

Please consult the catalog for admissions requirements before completing this application.
 Answer all questions and fill in all blanks. Write NA if an item is not applicable to you.
PLEASE PRINT IN DARK INK!

IDENTIFICATION

FULL NAME:	Last	First	Middle (not initial)	Social Security Number
	Mr. Mrs. Miss			/ /
Current Address:	Number, Street, Apartment	City	State	Zip Code
				Phone # with Area Code () -
Date of Birth	Place of Birth:	City, State or Country	Country of Citizenship	Immigration Status
Ethnic Background	<input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> American-Indian or Alaskan Native <input type="checkbox"/> Pacific Islander			<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic
<i>You are advised that this "Ethnic Information" is voluntary: the information is collected for state/federal reporting requirements; and the information will not be used in a discriminatory manner.</i>				
Name of Father (or Guardian)	Name of Mother		Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Father's Address:	Number, Street, Apartment	City	State	Zip Code
				Phone # with Area Code () -
Mother's Address: (If different from father's)		City	State	Zip Code
				Phone # with Area Code () -
Father's Occupation	Mother's Occupation	With whom do you live?		Relationship

PERSONAL

Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Separated * <input type="checkbox"/> Divorced *	Full Name of Spouse, Fiancée/ Fiancé	Wedding Date
Driver's License Number (State where issued)	Vehicle Make, Year, License Number, Color and State Registered		Auto Insurance Co.
Hospitalization Insurance Company (include photo copy of I.D.)	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Parents	Have you used: Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No Tobacco <input type="checkbox"/> Yes <input type="checkbox"/> No Non-Medical Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No	
Criminal Convictions? Describe briefly, give dates			

EDUCATIONAL

High School Attending or Last Attended (official transcript required)	Date of Graduation Month ____ Year ____	Admission Tests: Give types, dates, and scores
List all colleges, universities, and schools attended, in order, starting with the most recent. Colleges or universities (official transcripts required)		
1. _____	From _____	To: _____
2. _____	From _____	To: _____
3. _____	From _____	To: _____
Has any School Ever:	Dropped you from enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No Put you on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No Refused your application? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain briefly.
Have you Attended ABC before?	If yes give date <input type="checkbox"/> Yes From _____ to _____ <input type="checkbox"/> No	Have you requested all transcripts? <input type="checkbox"/> Yes <input type="checkbox"/> No Transcripts sent by number <input type="checkbox"/> HS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

RELIGIOUS

Have you trusted Christ As your personal Saviour?	At what age?	Has spouse trusted Christ As personal Saviour?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Where is your church membership?	Name?	How long?
		Previous Church Membership.
Are you in agreement with The doctrinal position of ABC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please explain.		
Briefly describe your church activity, involvement and Christian service.		
Do you live a Biblically separated life?	If no, explain.	Pastor's Recommendation Required
<input type="checkbox"/> Yes <input type="checkbox"/> No		

ENROLLMENT

Date of desired enrollment: 20_____ Fall Summer Spring

I will be seeking one of the following
 B.S. Degree Bible Diploma Full-Time
 B.A. Degree Bible Certificate Part-Time

FINANCIAL

Will you be applying for financial aid? Yes No

Veteran's benefits? Yes No

Are you in default on any kind of student loan? Yes No

Are you in default on payment to another college? Yes No

Have you applied for student financial aid elsewhere? Yes No

Briefly describe the nature and amounts of your total indebtedness.

What is your credit rating? GOOD BAD

Will you be living on campus? Yes No

Will you have sufficient Funds to begin your first semester? (See catalog) Yes No

Will someone co-sign a promissory note with you? Yes No

If yes, name and relation.

REFERENCES

Give the names of 4 persons who can speak to your readiness for college and your fitness for full-time church work.

Name	Address	City/State	Zip
1. _____ Pastor	_____	_____	_____
2. _____ High-school counselor or teacher, if a recent graduate. Otherwise, employer.	_____	_____	_____
3. _____ A Church official, teacher or staff person.	_____	_____	_____
4. _____ Friend	_____	_____	_____

PLEASE INCLUDE AN ESSAY TELLING US SOMETHING ABOUT YOURSELF. It should be 1 to 2 pages and in your own handwriting. Cover the following areas:

- 1.) Your conversion experience,
- 2.) Your home environment and training,
- 3.) Any call to the Lord's work you may have,
- 4.) A brief description of your beliefs and convictions, and
- 5.) Why you think Arlington Baptist College is able to meet your needs.

Include essay with this application. Attach a photograph of yourself to your essay.

In signing this application:

- 1.) I agree to abide by the social, educational and spiritual standards of Arlington Baptist College including rules regulating dress and behavior on campus and off campus;
- 2.) I agree to meet the Christian service obligations as part of my academic program including active church membership, attendance and participation;
- 3.) I promise to fulfill any and all financial obligations I make to the College;
- 4.) I agree to the doctrinal position of the College; and
- 5.) I certify that the information contained in this application is true to the best of my knowledge. I understand that failure to complete requirements for admission to Arlington Baptist College, including transcripts from other schools and references as indicated above, could result in the rejection of my application or the cancellation of any enrollment.

Date _____ Signature of Applicant _____

Co-signer: For consideration of some financial aid programs. Co-signer hereby agrees to secure and meet any financial obligation made by applicant to Arlington Baptist College.

Date _____ Signature of Co-signer _____

Address _____ Phone (_____) _____

MAIL TO:

ADMISSIONS OFFICE
ARLINGTON BAPTIST COLLEGE
3001 West Division
Arlington, Texas 76012

Enclose: Application Fee - \$15.00 Room Deposit - \$25.00