APPLICATION FOR BETHESDA COLLEGE ADMISSION

PLEASE TYPE OR PRINT IN BLACK INK

Year and	I semester for v	vhich you are applying	: 20	☐ Fall ☐ Spring ☐ Summer	Classification will be:	
Status	☐Full Time	☐ Part Tim	ne		International	
Name _						
		Last		First	Middle	
Preferred	d Name			Social Security Number		
Other na	mes under whi	ch your transcript(s) m	ay be listed			
Mailing A	ddress					
City			State	Zip Code	Phone ()	
Sex:		Female	Birth Date	/E	mail address	
Country of	of Citizenship _			If not a U.S. Citizen,	Student Permanent Resident	
				check type of visa:	Visitor	
_	h your primary	• •	□No			
	parent(s) or gu					
Name an	id mailing addre	ess of next of kin:				
List name	es and state re	lationship of any relativ	ves who have	attended or are attending Bo	ethesda.	
List Harri	os and state re-	ationomp of any relativ	ves who have	attended of are attending by	Sinesda.	
1			2		3	
_	Name/Relationship		Name/Relationship		Name/Relationship	
		ED	JCATION	AL INFORMATION		
	CHOOL(S) ATT					
School Nan	ne	City		Dates Attended	Date of Graduation GPA	
					/ /	
					/ /	
					/ /	
					/ /	
					П	
	,,	school did/will you gra			ivate Home School	
Date you	took/will take t	he GED (if applicable)	/	_ GED To	otal Score	
Date you	took/will take t	he: AC	CT/	SAT/	TOEFL/	
What was	s your score?	AC	T	SAT/	TOEFL/	

f:\linda\bethesda bible college\bbc admissions application.xls

EDUCATIONAL INFORMATION (continued)								
COLLEGE(S) ATTENDE	D							
Institution Name	City	Dates Attended	Hours Earned	GPA				
Have you ever been dism If yes, please explain the	circumstances in your Biograph	robation or required to leave school fo		Yes 🔲 No				
	BIOGR	APHICAL ESSAY						
On a separate sheet of particle of particl	n testimony	own words addressing the following o	questions:					
Essay should be typewrit	ten and no more than two doub	le-spaced pages.						
I attest that this information	on is accurate to the best of my	knowledge.						
Signature_		Date	/ /					

Application fee of \$25.00 must accompany application form.

BETHESDA COLLEGE MINISTER'S RECOMMENDATION THIS SECTION TO BE COMPLETED BY THE APPLICANT Name Social Security Number Term Applying For _____Address ____ State Zip Code Phone (____) City I authorize the minister identified on this form to complete the recommendation and disclose this form to BBC. I understand that this form is confidential and that I will not be entitled to review the completed recommendation. I release the minister and Bethesda Bible College from all claims, liabilities and damages arising out of or related to disclosure of the information consistent with the authorization. Signature _____ THIS SECTION TO BE COMPLETED BY THE MINISTER (Minister completing this form cannot be related to the applicant.) Church Phone () Minister's Name Church Name Church Address Denomination TO THE MINISTER: Each applicant for admission to Bethesda Bible College must submit a minister's recommendation. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. It should be returned directly to Bethesda Bible College, Office of Admissions, 5708 Airline Drive, Metairie, LA 70003. 1. How long have you known the applicant? 2. How well do you know the applicant? ☐ Very Well ☐ Well Casually 3. Do you believe the applicant has a personal relationship with Jesus Christ? ☐ Yes □No □No 4. Do you feel the applicant possesses the necessary qualities to succeed at BBC? ☐ Yes If no, what qualities are lacking? Rank the applicant on the following areas: Excellent Above Average **Below Average** Average **Emotional Stability** Leadership Ability Peer Relationship Spiritual Maturity Social Readiness Comments: recommend do not recommend strongly recommend Based on the above information, I the applicant for admission. \square_{Yes} \square No Do you want to discuss the applicant with the Office of Admissions?