

INDIANA
BAPTIST COLLEGE

EST. 1955

Application for
UNDERGRADUATE STUDIES

“...training leaders for Independent Baptist ministry...”

APPLICATION FOR ADMISSION

Please print or type all information.

Desired Entrance Date to IBC: *Fall* _____ *Spring* _____ Degree Pursuit: _____

Expected Classification: *Freshman* *Junior* *Full-time*
 Sophomore *Senior* *Part-time*

Please attach a small photo of yourself here.

PERSONAL

Name: *Mr.* _____ *Male*
Mrs. _____ *Female*
Miss _____ *Last* _____ *First* _____ *Middle* _____ *Maiden* _____ DOB: ____/____/____

Address: _____
Street _____ *City* _____ *State* _____ *Zip Code* _____

Phone: _____ Email: _____

SSN: _____ Citizenship: *USA* *Canada* *Other:* _____

Current family/marital status (check all that apply):

- Single* *Married* — *Spouse's full name:* _____
 Widow or Widower *Children*
 Divorced *Remarried*
 Separated

CHURCH

Are you currently a member of a Fundamental Independent Baptist church? *Yes* *No*

Are you actively involved in the church where you are a member? *Yes* *No*

If yes, in what ways? _____

Church Name: _____

Pastor's Name: _____ Church Phone: _____

Address: _____
Street _____ *City* _____ *State* _____ *Zip Code* _____

EDUCATION

High School Graduation: ____/____/____ High School Name: _____

Address: _____
Street _____ *City* _____ *State* _____ *Zip Code* _____

Have you already obtained a degree from another college? *Yes* *No*

<i>College</i>	<i>Degree</i>	<i>Major</i>	<i>Dates Attended</i>
_____	_____	_____	_____
_____	_____	_____	_____

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

Have you ever been dismissed or placed on academic or disciplinary probation? *Yes* *No*

If yes, explain: _____

TRANSCRIPTS

Please be sure to request an official transcript from your high school and any colleges you have previously attended. Your college transcript 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 hereby 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 fill in the following information. (Payment is required to process your application.)

Name on Card: _____ Credit Card #: _____

Type of Card: Visa MasterCard Discover American Express Expiration Date: ___/___

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

Admission to Indiana Baptist College is not limited by race, color, or national or ethnic origin.

PASTORAL REFERENCE

INDIANA BAPTIST COLLEGE

Instructions for the student: Please complete the first section of this form, then give it to your pastor. This form is required for final acceptance to be granted.

To be completed by the student:

I am authorizing the release of the following information to be considered in my application for admission to Indiana Baptist College, understanding 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 form will be sent to IBC by the person completing the form.**

Signature of Student: _____

Student's Printed Name: _____

Student's Address: _____
Street City State Zip Code

To be completed by the pastor recommending the student:

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

- What relationship do you have with this person? _____
- How long have you personally known this person? _____
- How would you describe your relationship with this person? *Very close* *General acquaintance*
 Know well *Other:* _____
- Is this person a member in good standing in your church? *Yes* *No* (Please Explain): _____

- How long has this person been a member? _____
- Is this person actively involved in the ministry opportunities of your church? *Yes* *No* If yes, in what ways?
 Sunday School *Nursery* *Outreach*
 Junior Church *Ushering* *Other (please explain):* _____
 Music Ministry *Mid-week Children's Ministry* _____

- Approximately how long has this person been actively involved in your church's ministry? _____
- To what extent do you consider the applicant to be a dedicated Christian? _____
- To your knowledge, does this person have a strong and consistent devotion life? *Yes* *No*
(Please Explain): _____
- To your knowledge, does this person have a consistency good relationship with his/her parents?
Yes *Sometimes* *No* (Please Explain): _____
- To your knowledge does this person consistently demonstrate/exhibit a healthy respect for you and people in authority?
Yes *Sometimes* *No*
- To your knowledge does this person consistently relate well to others?
Yes *Sometimes* *No*

ACADEMIC REFERENCE

INDIANA BAPTIST COLLEGE

Instructions for the student: 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 this to an adult who knows you well. This form is required before final acceptance can be granted.

To be completed by the student:

I am authorizing the release of the following information to be considered in my application for admission to Indiana Baptist College, understanding 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 form will be sent to IBC by the person completing the form.**

Signature of Student: _____

Student's Printed Name: _____

Student's Address: _____
Street City State Zip Code

To be completed by the person serving as a reference for the student above:

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.

- How long have you known this person? _____ How well? _____
- To what extent do you consider the applicant to be a dedicated Christian? _____
- What are the applicant's strong points or abilities? _____

- Is this person, in your opinion, trustworthy? _____
- Is this person submissive and cooperative with the authority figures in his life? _____
- Would you have any misgivings about your children being in close association with this person? Yes No
(Please Explain): _____
- What relationship do you have with this person, whereby you believe you can assess his academic qualities or performance? _____

Please complete the rating list below as completely as you can:

	Poor	Fair	Average	Good	Excellent
Punctuality with attendance to class/events:	1	2	3	4	5
Punctuality with assignments or tasks:	1	2	3	4	5
Neatness of work:	1	2	3	4	5
Quality of work:	1	2	3	4	5
Conscientiousness:	1	2	3	4	5
Cooperation:	1	2	3	4	5
Gets along with others:	1	2	3	4	5
Leadership:	1	2	3	4	5
Diligence:	1	2	3	4	5

• Areas of Academic Strength: *(circle all that apply)*

Math English History Science Language Typing Organization
Music Art Writing Speech Secretarial Business

• Areas of Academic Weakness: *(circle all that apply)*

Math English History Science Language Typing Organization
Music Art Writing Speech Secretarial Business

• Is there any additional information that you would like to share? _____

• How do you personally believe this person would do academically at Indiana Baptist College, based on your knowledge of their performance, abilities, character, etc.?

Very well *Satisfactorily* *Substandard, but pass* *Not likely to succeed*

I recommend this person for Indiana Baptist College.

I recommend this person with the following reservation(s): _____

I do not recommend this person to Indiana Baptist College. *Optional explanation:*

At this time

For the following reason(s): _____

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

Signature of person filling out form: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone: _____ Date: _____

This reference form is kept confidential, being reviewed only by appropriate parties within the administration and/or administrative staff of Indiana Baptist College. Thank you for your willingness to serve as a reference for this applicant. We appreciate your response.

IBC Administration

Please mail completed form to:

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

GENERAL REFERENCE

INDIANA BAPTIST COLLEGE

Instructions for the student: 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 the student:

I am authorizing the release of the following information to be considered in my application for admission to Indiana Baptist College, understanding 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 form will be sent to IBC by the person completing the form.**

Signature of Student: _____

Student's Printed Name: _____

Student's Address: _____
Street City State Zip Code

To be completed by the person serving as a reference for the student above:

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.

- How long have you known this person? _____ How well? _____
- To what extent do you consider the applicant to be a dedicated Christian? _____
- What are the applicant's strong points or abilities? _____

- Is this person, in your opinion, trustworthy? _____
- Is this person submissive and cooperative with the authority figures in his life? _____
- Would you have any misgivings about your children being in close association with this person?
(Please Explain): _____
- Is there any additional information that you would like to share? _____

- How do you personally believe this person would do academically at Indiana Baptist College, based on your knowledge of their performance, abilities, character, etc.?
 Very well *Satisfactorily* *Substandard, but pass* *Not likely to succeed*
- How well does this person relate to peers? _____

- How well does this person relate to those in authority? _____

- I recommend this person for Indiana Baptist College.
- I recommend this person with the following reservation(s): _____

- I do not recommend this person to Indiana Baptist College. *Optional explanation:*
 - At this time*
 - For the following reason(s):* _____

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

Signature of person filling out form: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone: _____ Date: _____

This reference form is kept confidential, being reviewed only by appropriate parties within the administration and/or administrative staff of Indiana Baptist College. Thank you for your willingness to serve as a reference for this applicant. We appreciate your response.

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

GENERAL FITNESS FORM

INDIANA BAPTIST COLLEGE

TO BE COMPLETED BY A PHYSICIAN:

Student's Name: *Mr.* _____
Mrs. _____
Miss _____
Last *First* *Middle*

DOB: ___/___/___ Sex: *Male*
 Female

Age: _____

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: _____

MEDICAL HISTORY FORM

INDIANA BAPTIST COLLEGE

Student's Name: *Mr.* _____
Mrs. _____
Miss _____
Last *First* *Middle*

Current family/marital status (check all that apply):

- Single* *Married* *Divorced*
 Widow or Widower *Remarried*

Medical History:

(check all that apply)

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

Family History:

(check all that apply)

- | | | |
|----------------|-----------------------|---------------------------|
| _____ Cancer | _____ Tuberculosis | _____ Heart Disease |
| _____ Leukemia | _____ Diabetes | _____ Kidney Disease |
| _____ Epilepsy | _____ Mental Disease | _____ High Blood Pressure |
| | _____ Thyroid Disease | _____ Low Blood Pressure |

On the back of this form, please list and describe any food allergies or sensitivities the applicant experiences. Also, please give a sample list of foods the applicant **can** eat and another list the applicant **cannot** eat.

- Please list any general or medical allergies the applicant experiences: _____

- History of injuries: If any, please give a short account: _____

_____ If none, indicate: _____

- History of operations: If any, when & what: _____

_____ If none, indicate: _____

INSURANCE INFORMATION

INDIANA BAPTIST COLLEGE

Registrar:

- I am an active part of health sharing ministry that takes care of medical needs. Yes No
If yes, which ministry: _____
- 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: _____

Check one: *Group Plan* *Family Plan* *Individual Policy*

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

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Student information:

Student's age at which the policy is no longer effective (*single students only*): _____

Student's age now (*single students only*): _____ Student's birthday: _____

Student's Name: _____

Student's Present Address: _____

City: _____ State: _____ ZIP: _____

Student's Signature: _____

Please mail completed form to:

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