



APPLICATION FOR ADMISSION

Date of Application: _____

PERSONAL INFORMATION:

NAME **SEX** (circle one):

Last: First: Middle: Male Female

ADDRESS

Street: City: State: Zip:

SS#: Phone #: Email:

BIRTH DATE

BIRTHPLACE

Month: Day: Year: City: County: State:

Name of Parents/Guardians:

Address of Parents/Guardians:

Person to notify in emergency:

Relationship:

Phone#:

MARITAL STATUS (circle one): Single Married Separated* Divorced*

*If separated or divorced, please give the date (below) and submit a letter of explanation with this application.

Date:

Number and ages of children:

MILITARY SERVICE:

Military Service Branch: Years: Type of Discharge:

HEALTH: Are you in good health? In not, briefly describe the nature of your illness or disability.

RELIGIOUS INFORMATION:

Name and Address of Church of which you are a member:

Names and addresses of ministers who served this congregation during your membership:

1. _____
2. _____
3. _____

EDUCATIONAL INFORMATION:

High School*
(Name, address, dates; indicate from which you graduated):

1. _____
2. _____
3. _____

College*
(Name, address, dates; indicate from which you graduated):

1. _____
2. _____
3. _____

***Official transcripts are to be sent from each high school and college listed above.
Have them sent to:**

Blueridge College of Evangelism
PO Box 979
Wvtheville, VA 24382

Have you ever been dismissed from any school or college? _____
If so, explain:

Transfer students - State reasons for requesting transfer to BCE:

FINANCIAL INFORMATION:

What will be your source of financial support while attending BCE?

Will you be able to pay your first semester's charges at registration?

(If not, you may apply for credit arrangements for three-fourths of your semester's expenses. For long term

Job experience and training:

Name and address of your last employer:

REFERENCES:

Names and complete mailing addresses of 3 elders of the Churches where you have held membership:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES:

Names and complete mailing addresses of 3 business/community references with whom you have had a personal relationship (exclude relatives):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATEMENT OF AGREEMENT:

I am willing to subscribe to the requirements of the faculty, the student handbook/academic catalog, and the admission. Furthermore, I promise to abstain from alcohol, profanity, drug abuse, gambling, attending/viewing perverse films, and cheating. I understand that failure to abide by the college rules and standards may result in my immediate dismissal from the college. My signature below affirms this statement.

Signature: _____ Date: _____

SEND THIS APPLICATION, WITH A CHECK IN THE AMOUNT OF \$25 FOR THE NON-REFUNDABLE APPLICATION FEE, TO:

Blueridge College of Evangelism
PO Box 979
Wytheville, VA 24382

Check the appropriate box:	Excellent	Good	Average	Poor	Unknown
Industry					
Church Attendance					
Kind of Associates					
Initiative					
Ability to Live with Others					

CHECK ONE:

- I recommend this applicant without reservation. (comment below)
 I recommend this applicant with reservation. (comment below)
 I do not know this applicant well enough or have sufficient information to give a reference.
 I do not recommend this applicant. (comment below)

Comments or Explanations:

Signature: _____

Date: _____

Position/Title: _____

Phone: _____

RETURN TO:

Blueridge College of Evangelism

PO Box 979

Wytheville, VA 24382