

APPLICATION FOR ADMISSION

Date of Application: _____

PERSONAL INFORMATION:						
NAME				SEX (circle one):		
Last:	First:	Mic	ldle:	Male Female		
ADDRESS						
Street:		City:	State:	Zip:		
SS#:	Phone #:		Email:			
BIRTH DATE		BIRTHPL	ACE			
Month: Day:	Year:	City:	County:	State:		
Name of Parents/Gua	ardians:	Address o	Parents/Guardians:			
Person to notify in en	nergency:	Relationship:	Phone#:			
MARITAL STATUS (circle one): Single	Married Se	parated* 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 Brand	ch:	_ Years:	Type of Dischar	ge:		
HEALTH: Are you in	good health? In not, br	iefly describe the r	nature of your illness o	r 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 Wytheville. 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

APPLICANT REFERENCE

TO BE COMPLETED BY THE STUDENT

Name:	Phone:
I have waived my right of access to information included on	this reference form. It is therefore
confidential, and will only be seen by the Admission's Committee.	
I have not waived my right of access to information included	on this reference form. It will therefore be
subject to my review upon request.	
Signature:	Date:

TO BE COMPLETED BY THE REFERENCE

The Person above has applied for admission to Blueridge College of Evangelism and has submitted your name as a reference. All information is strictly confidential.

How long have you known the applicant?	·	
What is your relationship with the applica	nt?	
My last contact with the applicant was:	within the last month	1-6 months ago
	7-12 months ago	1-2 years ago

Check the appropriate box:	Excellent	Good	Average	Poor	Unknown
Dedication to Christ					
Honesty					
Control of Temper					
General Maturity					
Leadership Ability					
Stability					
Self-Control					
Reputation					
Financial Responsibility					
Cleanliness					
Tact					

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