

# Applying

## **First-Time Students**

1. Complete the application and attach a recent photo:
2. Enclose the \$25 application fee (this fee is non-refundable).
3. Submit 3 references, which should include your pastor, and two non-relatives.
4. Ask the high school you attended to send a copy of your transcript directly to the Director of Admissions. If, in lieu of a high school diploma, you have received a GED, please have an official copy of the results sent directly to the Director of Admissions, along with your high school transcripts.

## **Transfer Students**

1. Complete all steps for First-Time students.
2. If there are any credits you wish to transfer from another college or institute, we must receive transcripts from all colleges or institutes you have attended, even if you do not wish to transfer their credit. Please have them send a complete transcript directly to:

Director of Admissions  
Fundamental Baptist College  
2500 Margaret Ave.  
Terre Haute, IN 47802

*Transcript Request Forms may be duplicated, or additional forms are available upon request.*

3. Fundamental Baptist College must be informed if there are any unpaid accounts with any other schools.
4. Notification of your status will be provided in writing upon receipt of the above information.

## **Processing of Application**

Normally, an application will require at least three weeks to be processed, and in some cases, up to six weeks or longer. All information including transcripts, references, and the application fee should be sent in as quickly as possible before a final letter of acceptance can be given.

Following applicant's acceptance, a non-refundable registration fee of \$100 should be sent to the financial office. This fee should be paid as soon as possible to insure placement in the College but must be paid no later than registration day or a late fee will be imposed.



### Family Information

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
*(indicate if deceased)*

Permanent Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation: \_\_\_\_\_  
*(indicate if deceased)*

Permanent Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_

### Church Information

Name and address of current church membership: \_\_\_\_\_  
*Church Name*

\_\_\_\_\_ *Street City State Zip*

Church Phone: \_\_\_\_\_

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

### Personal Information

Check appropriate box:

**Yes No**

- Have you any significant impairment?
- Have you ever been treated for any nervous, mental, or emotional disorder, or been seen by a psychologist?
- Have you ever used or sold illegal or dangerous drugs? If so, when was the last time? \_\_\_\_\_
- Have you ever used alcoholic beverages? If so, when was the last time? \_\_\_\_\_
- Have you ever used tobacco in any form? If so, when was the last time? \_\_\_\_\_
- Were you ever expelled, dropped, or suspended by any school or college?
- Have you ever been accused or convicted of any improper relation with a minor?
- Have you ever been arrested for any reason?
- Is there anything else in your background about which we should know?

*If any answer is yes, please give complete details on a separate piece of paper.*

### Personal Essay

Please prepare an essay on a separate sheet of paper (8 1/2 X 11) and incorporate the following subject in your essay. *Please type or print in ink and enclose with your application.*

1. Give a brief account of your salvation experience.
2. Describe the work or ministry to which you feel God is calling you.
3. List your reasons for attending Fundamental Baptist College.

*I certify that I have given full and complete information on this application for admission to Fundamental Baptist college and that I have listed all schools and/or colleges I have attended. Furthermore, if admitted, I pledge to conduct myself in accordance with the standards outlined in the catalog and the student handbook.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Be sure to enclose your \$40 application fee and mail to:**

**Admissions Office Fundamental Baptist College, 2500 Margaret Ave,  
Terre Haute, IN 47802**

# High School Tran- script

*request form*

Please type or print in ink. Please fill out completely.

**To**  Spring 20\_\_\_\_  Summer 20\_\_\_\_  Fall 20\_\_\_\_  
**the Principal:**

**I have applied to Fundamental Baptist College**

**Please send a copy of my high school transcript to:**

Admissions Office  
Fundamental Baptist College  
2500 Margaret Avenue  
Terre Haute, IN 47802

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

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

## Personal Data

Name: \_\_\_\_\_  
*Last First Middle*

Mailing Address: \_\_\_\_\_  
*Street City State Zip*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Term Attended (include year) \_\_\_\_\_

## High Schools, Please Note:

If this student is currently a senior, please send a transcript which includes the first seven semesters of his high school work. Upon graduation, please send a supplement showing final grades and graduation date.

A transcript for a graduate must include the student's date of graduation in order for the transcript to be considered final.

# College Transcript

Please type or print in ink. Please fill out completely

*request form*

## To the Registrar:

**I have applied to Fundamental Baptist College for the:**

Spring 20\_\_\_\_\_  Summer 20\_\_\_\_\_  Fall 20\_\_\_\_\_

**Please send a copy of my college transcript to:**

Admissions Office  
Fundamental Baptist College  
2500 Margaret Ave  
Terre Haute IN 47802

**Attach the personal data given below to the transcript being sent to Fundamental Baptist College.**

*(Parent's or Guardian's signature is required if the student is under 18 years of age.)*

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

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

### Personal Data

Name: \_\_\_\_\_  
*Last First Middle*

Mailing Address: \_\_\_\_\_  
*Street City State Zip*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Term Attended (include year) \_\_\_\_\_

### Please Note:

I grant my permission to release any information regarding my financial and/or

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

# Medical

## Mail to Admissions Office

### Fundamental Baptist College, 2500 Margaret Ave., Terre Haute, IN

*Please type or print in ink. Please fill out completely.*

Name: \_\_\_\_\_  
*Last First Middle*

Mailing Address: \_\_\_\_\_  
*Street City State Zip*

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Do you intend to enroll:  Part-time?  Full-time?

Do you have medical insurance?  Yes  No

Medical insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

History of Injuries: Give a short account. If none, indicate "none." \_\_\_\_\_

History of Operations: If any, what? when? If none, indicate "none." \_\_\_\_\_

List any medications you take regularly: \_\_\_\_\_

Are you allergic to any medications? \_\_\_\_\_

Have you ever sought psychiatric counsel?  Yes  No If yes, please explain in a separate letter, including circumstances and medication which was given.

#### Student History

*(Check those you have had with an X)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> AIDS or HIV positive   | <input type="checkbox"/> Headaches (frequent)      | <input type="checkbox"/> Rheumatic Fever                           |
| <input type="checkbox"/> Allergies              | <input type="checkbox"/> Heart Disease             | <input type="checkbox"/> Scarlet Fever                             |
| <input type="checkbox"/> Anemia                 | <input type="checkbox"/> High Blood Pressure       | <input type="checkbox"/> Service with U.S.A. overseas              |
| <input type="checkbox"/> Arthritis              | <input type="checkbox"/> Jaundice                  | <input type="checkbox"/> Sinus Disease                             |
| <input type="checkbox"/> Chest Colds (frequent) | <input type="checkbox"/> Kidney or Bladder Disease | <input type="checkbox"/> Thyroid Disease                           |
| <input type="checkbox"/> Chicken Pox            | <input type="checkbox"/> Liver Disease             | <input type="checkbox"/> Tonsillitis (frequent)                    |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Low Blood Pressure        | <input type="checkbox"/> Trouble With Eyes                         |
| <input type="checkbox"/> Diphtheria             | <input type="checkbox"/> Malaria                   | <input type="checkbox"/> Tuberculosis                              |
| <input type="checkbox"/> Drug Flashbacks        | <input type="checkbox"/> Measles                   | <input type="checkbox"/> Typhoid Fever                             |
| <input type="checkbox"/> Epilepsy               | <input type="checkbox"/> Mumps                     | <input type="checkbox"/> Weight Loss (over 10 pounds in last year) |
| <input type="checkbox"/> Fainting Attacks       | <input type="checkbox"/> Pleurisy                  | <input type="checkbox"/> Whooping Cough                            |
| <input type="checkbox"/> Head Colds (frequent)  | <input type="checkbox"/> Pneumonia                 |  |

#### Family History

*(Parents, grandparents, brothers and sisters)*

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Allergy      | <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Leukemia         |
| <input type="checkbox"/> Arthritis    | <input type="checkbox"/> Heart Disease       | <input type="checkbox"/> Mental Disease   |
| <input type="checkbox"/> Brain Tumors | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Tuberculosis     |
| <input type="checkbox"/> Cancer       | <input type="checkbox"/> Kidney Disease      | <input type="checkbox"/> Venereal Disease |

# Background

*questionnaire*

**Mail to**

**Admissions Office**

**Fundamental Baptist College, 2500 Margaret Avenue, Terre Haute, IN 47802**

Please type or print in ink. Please fill out completely. Please list the city, state, and county in which you lived before coming enrolling in Fundamental Baptist College.

Name: \_\_\_\_\_  
*Last First Middle*

Mailing Address: \_\_\_\_\_  
*Street City*

\_\_\_\_\_ *City County State Zip*

**All students at Fundamental Baptist College are required to work in the C ministry which involves working with children. In order to reasonably ensure that children are being brought to a safe environment each applicant must answer the following questions.**

1. Have you ever physically struck anyone in anger while at work or serving in the ministry?  
 Yes  No
2. Have you ever been accused of any improper conduct toward a child?  
 Yes  No
3. Have you ever been investigated by any governmental agency for any form of abuse whatsoever?  
 Yes  No
4. Have you ever been accused of abuse of any kind by anyone?  
 Yes  No
5. Have you intentionally viewed pornography on an ongoing basis or viewed pornography that exploited children?  
 Yes  No
6. Have you ever been accused of any improper conduct toward a member of the opposite gender?  
 Yes  No
7. Have you ever been accused of any improper conduct toward a member of the same gender?  
 Yes  No

I certify that I have given full and complete information on this Background Questionnaire Form for admission to Fundamental Baptist College.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# Personal

*recommendation*

**Mail to**  
**Admissions Office**  
**Fundamental Baptist College, 2500 Margaret Avenue, Terre**  
**Haute, IN 47802**

**Part I: To be completed by the applicant.**

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Mailing Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Please type or print in ink. Please fill out completely.

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Entrance Date: Spring 20\_\_\_\_ Fall 20\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

**Part II: To be completed by the reference.**

The person named above has applied for admission to Fundamental Baptist College. We value your comments highly and ask that you give a complete and candid report so that fair consideration may be given to the applicant. Upon completion of this form, please return it to the Admissions Office at the address noted above. **DO NOT** give this form to the applicant. For assistance with this form, please call (812) 238-2541

**Confidential**

How long have you known the applicant?

Please describe your relationship with the applicant.

Please give your general impression of the applicant.

Please list strengths of the applicant.





