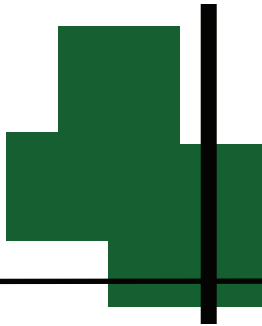


# IBC

INDIANA  
BAPTIST COLLEGE



**...remaining faithful to the old paths.**



# APPLICATION FOR ADMISSION

UNDERGRADUATE

## INDIANA BAPTIST COLLEGE

1301 W. County Line Road, Greenwood, IN 46142  
New Student Admissions Information: 317-882-2345  
Website: [www.indianabaptistcollege.edu](http://www.indianabaptistcollege.edu)

Please attach small photo of yourself here.

Please print or type all information.

Mr.  
Name: Mrs. \_\_\_\_\_  
Miss Last First Middle Maiden

Male  
 Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Social Security No. \_\_\_\_\_

Telephone no. (\_\_\_\_) \_\_\_\_\_ Citizenship:  USA  Canada  Other \_\_\_\_\_

Current marital status (check all that apply):  Married- spouse's full name \_\_\_\_\_

Single  Widow or Widower  Divorced  Remarried  Separated

Do you regularly attend church?  Yes  No Denomination: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Education:

Anticipated or past graduation date from high school: \_\_\_/\_\_\_/\_\_\_

Name of high school: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Please list other college/s you have previously attended, if any, as well as the dates spanning your time of attendance:

\_\_\_\_\_  
\_\_\_\_\_

Do you have outstanding financial obligations to any colleges?  Yes  No

Have you already obtained a degree from another college? \_\_\_\_\_ If yes:  
College: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Have you ever been dismissed or placed on academic or disciplinary probation? \_\_\_\_\_ If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

Entrance Date to IBC: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year \_\_\_\_\_ Degree pursued: \_\_\_\_\_

Expected Classification:  Freshman  Sophomore  Junior  Senior Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

### Office Use Only

Date rec'd \_\_\_\_\_ College Transcript \_\_\_\_\_ Application Complete Date \_\_\_\_\_  
App. Fee \_\_\_\_\_ High School Transcript \_\_\_\_\_ Medical Form \_\_\_\_\_  
Testimony \_\_\_\_\_ Insurance Form \_\_\_\_\_ Reference #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
Objtv. Sheet \_\_\_\_\_ Photo \_\_\_\_\_ Conference \_\_\_\_\_

***Transcripts:***

Please be sure to request an official transcript from your high school and any colleges you have previously attended. Your college transcripts must be sent directly from the college you previously attended to Indiana Baptist College.

***ACT/SAT Scores:***

Please request an official copy of either your ACT or SAT test scores to be sent to the Admissions Department. This must be done prior to the student’s actual enrollment unless special permission has been received from the Admissions Department to meet this requirement after enrollment.

***Personal Objective:***

On a separate sheet, please state your educational objectives and personal testimony.

***Reference Forms:***

You will find in this application packet three references to be filled out: a general, pastoral and academic recommendation. Give these to the required parties and have them forward the reference form to our Admissions Department by mail or fax. References should not be given to relatives.

How do you plan to meet college expenses? \_\_\_\_\_

***Statement of Intent:***

I hereby make application to Indiana Baptist College and enclose a \$25 application fee with the understanding that the fee will be retained to cover the cost of processing my application. I here verify that this application is true and complete with no omission in any area. I also understand that any untrue statement will subject me to immediate dismissal from Indiana Baptist College. Upon matriculation I agree to comply with the doctrines, rules, and regulations of the Institution and to maintain standards of conduct in accordance with the aims and objectives of Indiana Baptist College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The parent or guardian of the student making application must sign in the space below unless the applicant is over twenty-one years of age.

As a parent or guardian of above applicant, I agree to cooperate with Indiana Baptist College in the enforcement of the rules and regulations of this Institution.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

If you wish to pay your \$25 Application fee with your credit card, please complete the following. Payment is required to process your application.

Name on Card \_\_\_\_\_ Credit Card # \_\_\_\_\_

Type of Card:       Visa       MasterCard       Discover      Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder’s P.O. Box, Route, or House Number \_\_\_\_\_ Cardholder’s Zip Code \_\_\_\_\_

Cardholder’s Signature \_\_\_\_\_

***Important:***

It is understood that attendance at IBC is a privilege and not a right, which privilege may be forfeited by any student who does not conform to the standards and regulations of the institution, and that the college may request the withdrawal of any student at any time, who, in the opinion of the college, does not fit into the spirit of the institution, regardless of whether or not he/she conforms to the specific rules and regulations of the college.

Mail the completed application and the application fee to the Admissions Department, Indiana Baptist College, 1301 W. County Line Road, Greenwood, IN 46142. Those sending application by fax must fill in the above credit card information before transmitting BOTH SIDES of the completed application to 317-885-2960.

## *Indiana Baptist College Academic Reference*

(To be completed for undergraduate students only)

Please complete the first section of this form, then give it to your principal or college registrar. This form should not be given to a relative. If you are home schooled, please give to an adult who knows you well. This form is required before final acceptance can be granted.

### **To Be Completed by Student:**

I am authorizing the release of the following information to be considered in my application for admission to IBC and understand that the information will be held in confidence by the college and will not be released to me or anyone else. I understand that this questionnaire will be sent to IBC by the person completing the information below.

Signature of Student \_\_\_\_\_

Student's Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### **To Be Completed by the Person Recommending the Student:**

Thank you for your help in answering the following questions. All information provided will be held strictly confidential by Indiana Baptist College and will not be made available to the applicant. Please answer all questions frankly.

1. What relationship do you have with this person?
2. Do you know of any reason this person would not be suitable to attend Indiana Baptist College? \_\_\_\_\_ If yes, please explain why:
3. To what extent do you consider the applicant to be a dedicated Christian?
4. What are the applicant's strong points or special abilities?
5. Is this person trustworthy?

6. Does this person have any doctrinal views that are extreme? \_\_\_\_\_ If yes, please elaborate:

7. Would you want your children to be in close association with this person?

8. Is there any additional information that you would like to share?

I recommend this person                       I do not recommend this person

I recommend with this reservation:

**Mail completed form to:**        Admissions Department  
   Indiana Baptist College  
   1301 W. County Line Road  
   Greenwood, IN 46142

**This person's application cannot be further processed until we hear from you.**

Signature of person filling out form \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

# *Indiana Baptist College*

## *Pastoral Reference*

(To be completed for undergraduate students only)

Please complete the first section of this form, then give it to your pastor. This form should not be given to relatives. This form is required before final acceptance can be granted.

### **To Be Completed by Student:**

I am authorizing the release of the following information to be considered in my application for admission to Indiana Baptist College and understand that the information will be held in confidence by the college and will not be released to me or anyone else. I understand that this questionnaire will be mailed to IBC by the person completing the information below.

Signature of Student \_\_\_\_\_

Student's Printed Name \_\_\_\_\_

Student's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **To Be Completed by the Person Recommending Student:**

Thank you for your help in answering the following questions. This form is for the confidential use of the Indiana Baptist College Admissions Dept. for evaluating admission and will not be made available to the applicant. Please answer all questions frankly.

1. What relationship do you have with this person?

2. Do you know of any reasons why this person would not be suitable to attend Indiana Baptist College? \_\_\_\_\_ If yes, please explain why:

3. To what extent do you consider the applicant to be a dedicated Christian?

4. What are the applicant's strong points or special abilities?

5. Is this person trustworthy?

6. Does this person have any doctrinal views that are extreme?\_\_\_\_\_ If yes, please elaborate:

7. Would you want your children in be in close association with this person?

8. Is there any additional information that you would like to share?

I recommend this person     I do not recommend this person

I recommend with this reservation:

**Please mail completed form to:**                      Admissions Department  
   Indiana Baptist College  
   1301 W. County Line Road  
   Greenwood, IN 46142

**This person's application cannot be further processed until we hear from you.**

Signature of person filling out form\_\_\_\_\_

Name (please print) \_\_\_\_\_

Address\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

# *Indiana Baptist College General Reference*

( To be completed for undergraduate students only )

Please complete the first section of this form, then give it to an adult who knows you well. This form should not be given to a relative. This form is required before final acceptance can be granted.

## **To Be Completed by Student:**

I am authorizing the release of the following information to be considered in my application for admission to IBC and understand that the information will be held in confidence by the college and will not be released to anyone else. I understand that this questionnaire will be mailed to IBC by the person completing the information below.

Signature of Student \_\_\_\_\_

Student's Printed Name \_\_\_\_\_

Student's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **To Be Completed by the Person Recommending Student:**

Thank you for your help in answering the following questions. This information is for the confidential use of the Indiana Baptist College Admissions Dept. for evaluating admission and will not be made available to the applicant . Please answer all questions frankly.

1. What relationship do you have to the applicant?

2. Do you know of any reason this person would not be suitable to attend Indiana Baptist College? \_\_\_\_\_ If yes, please explain why:

3. To what extent do you consider the applicant to be a dedicated Christian?

4. What are the applicant's strong points or special abilities?

5. Is this person trustworthy?



6. Does this person have any doctrinal views which are extreme? \_\_\_\_\_ If yes, please elaborate:

7. Would you want your children to be in close association with this person?

8. Is there any additional information that you would like to share?

I recommend this person       I do not recommend this person

I recommend with this reservation:

**Mail completed form to:**                      Admissions Department  
Indiana Baptist College  
1301 W. County Line Road  
Greenwood, IN 46142

**This person's application cannot be further processed until we hear from you.**

Signature of person filling out form \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

*Indiana Baptist College*  
*General Fitness Form*  
*To Be Completed By Physician*

Mr.  
Student's Name : Miss \_\_\_\_\_  
Mrs. Last First Middle

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Examination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Respirations: \_\_\_\_\_ Temperature: \_\_\_\_\_

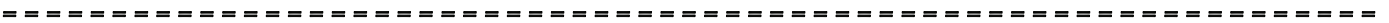
Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Extremities: \_\_\_\_\_

Reflexes: \_\_\_\_\_



Please list any limitations: \_\_\_\_\_

Please list any pre-existing conditions: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

# *Indiana Baptist College Medical History Form*

Mr. \_\_\_\_\_  
Name: Miss \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Mrs. Last First Middle

Marital Status: \_\_\_\_\_  
( Single, Married, Remarried, Widowed, Divorced)

## *Medical History*

Check those that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> High Blood Pressure     |
| <input type="checkbox"/> Epilepsy                      | <input type="checkbox"/> Low Blood Pressure      |
| <input type="checkbox"/> Frequent Headaches            | <input type="checkbox"/> Tuberculosis            |
| <input type="checkbox"/> Arthritis                     | <input type="checkbox"/> Thyroid Disease         |
| <input type="checkbox"/> Scarlet Fever                 | <input type="checkbox"/> Anemia                  |
| <input type="checkbox"/> Frequent Tonsillitis          | <input type="checkbox"/> Frequent Sinus Problems |
| <input type="checkbox"/> Diphtheria                    | <input type="checkbox"/> Measles                 |
| <input type="checkbox"/> Frequent Fainting             | <input type="checkbox"/> Chicken Pox             |
| <input type="checkbox"/> Pleurisy                      | <input type="checkbox"/> Whooping Cough          |
| <input type="checkbox"/> Allergies (please list below) | <input type="checkbox"/> Venereal Disease        |
| <input type="checkbox"/> Pneumonia                     | <input type="checkbox"/> Kidney Disease          |
| <input type="checkbox"/> Vision                        | <input type="checkbox"/> Malaria                 |
| <input type="checkbox"/> Heart Disease                 | <input type="checkbox"/> Liver Disease           |
| <input type="checkbox"/> Frequent Colds                | <input type="checkbox"/> Chronic Fatigue         |

## *Family History*

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Tuberculosis    | <input type="checkbox"/> Heart Disease       |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Kidney Disease      |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mental Disease  | <input type="checkbox"/> High Blood Pressure |
|                                   | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Low Blood Pressure  |

Please list any allergies: \_\_\_\_\_  
\_\_\_\_\_

History of injuries: if any, please give short account: \_\_\_\_\_  
\_\_\_\_\_ If none, indicate \_\_\_\_\_

History of operations: if any, when & what? \_\_\_\_\_  
\_\_\_\_\_ If none, indicate \_\_\_\_\_

**Indiana Baptist College**  
**Personal, Family, or Group Hospital and Surgical Insurance Information**

Registrar:

I have current hospital and surgical insurance which will be or is now paid for or valid through the school year ( to September)    Yes \_\_\_\_\_ No \_\_\_\_\_

The following is information regarding my policy:

Name of Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Policy Number or Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Group Plan: \_\_\_\_\_ , Family Plan: \_\_\_\_\_ , Individual Policy: \_\_\_\_\_ ( check one )

**Name and address of person on whom policy is written:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**(Single students only complete next two lines):**

Student's age at which this policy is no longer effective: \_\_\_\_\_

Student's Age now: \_\_\_\_\_ Student's Birthday: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Please submit this form to:

Admissions Department  
Indiana Baptist College  
1301 W. County Line Road  
Greenwood, IN 46142