

Pacific Baptist College

Campus: 395 San Bernardino Ave. * Pomona * CA * 91767
Mail: P.O. Box 3070 * Pomona * CA * 91769
Toll Free: (877) 622-2921 * Fax: (909) 865-1125
www.pacificbaptist.edu

APPLICATION INSTRUCTIONS:

Step 1: Complete the Application for Admission and attach a recent photograph. Complete the Medical/Health Questionnaire. Send the completed application and \$40.00 application fee to Pacific Baptist College, P.O. Box 3070, Pomona, CA 91769

Step 2: Give the Pastor's Reference form to your pastor and the Personal Reference form to a friend, business acquaintance or employer along with a stamped envelope for each addressed to:

Admissions
Pacific Baptist College
P.O. Box 3070
Pomona, CA 91769

Step 3: Have your physician complete the Supplemental Physical Examination Form. Submit form with completed application.

Step 4: Complete the High School Transcript Request and mail it to the high school from which you graduated. Home schooled students must take the Tests of General Education Development (GED) and have an official copy of the results sent to the Admissions Office.

If you have not yet graduated, request that the high school send a transcript of your course work completed up until the current semester. After graduation have a transcript sent which signifies your graduation date. If you passed the GED, you must have an official copy sent directly from the GED test center to the Director of Admissions.

If you have attended another college, mail a completed College Transcript Request to your former college(s).

Step 5: ACT or SAT test scores are not required for acceptance to PBC, however, test scores may be used for proper placement. If available, please submit test scores with completed application.

Step 6: Once your application is received, you will receive an acknowledgment letter from us. Should any forms still be outstanding, such information will be stated in the letter. As soon as all required forms and information are received by us, we have reviewed the application and you are accepted by PBC, you will receive a letter stating acceptance.

Pacific Baptist College does not discriminate against any ethnic or racial group.

Pacific

Baptist College

395 San Bernardino Ave., Pomona, CA 91767
Mail: P. O. Box 3070, Pomona, CA 91769
(877) 622-2921

ATTACH
SMALL
GOOD
QUALITY
PHOTO

APPLICATION FOR ADMISSION

Application Fee

Received

\$40.00 _____
(Office use only)

This application is for: _____ Fall
_____ Year
_____ Spring

Have you previously applied at PBC? _____ Yes _____ No
If yes, for what semester and year? _____

1. Legal Name: Mr., Mrs., Miss _____
Last Name First Name Middle

2. Home Address _____
Street Apt/Suite City State Zip Code

Telephone (_____) _____ Cell # (_____) _____ Social Security No. _____

Driver's License #: _____ State of License: _____

3. Your Present Age _____ Date of Birth _____ () Male () Female Race _____

Place of Birth _____ Country of Citizenship _____

4. Marital Status: () Single () Married () Separated () Widowed () Divorced
() Divorced Remarried (If divorce, a letter of explanation must accompany application)

If married, give spouse's name _____ Number of children _____
Do you plan to be married before enrollment? Yes _____ No _____

If so, give date and spouse's name _____

5. Are you a high school graduate _____ or have you received your GED _____? Year _____

If so, from what high school did you graduate? _____
Name of School

_____ City State Phone Number

6. If not, how far did you go in your schooling? _____

7. Why didn't you finish? _____

8. List chronologically ALL colleges and schools beyond high school that you have attended.

Name	Dates	Degrees Received

Note: It is the student's responsibility to have all transcripts of both high school and college work forwarded to **Pacific Baptist College** before registration date.

9. Have you ever been dismissed from school or placed on probation?

(a) Academic () Yes () No (b) Disciplinary () Yes () No

If yes, explain the circumstances (use additional paper if necessary) _____

10. Do you intend to enroll as a full-time student? (12 semester hours) Yes _____ No _____

11. Father's name _____ If deceased, when? _____

Address _____

12. Mother's name _____ If deceased, when? _____

Address _____

13. If parents are separated, give date of separation _____

With whom are you living? () Mother () Father () Stepmother () Stepfather () Guardian

Give name and address of legal guardian _____

14. Do you have any health conditions which require special attention? Yes _____ No _____

If yes, please explain _____

15. Have you had or are you now receiving counseling for emotional or mental difficulties? Yes _____ No _____

If yes, please explain _____

16. To what extent, if any, do you use or have you used tobacco, alcoholic beverages, or hallucinogenic drugs?

17. Selective Service No. _____

18. If veteran, indicate length of service: From _____ to _____ Branch _____

Did you receive your honorable discharge? _____ If you have not been separate from the service,
state your expected date of release. _____ VA File Number (if known) _____

19. Are you now or have you ever been under the supervision of a parole officer or under the custody of a
juvenile or other court? _____ Have you ever had a police record? _____ If so, give the
dates and the complete name of the judge or probation officer and their addresses. Briefly state nature of
offense. _____

20. Are you in accord with the doctrines for which this college stands? _____ If not, please explain
which doctrine (s) _____

21. What influenced your applying to PBC? _____

22. List any members of your immediate family who are attending PBC, have attended PBC, or have
graduated from PBC _____

23. Who will finance your educational training? () Yourself () Parents () Other
Please note: Any applicant under 21 years of age will be required to have a co-signer.

24. Have you personally accepted Christ as Savior? _____ When? _____

Give a brief testimony of your salvation and call to Christian service. (Use separate sheet of paper if necessary)

25. Name of local church you attend _____

Address of the church _____

Pastor's name _____

Are you a member? _____ Do you attend regularly? _____

26. CHECK UNDERGRADUATE MAJOR: Pastors Missions (Men)
 Missions (Women) Church Education/Youth Elementary Church Education
 Secondary Church Education Church Music Music Education
 Associate of Arts - Bible Certificate of Bible Proficiency

27. HOUSING INFORMATION

Please reserve a room for me in the dormitory for the fall _____ or spring _____
semester of _____ (year)

I will not need a room reserved in the dormitory because:

- I plan to live with my parents
 I plan to live with an immediate member of my family
 I will be a married student.

Give the name and address where you will be living during school if other than dormitory.

I HEREBY MAKE APPLICATION for admission to *Pacific Baptist College*
and ENCLOSE the non-refundable \$40.00 APPLICATION FEE. If I should be accepted, I agree to give
cheerful and ready obedience to and cooperate with the spirit and regulations of the College. I understand that
attendance at **PBC** is a privilege, not a right, and agree to regard it as such. I understand Pacific Baptist College
does not discriminate against any ethnic or racial group.

Signature of Applicant _____ Date _____

PLEASE CHECK APPLICATION CAREFULLY. ALL QUESTIONS MUST BE ANSWERED AND
APPLICATION FEE MUST BE SUBMITTED BEFORE APPLICATION WILL BE CONSIDERED.

Pacific Baptist College
PASTOR'S REFERENCE

APPLICANT, FILL IN HERE ONLY

Name: Mr. Mrs. Miss _____

Address _____
Street, Apt/Suite, City, State, Zip Code

Expected enrollment date _____ () Male () Female Birth Date ____/____/____
Semester and Year

Your comments will be given serious attention and will be regarded as confidential. Please mail this form directly to the Registrar's Office: Pacific Baptist College

ATTN: Registrar's Office
P.O. Box 3070
Pomona, CA 91769
(877) 622-2921

1. Please rate the applicant either: Good (G), Average (A), Poor (P), or Unknown (U) in the following areas:

Intelligence _____	Cooperation _____	Leadership _____
Dependability _____	Ambition _____	Character _____
Adaptability _____	Punctuality _____	Discretion _____

2. Is the applicant a member of your church? _____

3. From your knowledge, or after a personal interview, have you determined that the individual has received Jesus Christ as personal Savior? _____

4. How long have you known the applicant? _____

5. Are you related to the applicant? _____

6. Does the applicant present a clean, neat appearance at all times? _____

7. Comment briefly on the family situation of the applicant. _____

8. Is the applicant a soul-winner? _____

SEE OTHER SIDE

Pastor's Reference Continued

9. Is the applicant a faithful worker in the church? _____

10. In what way is the individual involved in the church? _____

11. Does the individual have any outstanding talent, skills, abilities? _____

12. Are there any special circumstances, negative character traits, learning problems, health conditions, etc. we should know about?

13. Do you recommend the applicant be accepted as a student at *Pacific Baptist College*?

Highly recommended Recommended*Recommended with reservations *Not recommended

* Please indicate the reason(s) for this recommendation below.

COMMENTS

Name of Reference _____

Address _____
Street, City, State, Zip Code

Signature _____ Date _____

PLEASE SEND DIRECTLY TO COLLEGE. DO NOT RETURN TO APPLICANT. THANK YOU!

Pacific Baptist College

PERSONAL REFERENCE

APPLICANT, FILL IN HERE ONLY

Name: Mr. Mrs. Miss _____

Address _____
Street, Apt/Suite, City, State, Zip Code

Expected enrollment date _____ () Male () Female Birth Date ____/____/____
Semester and Year

Your comments will be given serious attention and will be regarded as confidential. Please mail this form directly to the Registrar's Office: Pacific Baptist College

ATTN: Registrar's Office
P. O. Box 3070
Pomona, CA 91769
(877) 622-2921

1. How long have you known the applicant? _____ In what capacity? _____

2. Do you feel the individual presents a godly testimony? (Financial matters, church, community, etc.) _____

3. What is your general evaluation of the applicant? _____

4. Please rate the applicant either: Good (G), Average (A), Poor (P), or Unknown (U) in the following areas:

Spirituality _____ Cooperation _____ Leadership _____

Dependability _____ Ambition _____ Character _____

Adaptability _____ Punctuality _____ Discretion _____

5. Does the applicant have any outstanding talents? _____

SEE OTHER SIDE

Personal Reference Continued

6. Comment briefly on the family situation. _____

7. Are there any special circumstances, negative character traits, learning problems, health conditions, etc. that would hinder relationships with others or success in college?

8. Circle your recommendation of this applicant for admission to **PBC**.

Highly recommended Recommended*Recommended with reservations *Not recommended

* Please indicate the reason(s) for this recommendation below.

COMMENTS

Name of Reference _____
Address _____ <small>Street, City, State, Zip Code</small>
Signature _____ Date _____

PLEASE SEND DIRECTLY TO COLLEGE. DO NOT RETURN TO APPLICANT. THANK YOU!

Pacific Baptist College

REQUEST FOR HIGH SCHOOL TRANSCRIPT

Date _____

Name _____
Last First Middle Maiden (if applicable)

Social Security Number _____

Birth Date _____

1. Check if you are now enrolled: _____

Indicate when LAST ENROLLED in high school: Year _____

Are you a graduate? _____ Yes _____ No

2. Special instructions:

_____ A. Send now, do not hold for semester grades.

_____ B. Hold for semester grades

_____ C. Hold until graduation/degree statement is on the record.

3. Please send _____ transcript to:

Pacific Baptist College
ATTN: Registrar's Office
P.O. Box 3070
Pomona, CA 91769
(909) 622-2921

4. Student's address:

Street _____

City/State/Zip Code _____

5. Student's signature _____

Pacific Baptist College

REQUEST FOR COLLEGE TRANSCRIPT

Date _____

Name _____
Last First Middle Maiden (if applicable)

Social Security Number _____

Birth Date _____

1. Check if you are now enrolled: _____

Indicate when LAST ENROLLED in the college: Year _____

Are you a graduate? _____ Yes _____ No

2. Special instructions:

_____ A. Send now, do not hold for semester grades.

_____ B. Hold for semester grades

_____ C. Hold until graduation/degree statement is on record.

3. Please send _____ transcript to:

Pacific Baptist College
ATTN: Registrar's Office
P.O. Box 3070
Pomona, CA 91769
(877) 622-2921

4. Student's address:

Street _____

City/State/Zip Code _____

5. Student's signature _____

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Medical / Health Questionnaire

Applicant: Complete ALL items. PLEASE PRINT

Name _____ Address _____

Home Phone () _____ Birth Date / / _____ Social Security # _____

Age _____ Sex _____ Race _____ Marital Status _____

Parents' Name _____ Address _____

Father's Work Phone _____ Mother's Work Phone _____

How would you rate your health? _____ Excellent _____ Good _____ Poor

In your opinion, is there anything that would hinder you in pursuing a college career or dormitory living? _____
Yes ___ No Explain _____

General Wellness Questions: (please answer yes or no)

Do you exercise on a regular basis? _____ Do you handle stress well? _____

Do you become angry easily? _____ Are you often depressed about life? _____

Do you get along well with others? _____

Injuries or Surgeries?: _____ Yes _____ No

Explain _____

Are you currently or have you recently been under the care of a doctor? _____ Yes _____ No

For what reason? _____

Are you taking any medication – i.e. insulin, Dilantin, allergy injections, special diet, etc.?
_____ Yes _____ No

If yes, give complete information _____

SEE OTHER SIDE

Allergies: Are you allergic to any food, drugs, medicines, serum, etc.?

_____ Yes _____ No

Explain _____

Mental Health Problems: Please answer yes or no and explain any “yes” answer on a separate sheet of paper.

Has your job or schooling ever been interrupted because of mental or emotional problems? _____

Have you ever been diagnosed as having an eating disorder such as Anorexia or Bulimia? _____

Have you ever been hospitalized or treated with medication for anxiety, depression, or psychosis? _____

Limitations: Do you have a physical limitation? _____ Do you have a learning disability? _____

Will you need any exemptions or special exceptions from the rules of PBC? _____

Please explain any “yes” answer on a separate sheet of paper..

Personal Health Problems: Have you ever used any illegal, injectable, or recreational drugs? _____

If so, please list types, approximate length of usage, and when last used. _____

Have you ever used alcohol on a regular basis? _____ If so, please list approximate length of usage and when last used. _____

Have you ever used tobacco on a regular basis? _____ If so, please list approximate length of usage and when last used. _____

Personal History:

Circle any of the following you have had or are having problems with:

- | | | | |
|----------------------|-----------------------------|-----------------------|------------------|
| AIDS | Deformities/Amputations | Kidney/Bladder Infec. | Tuberculosis |
| Allergies | Diabetes | Low Blood Pressure | Thyroid Problems |
| Anemia | Diphtheria | Malaria | Venereal Disease |
| Appendicitis | Diseases (Liver/Lungs/Skin) | Measles | Whooping Cough |
| Arthritis/Rheumatism | Epilepsy (Seizure disorder) | Migraine Headaches | |
| Asthma | Fainting Attacks | Mumps | |
| Back Impairment | Fractures | Pneumonia | |
| Bleeding Disorder | Frequent Colds | Rheumatic Fever | |
| Cancer | Frequent Headaches | Scarlet Fever | |
| Carpal Tunnel Synd. | Glaucoma | Sinus Infections | |
| Chicken Pox | Hearing Loss | Slow Blood Clotting | |
| Chronic Cough | Heart Condition | Small Pox | |
| Colitis/Ulcerative | Hepatitis | Speech Impairment | |
| Cystic Fibrosis | High Blood Pressure | Tonsillitis | |

Family History: Has any member of your family (parents, grandparents, brothers, or sisters) had any of the following: Circle those that apply.

Allergy
Arthritis
Brain Tumors
Cancer
Epilepsy

Heart Attack
Heart Trouble
High Blood Pressure
Kidney Disease
Leukemia

Low Blood Pressure
Mental Illness
Stroke
Tuberculosis
Venereal Disease

Medical Insurance: _____ I am _____ I am NOT covered by Medical Insurance.

Company name _____

Address _____

Policy No. _____ Group No. _____

Emergency Contact: (Parent or Guardian)

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Person to be notified in the event of an emergency if parents cannot be contacted.

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

Name of your physician _____ Physician's Phone _____

Date of last physical _____

TB Tine Test: Date _____ Negative _____ Positive _____

If positive, chest x-ray is required. Result: _____

Immunization: Tetanus toxoid: Date _____

Identification Data: Height _____ Weight _____

Color Eyes _____ Color Hair _____ Scars/Birthmarks _____

Glasses _____ Contacts _____ Hearing Aids (s) _____

The college reserves the right to require a doctor's physical examination or certain blood tests. I hereby certify that the above information is complete to the best of my knowledge.

Signature _____ Date _____

CONSENT TO TREAT:

I, _____, the legal parent or guardian of
_____, who is under 18 years of age, hereby
authorize medical treatment for my child in the event of an emergency.

Signature of parent or guardian

Date

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Supplemental Physical Examination Form

(to be completed by a physician)

Name of patient: _____ Date: _____ Age: _____

Address _____ Phone: _____

City/State: _____ Zip: _____

Height: _____ Weight: _____

Current Medications: _____

Required Tests:

Results of TB Skin Test: _____

Results of Chest X-Ray (if applicable): _____

Are there any indications that the applicant has been engaged in illicit use of drugs or addicted to narcotics or alcohol? (If yes, please explain) NO _____ YES _____

Special Diet (Explain) _____

Date of last tetanus shot: _____ B/P _____

Please name any other weaknesses or limitations that you feel would hinder the applicant in proper learning: _____

Circle Yes or No (if yes, please explain)

YES NO General health disabilities _____

YES NO Allergies _____

YES NO Normal Hearing _____

YES NO Normal Speech _____

YES NO Normal Teeth _____

YES NO Eye Defects/Diseases _____

YES NO Infectious Diseases _____

YES NO Skin Diseases _____

YES NO Diabetes _____

YES NO Thyroid _____

YES NO Ear, Nose, Throat Defects/Diseases _____

YES NO Asthma/Lung Diseases _____

YES NO Heart _____

YES NO Stomach/Intestines _____

YES NO Kidney/Bladder _____

YES NO Muscle Defects/Diseases _____

YES NO Nerve Defects/Diseases _____

YES NO Psychiatric _____

YES NO Alcoholism/Drug Addiction _____

YES NO Injuries/Surgeries _____

Any additional information to ensure good health:

Immunization Record (Please attach copy with this form):

Physician completing this physical (please print name clearly)

Name: _____ License #: _____

Office Name: _____

Office Address: _____

City/State: _____ Zip: _____

Phone: _____

Physician's Signature: _____ Date: _____

PHYSICIAN, PLEASE NOTE:
THIS ENTIRE FORM MUST BE COMPLETED BEFORE APPLICANT WILL BE
ACCEPTED AT OUR INSTITUTION.

ALL INFORMATION IS CONFIDENTIAL.