduation/degree statement is on the record.

3. Please send ________transcript to:

   Pacific Baptist College
   ATTN: Registrar’s Office
   PO Box 8050
   La Verne, CA 91750
   (877) 622-2921

4. Student’s address:

   Street ________________________________________________________________

   City/State/Zip Code ____________________________________________________

5. Student’s signature ___________________________________________________

Pacific Baptist College

REQUEST FOR COLLEGE TRANSCRIPT

Date __________________________

Name ___________________________________________________________________________________

_________________________  __________________________  __________________________
Last  First  Middle  Maiden (if applicable)

Social Security Number ________________________________

Birth Date ________________________________

1. Check if you are now enrolled: __________

   Indicate when LAST ENROLLED in the college: Year _______________

   Are you a graduate? ________Yes  _________No

2. Special instructions:

   _____ A. Send now, do not hold for semester grades.

   _____ B. Hold for semester grades

   _____ C. Hold until graduation/degree statement is on record.

3. Please send ________transcript to:

   Pacific Baptist College
   ATTN: Registrar’s Office
   P.O. Box 8050
   La Verne, CA 91750
   (877) 622-2921

4. Student’s address:

   Street ________________________________________________________________________________

   City/State/Zip Code ________________________________________________________________

5. Student’s signature ________________________________________________________________

Revised 8/10/15