

## *Pacific Baptist College*

Campus: 2600 N. White Ave. La Verne CA 91750  
Mail: P.O. Box 8050 La Verne CA 91750  
Toll Free: (877) 622-2921 Fax: (909) 593-2345  
www.pacificbaptist.edu

### **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.*



8. List chronologically ALL colleges and schools beyond high school that you have attended.

Name	Dates	Degrees Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

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) \_\_\_\_\_

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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?

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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 \_\_\_\_\_

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

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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 \_\_\_\_\_

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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)

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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:     Pastors     Missions (Men)

Missions (Women)     Church Education/Youth     Elementary Church Education

Secondary Church Education     Church Music     Music Education

Associate of Arts – Bible     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

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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.

# Pacific Baptist College

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Mail: P.O. Box 8050 La Verne CA 91750  
Toll Free: 877.622.2921 Fax: 909.953.2345  
[www.pacificbaptist.edu](http://www.pacificbaptist.edu)

## 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       |                  |
| Cancer               | Frequent Headaches          | Scarlet Fever         |                  |
| Carpal Tunnel Synd.  | Glaucoma                    | Sinus Infections      |                  |
| 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	Heart Attack	Low Blood Pressure
Arthritis	Heart Trouble	Mental Illness
Brain Tumors	High Blood Pressure	Stroke
Cancer	Kidney Disease	Tuberculosis
Epilepsy	Leukemia	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

**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. 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 _____ <small>Street, City, State, Zip Code</small>
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 _____ <small>Street, City, State, Zip Code</small>
Signature _____ Date _____

**PLEASE SEND DIRECTLY TO COLLEGE. DO NOT RETURN TO APPLICANT. THANK YOU!**

# Pacific Baptist College

## 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** \_\_\_\_\_