



APPLICATION FOR ADMISSION

Last Name _____ First _____ Middle _____

Street Address _____ Apt. # _____

City/State/Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____ Please check: Mr. Miss Mrs. Ms.

Email Address _____ Date of Birth (M/D/Y) ____/____/____

Social Security # _____ - _____ - _____ Marital Status: Single Married Other: _____

Preferred Name _____ U. S. Citizen: Yes No International Student Yes No

**Please indicate when you would like to enter Urban Bible College and your plans.
Check one box in each section:**

<p>Expected Start Date:</p> <p><input type="checkbox"/> Fall Semester 200__</p> <p><input type="checkbox"/> Spring Semester 200__</p> <p><input type="checkbox"/> Summer Term 200__</p>	<p>How many credits would you like to take?</p> <p><input type="checkbox"/> Full-time Student (12 credits or more)</p> <p><input type="checkbox"/> Part-time Student (fewer than 12 credits)</p>
<p>Housing</p> <p><input type="checkbox"/> Residential Student (live in dorms)</p> <p><input type="checkbox"/> Commuter Student</p>	<p>Degree Program</p> <p><input type="checkbox"/> Associate of Arts in Urban Studies</p> <p><input type="checkbox"/> Certificate in Bible</p> <p><input type="checkbox"/> Diploma in Urban Ministry</p> <p><input type="checkbox"/> Ministerial Credentials</p> <p><input type="checkbox"/> Uncertain- Visiting Student</p>

- What is your educational goal?**
- To become better equipped to serve in my current ministry role
 - To receive training in a new area
 - To improve my knowledge of the Bible and Theology
 - To complete a 2-year degree
 - To begin study toward a 4-year degree

- What is your vocational goal?**
- To become a Missionary
 - To become an Evangelist
 - To serve as a Worship leader
 - To serve as a Pastor
 - To work in a Para-church urban ministry
 - To serve in lay ministry
 - To work in "market place" ministry
 - Uncertain at this time
 - Other: _____

Are you involved in a local church? Yes No

Name of Church: _____ Denomination: _____

What is your involvement: _____

Ethnic Background (Optional)

- | | |
|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> White, not of Hispanic origin |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other- _____ |

How did you hear about Urban Bible College?

- | | | | |
|--|-----------------------------------|---|---|
| <input type="checkbox"/> Church/Pastor | <input type="checkbox"/> Web Site | <input type="checkbox"/> Radio/TV Ad | <input type="checkbox"/> Open House |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Brochure | <input type="checkbox"/> City College Student | <input type="checkbox"/> Conference/Exhibit |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Print Ad | <input type="checkbox"/> Other _____ | |

Please complete emergency contact information:

- Parent (required of students under 21) Spouse Other- _____

Last Name _____ First _____ Middle _____

Street Address _____ Apartment _____

City/State/Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Company Name _____

Email Address _____

Note: Conviction of a crime or answering yes to any of the following questions may not disqualify you for admission into Urban Bible College.

Have you ever been convicted of, pled guilty, or no contest to a crime other than a minor traffic violation?

_____ Yes _____ No

If yes, please explain _____

Are you presently facing charges for any criminal offense? _____ Yes _____ No

If yes, please explain _____

Have you ever been accused of or charged with any offense involving children or vulnerable adults?

_____ Yes _____ No

If yes, please explain _____

Have you ever participated in the use of intoxicants, tobacco, or illegal drugs? _____

If yes, please explain _____

Have you ever engaged in any other addictive/compulsive behavior? _____

If yes, please explain _____

Are you currently employed? Yes No If currently employed, please provide the following information:

Company Name _____ Position Title _____

Street Address _____

City/State/Zip _____ Work Phone (____) ____-_____

Education

Are you a GED graduate? Yes No Year of completion _____ Place of completion _____

Are you a high school graduate? Yes No Year of Graduation _____

High School(s) Attended	City/State	Dates Attended		Did you Graduate?	
		From	To	Yes	No

Post-Secondary Education. List all educational institutions and colleges attended since high school.

Institution/College	City/State	Dates Attended		Did you Graduate?	
		From	To	Yes	No

Placement Tests: Indicate if, when test taken and score:

ACT: Date/Score _____ SAT: Date /Score _____ TOEFL: Date/Score _____

Certification

I certify that I have read this application and that, to the best of my knowledge, the information given is correct and complete. I understand that before an admission decision is made, a completed application and all scholastic records must be on file.

Applicant's Signature _____

Date _____

For Office Use only: _____ Application Fee Paid _____ Check/Money Order # _____ RB