

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: _____

Please attach a
small photo of
yourself here.

PERSONAL

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

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

SSN: _____ Race/Nationality: _____

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/CLT SCORES

Please request an official copy of either your ACT, SAT, or CLT 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. The ACT code for IBC is 3327.

TESTIMONY

On a separate sheet of paper, please state your 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: _____

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 #: _____

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.

REFERENCE INFORMATION

INDIANA BAPTIST COLLEGE

Instructions: Please fill out the forms given below. Wherever possible, family members should not be used as references.

Pastoral Reference:

Pastor's First Name: _____

Pastor's Last Name: _____

Pastor's Phone Number: (____)_____

Pastor's Email Address _____

Academic Reference:

Teacher's First Name: _____

Teacher's Last Name: _____

Teacher's Phone Number: (____)_____

Teacher's Email Address _____

General Reference:

Reference's First Name: _____

Reference's Last Name: _____

Reference's Phone Number: (____)_____

Reference's Email Address: _____

To be completed by the student:

I hereby authorize 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 all reference information will be sent directly to IBC by the person completing the form.**

Signature of Student: _____

Student's Printed Name: _____

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 |

- 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: _____
- Description of food allergies/sensitivities: _____

- Foods that cannot be eaten: _____

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**