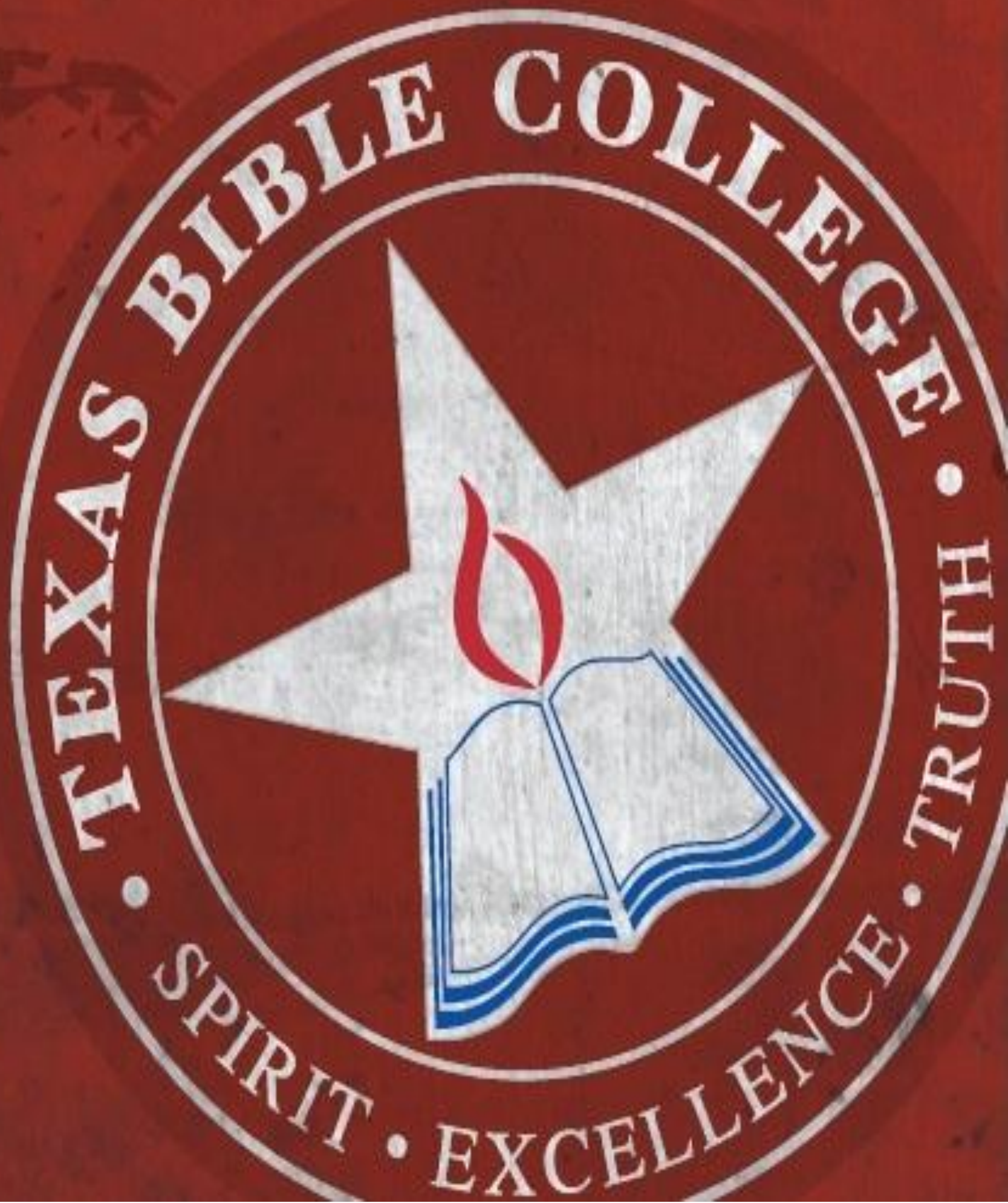


TBC APPLICATION FOR ADMISSION



Application Requirements

1. Completed Application with **passport photo**
2. \$50.00 non-refundable application fee
3. Official high school transcript or previous college transcripts *
4. Student Health Certificate form (This form is also available on our website)
5. Pastor Confidential Form (TBC mails this form to your Pastor upon receiving your application.)

Please mail your photo and fee with your Application for Admission. The additional required items must be on file no later than Registration Day.

*Transfer Students from other UPCI Bible Colleges must also request a release form from the college where they formerly attended. In order to obtain this release, all financial responsibilities at the former college must be cleared.

**All international students must send a UPCI Missionary referral letter with their application.

Personal Information

Name _____

Last, First, Middle (If you use your middle name, please circle)

Male Female

Date of Birth ____ / ____ / ____

Birthplace _____

(City & State)

SS#: _____ - _____ - _____

Email: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Insert passport photo here.

*Please write name on back of
photo.*

Home Address: _____

Number & Street

City, State

Zip Code

Present Address: _____

Number & Street

City, State

Zip Code

Citizen of: USA Other Country: _____ Race: _____

If other, give type of resident: Student Visa Permanent Visa Other type of Visa _____

I plan to enter:

Fall Semester, 20__

Spring Semester, 20__

I will be a:

Full-time student

Part-time student

I will be living:

On-campus

Off-campus

What Major are you applying for?

Theology Missiology Music Christian Counseling Religious Studies

Have you taken any music courses and/or lessons? Yes No

If yes, explain _____

Marital Status & Children

Single:

Never Married

Engaged; Date of wedding ____/____/____

Divorced*; How long? _____

Widowed

Name and age of Children (if applicable):

1) _____ () 2) _____ () 3) _____ () 4) _____ ()

Married:

Spouse's Name: _____

Separated*

You or your spouse were previously married*

(*Include letter of explanation with application)

Church Affiliation

Church Name _____ City _____ Organization _____

Member how long? _____ Pastor's Name _____ Phone (____) _____

Pastor's Complete Address _____

Have you been baptized in the name of Jesus Christ? Yes No

If so, when and where? _____

Have you received the baptism of the Holy Ghost with the evidence of speaking with tongues? Yes No

If so, when and where? _____

Family Information

Father's full name _____

Living: Yes No

Occupation _____

Address _____

Number & Street

City & State

Zip Code

Mother's full name _____

Living: Yes No

Occupation _____

Address _____

Number & Street

City & State

Zip Code

Do your parents attend church regularly?

If yes, give Church: _____

Pastor: _____

If Parents are divorced or separated, with who have you lived in the past five years?

Father Mother Foster Home Other

If parents are deceased, name your next of kin and give address and phone number.

Have you lived on your own?

Yes No

Name

If yes, where and how long?

Number & Street

City & State

Zip

Phone (____) _____

References

List three character references:

Friend:

Name

Address

City & State

Zip Code

Phone

Employer or Business Person:

Name

Address

City & State

Zip Code

Phone

Teacher, Youth Pastor, Church Elder:

Name

Address

City & State

Zip Code

Phone

Financial Information

How do you plan to finance your first year of college?

Savings _____% Loan _____% Part time work _____% Other _____%

Will your parents offer any financial support?

Yes _____% No

Are you eligible for the following?

VA Benefits SS Benefits

Vocational Rehab Texas Rehab

TBC Referral

Have you ever visited the campus? No Yes, if so when? _____

Do you know anyone who is currently a student at TBC that has been the primary influence in you coming to TBC?

No Yes, if so who? _____

How did you hear about TBC _____

How do you feel TBC will benefit you? _____

Educational Information

High School

Name

Address

City & State

Zip Code

Phone

Dates Attended: from _____ to _____ Year of Graduation: _____ or GED date of completion _____

Name Institution of GED

Address

City & State

Zip Code

Phone

College(s)

Name	Address	City & State	Zip Code	Phone
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Dates Attended: from _____ to _____ Year of Graduation/Honors: _____

Name	Address	City & State	Zip Code	Phone
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Dates Attended: from _____ to _____ Year of Graduation/Honors: _____

Health Information

Your Family Physician

Name	Address	City & State	Zip Code	Phone
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Do you have any health/physical conditions that require special attention?

No Yes if so explain: _____

Are you taking any prescribed medication?

No Yes if so what kinds? _____

Have you ever used illegal drugs?

No Yes if so explain: _____

Are you receiving or have you received professional treatment for any mental, emotional, or physical illness?

No Yes if so explain: _____

Are you receiving or have you received professional counseling of any nature?

No Yes if so explain: _____

Have you been diagnosed with Attention Deficit Disorder, Conduct Disorder, or Oppositional Defiant Disorder?

No Yes if so explain and list types of medication: _____

Social Information

Have you ever been arrested? No Yes, explain _____

Have you ever been convicted of a crime? No Yes (Classification of Crime: Misdemeanor Felony)

Have you served in the Armed Forces? No Yes

Branch: _____, type of charge: _____

Have you ever been in a behavioral rehabilitation program? No Yes

If yes, explain _____

Vehicle Information

Will you drive your own automobile while attending TBC? No Yes

Make _____ Model _____ Year _____ Color _____

Vehicle License Plate Number _____

Driver's License Number _____ State _____

Name of Insurance Company _____

Policy Number _____

Additional Information

Please circle which of the following capacities have you been active?

- Youth Leadership Outreach Church Office Teaching Singing
 Preaching Worship Leader Choir Director Musician on the Platform

Please list any other information the TBC should be aware of in considering your application:

Personal Testimony

Please use the space provided below to write your personal testimony:

Who would you consider to be the primary influence in your desire to attend TBC (parents, friend, pastor, an alumnus, etc.)?

Pledge Agreement

The following agreement must be read, signed or e-signed, and dated:

If accepted as a student at TBC, I agree to cheerfully abide by all regulations, requirements, and policies of the College which are in force during my tenure on or off campus. I agree to conduct myself in a Christian manner both on and off campus. I also understand that a non-refundable \$50.00 fee must be enclosed with the application.

Signed: _____ Date: _____

Please Mail or Email Completed Application To:
misty.farris@tbcnow.com

Texas Bible College Admissions
3900 College Dr.
Lufkin, TX 75901

Phone: 936-633-7799

Web Site: www.tbcnow.com

Student Health Certificate

Texas Bible College 3900 College Dr. Lufkin, TX 75901

Student Information:

Name: _____ Date: _____
 (Last) (First) (Middle)
Date of Birth: ____/____/____ Age: ____ Student Cell Phone: _____

Physical Examination (Must Be Completed by Physician or Medical Provider)

Student Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

1. Is the student presently under treatment for a medical condition? Yes No

If yes, explain: _____

Please list all medication:

2. Is this student capable of normal physical exercise or athletic activity? Yes No

If no, explain: _____

3. Is the patient receiving treatment for any of the following condition(s)? If yes, please indicate medication, dosage and frequency:

- | | | |
|---------------------|--|-------|
| Hypertension | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Diabetes Type I | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Diabetes Type II | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Sickle Cell Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Clotting Disorders | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Cancer/Leukemia | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Depression | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Bipolar Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

4. Has the patient received the Bacterial Meningitis Vaccine within the last 5 years? Yes No

Disclaimer: Texas Education Code, Section 51.9192, Subchapter Z, establishes the requirement for bacterial meningitis vaccination for certain students and identifies exceptions to that requirement. Texas Bible College is exempt from having to require this vaccine from our students. However, the College does not discourage students from receiving the vaccine as a precautionary measure, especially for those residing in on-campus housing. Should the student choose to receive the vaccination, please complete the information below.

Name of Administering/Verifying Physician of Healthcare Professional:

Type of Vaccination: MCV4 MPSV4 Other: _____

Date meningitis vaccination was administered: ____/____/____

Tuberculosis (TB) Screening Questionnaire:

- 1. Has the student ever had a positive TB skin test? Yes No
- 2. Has the student ever had close contact with anyone who was sick with TB? Yes No
- 3. Has the student been an employee or volunteer in a high-risk setting?
(e.g. correctional facility, nursing home, homeless shelter, hospital) Yes No
- 4. Has the student recently traveled to a country where exposure was high? Yes No

If YES to any of the above questions, Texas Bible College requires a Tuberculin Skin Test (TST)

Date Given: ____/____/____ Lot # _____ Administered by: _____

Date Read: ____/____/____ RESULT: Positive _____ Negative _____ Read by: _____

Printed Name of Health Care Physician

Signature of Health Care Physician

Address: Street City State Zip

Phone Number: _____ Fax Number: _____

****Students are encouraged to maintain a copy of their immunization record for transfer to another college or future use****