



Admission Application

The Baptist College of Florida

Completing the Application Process

1. Submit the completed application:
 - Answer all questions completely including any and all letters of explanation requested on the application.
 - Sign and date the application.
2. Submit the \$25 application fee.
3. Give the Church and Pastor Recommendation Form and the Personal Recommendation Form to the proper persons and request they are returned to the Admissions Office as soon as possible.
4. Contact your high school or GED center and request an official academic transcript* to be sent to the Admissions Office.
5. Contact any other schools, colleges, or universities (including technical schools, military, dual enrollment, AP, Clep, etc.) you attended beyond high school and request official academic transcripts* to be sent to the Admissions Office.
6. All applicants must submit an official copy of test scores from either the American College Test (ACT) or the Scholastic Aptitude Test (SAT).
7. Every student is required to submit a BCF Immunization Form. As indicated by Rule 6C-6.001(5) Florida Administrative Code, you must submit proof of immunizations for measles and rubella before you can be accepted into an institution.

*Please note that for transcripts to be considered official, they must come in a sealed envelope and have the signature and seal of the registrar along with your graduation date. Transcripts must be final: showing neither incomplete grades nor courses in progress. Admissions documents can be found at <http://www.baptistcollege.edu/prospectivestudents.htm>

If you have any questions, feel free to contact one of our Admissions Counselors.

Shawna Hatcher

Admissions Counselor
(800) 328-2660 ext. 462
srhatcher@baptistcollege.edu

Kristina Jones

Admissions Counselor
(800) 328-2660 ext. 460
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Collin Dollar

Admissions Counselor
(800) 328-2660 ext. 485
cbdollar@baptistcollege.edu





Academic Calendar for Fall 2019

Welcome to the BCF family! This calendar is just a reminder of the events you will be taking part in when you arrive here on campus. May God continue to bless you as you begin your journey of "Changing the World Through the Unchanging Word®".

August 5, 2019	Residence halls open to all students
August 8-9, 2019	New Student Orientation
August 9, 2019	Gym Jam/Game Night
August 12, 2019	Class Work Begins/ Welcome Back Luau
September 19, 2019	BCF Olympics
October 11, 2019	Preview Day
October 29, 2019	Candyland
November 20, 2019	Senior Honors Day
November 22, 2019	Holiday Heritage Festival
November 25-29, 2019	Thanksgiving Recess
December 2-4, 2019	Finals Week
December 2, 2019	Midnight Breakfast
December 6, 2019	Graduation

If you have any other questions about student life please, feel free to call the Student Life and Marketing Office (Ext. 460) or the Registrar (Ext. 454). We are so excited to see what God is going to do through you while you are at BCF! Travel safe and we'll see you soon.



The Baptist College of Florida

5400 College Dr. | Graceville, FL 32440 | (800) 328-2660 x460

BCF Mission Statement

The Baptist College of Florida shall operate within the confines of a Christian worldview to promote, provide for, operate, and control a program of education and training for Christian leaders through awarding certificates and associate, baccalaureate, and graduate degrees in a co-educational post-secondary setting.

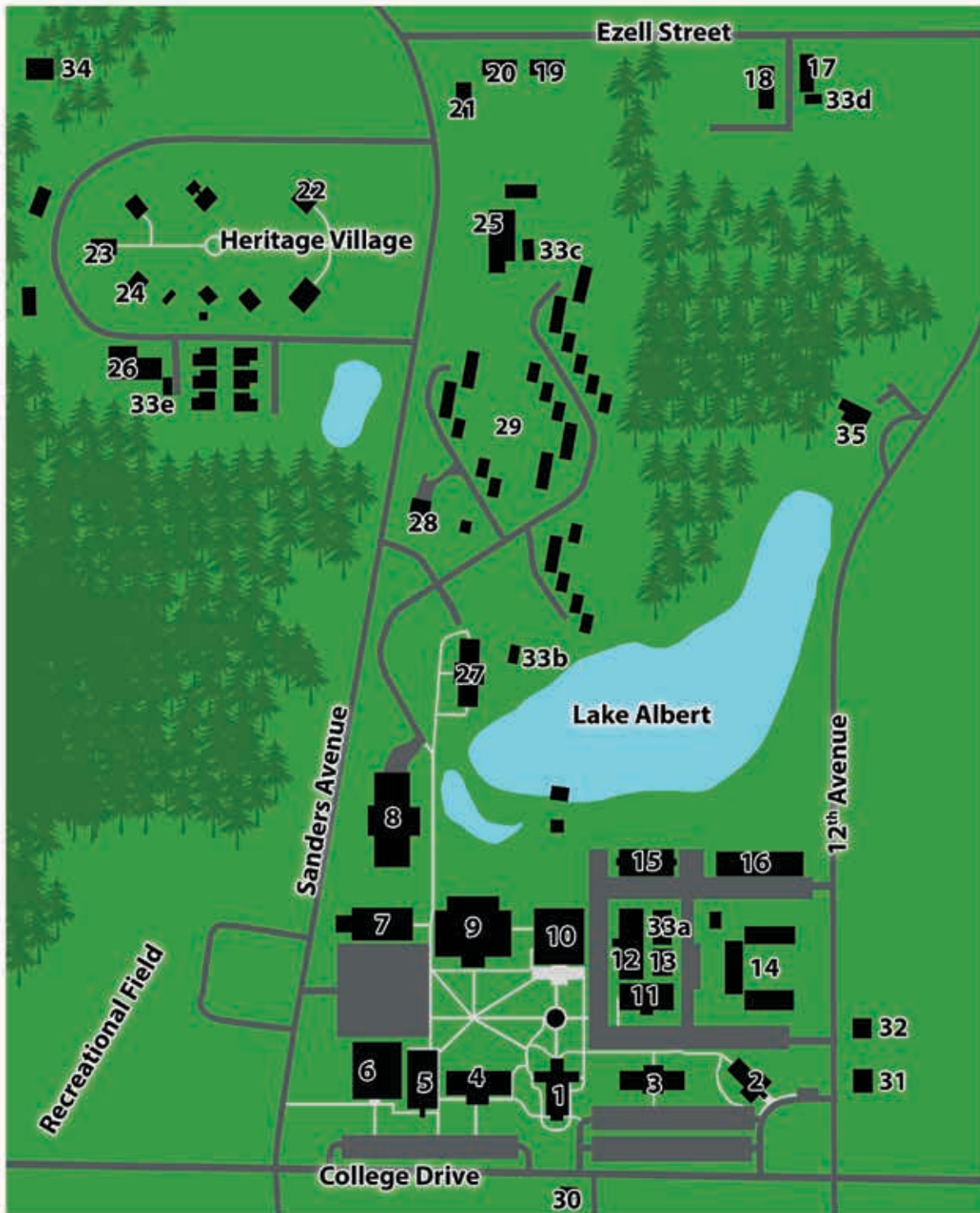
To fulfill its mission, the college seeks to develop those qualities in students that contribute to effective ministry. In the area of personal growth, we seek to foster a desire for knowledge; develop cultural awareness by introducing students to a wide range of knowledge; nurture the ability to acquire, evaluate, assimilate, and use information; and promote personal and social maturity. For spiritual growth, we provide the resources for gaining biblical and religious data; we also assist students in learning and living the Christian life. In terms of professional growth, students are enabled to gain the credentials that enhance opportunities for ministry, and they learn to master a specialized body of knowledge. At the same time, we encourage positive attitudes toward ministry and foster both an awareness of and a loyalty to the Southern Baptist heritage.

Doctrinal Statement

1. The Bible is the divinely inspired and revealed Word of God.
2. God is the Holy Trinity: God the Father, God the Son, God the Holy Spirit.
3. Jesus is the Christ, the eternal Son of the living God, the Savior of men, born of a virgin, equal with the Father in every divine perfection, and the Lord of every Christian. The Lord Jesus Christ died on the cross, was buried, rose again the third day, and ascended to the right hand of God the Father, where He now sits in heaven as our Mediator. The return of the Lord Jesus Christ will be visible and personal. He has taught us to live in readiness to meet Him.
4. The Holy Spirit is a person, equal with the Father and the Son in every divine perfection, who convicts of sin, regenerates, enlightens, endues for service, comforts, and guides believers.
5. All have sinned, and therefore, are in need of salvation.
6. Salvation is by grace alone, is free to all who, through repentance and faith, surrender to the Lord Jesus Christ. All who have been born again are eternally secure and will persevere to the end.
7. Salvation precedes Scriptural baptism and church membership. Christ personally instituted the church, which He commissioned to make disciples of all nations, to baptize believers, and to teach them to do all things that He had commanded. There are only two Scriptural ordinances: believer's baptism and the Lord's Supper.
8. There are only two classes in God's sight: saved and lost. The saved shall live eternally in conscious blessedness in heaven; the unsaved in conscious punishment in hell forever.
9. We hold these distinctive Baptist principles: "the absolute Lordship of Christ," "the supreme authority of the Holy Scriptures," "the competency of the individual soul," "the necessity of regeneration for church membership," "the complete separation of church and state," and "the autonomy of the local church."

"Changing the World Through the Unchanging Word"

BCF CAMPUS MAP



- | | | |
|---|---------------------------------|---------------------------------|
| 1..... R.G. Lee Chapel | 13..... Pod Residence | 25..... Florida Baptist History |
| 2..... Administration Building | 14..... Southwest Apartments | & Heritage Center |
| 3..... R.C. Mills Center | 15..... Smith Hall | 26..... Gardner Center |
| 4..... Solomon Hall | 16..... Lakeside Hall | 27..... Kinchen Center |
| 5..... Graceville Hall | 17..... Taylor House | 28..... WFBU Radio Station |
| 6..... Ida J. McMillan Library / Carlton Hall | 18..... Ezell Street Apartments | 29..... Lakeview Court |
| 7..... McRae-Morrow Hall | 19..... Ogletree House | 30..... Bullock Hall |
| 8..... Deese Center (Dining Facility) | 20..... Courtyard House | 31..... Hill House |
| 9..... Wellness Center | 21..... Conrad House | 32..... Hargrave House |
| 10..... Student Center | 22..... Williams House | 33 (a-e)..... Storm Shelters |
| 11..... Brackin-Chandler Hall | 23..... Cypress Hall | 34..... Physical Plant |
| 12..... Napier Hall | 24..... Pine Park Church | 35..... East Lake Residence |



Admissions Application

Personal Information

Name: _____ Soc. Sec. No.: _____
Last First Middle / Maiden

Preferred Name: _____ Sex: Male Female

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

State of Residence: _____ Citizenship: USA Other (Specify): _____

Marital Status: Single Married Separated* Divorced* Widow/Widower

*If "separated" or "divorced", please enclose a letter of explanation.

Spouse's Name: _____

Do you use alcohol, tobacco, or illegal drugs? Yes* No *If yes, please enclose a letter of explanation.

Address of a parent or nearest relative (other than spouse) that BCF may notify in case of emergency:

Name: _____ Phone: _____ Relation: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Church Information

Church Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Denomination: _____ Affiliated with Southern Baptist Convention? Yes No

Local Association: _____ Pastor's Name: _____

Church Website (if known): _____ Length of Membership? _____

Academic Information

Please check highest level completed: Non-High School High School GED Some College College Graduate

High School: _____ City, State: _____ Date Graduated: _____ Date GED Passed: _____

Have you taken the American College Test (ACT)? Yes No Date: _____ Composite Score: _____

Have you taken the Scholastic Aptitude Test (SAT)? Yes No Date: _____ Composite Score: _____

Have you taken the Graduate Record Examination (GRE)? Yes No Date: _____ Composite Score: _____

Please list all schools attended beyond high school. Attach an additional sheet of information if more space is needed.

1. _____

2. _____

Enrollment Information

Intended Semester: Fall 20____ Spring 20____ Summer 20____

Degree Seeking: First-time Freshmen Transfer Returning Student (Re-admit)

Special Applicant (if applicable): Dual-Enrolled Non-Degree Audit

Intended Major (Choose One):

Master of Arts:

- Christian Studies
- Counseling
- Music and Worship Leadership

Bachelor of Arts:

- Biblical Studies
- Business Leadership
- Christian Studies
- Education Studies
- Elementary Education
- English
- English Secondary Education
- History and Social Studies
- History and Social Studies
Secondary Education
- Ministry Studies

Bachelor of Arts (continued):

- Leadership and Christian Education
- Ministry
- Missions
- Missions (Concentration in Aviation)
- Music
- Psychology

Bachelor of Music:

- Worship Leadership

Bachelor of Music Education

Associate:

- Associate of Arts in General Studies
- Associate of Arts in Music
- Associate of Divinity

Miscellaneous Program:

- Dual-Enrolled
- Non-Degree
- Audit
- Unknown/Undecided

Select your LOCATION of study:

- Graceville
- Online

Application Information

How did you hear about The Baptist College of Florida? _____

Please list three reasons why you chose to apply to The Baptist College of Florida:

1. _____
2. _____
3. _____

Do you wish to be considered for financial aid? Yes* No

***If you wish to be considered for financial aid, please submit a Free Application for Federal Student Aid (FAFSA) to the Federal Student Aid Programs, PO Box 4032, Iowa City, IA 52243 or submit an application on-line at www.fafsa.edu.gov.**

Legal History Information

Have you been convicted of, or pled no contest to, a felony? Yes No

*If yes, please enclose a letter of explanation. Give dates and important facts.

Personal Information

I hereby affirm that I have accepted Jesus Christ as my Savior and Lord and have surrendered my life for all that He desires to do in and through me.

Signature: _____ Date: _____

I further affirm that if accepted to The Baptist College of Florida, I agree to abide by the moral and educational standards of the college as defined in the College Catalog and Student Handbook. I understand once admitted, The Baptist College of Florida is authorized to use my likeness in promotional materials. I certify that the answers in this application are true, complete, and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____

A Signature of a parent or guardian MUST be included here IF the student is under the age of 18.

Signature: _____ Date: _____

In compliance with federal law, including provisions of Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act 1973, The Baptist College of Florida does not illegally discriminate on the basis of race, sex, color, national or ethnic origin, age, disability, or military service in its administration of education policies, programs, or activities; admissions policies; or employment. Under federal law, the college may discriminate on the basis of religion in order to fulfill its purposes. Inquiries or complaints should be directed to Sandra Richards, Director of Student Life and Marketing at (850) 263-3261, ext. 415.

The Baptist College of Florida
5400 College Drive | Graceville, Florida 32440-1898
(800) 328-2660 ext. 460 | (850) 263-9026 (fax) | www.baptistcollege.edu

Church & Pastor Recommendation for Admission to BCF

This recommendation is for the confidential use of the Admissions Committee of The Baptist College of Florida.
This information will not be shared with the applicant nor other persons or institutions.

Applicant's Name _____
Church Name _____ Phone Number _____
Church Address _____
Street City State Zip

Church Recommendation:

Having evidence that _____, an applicant for admission to The Baptist College of Florida is:

- an individual of moral integrity exemplified in personal, family, and public life;
- an individual of commitment to the Christian faith as evidenced by participation in the life of this church;
- an individual of emotional stability who is responsible in church life; and,
- an individual whom this church would recommend.

We express our approval of the applicant's desire to serve our Lord, recommend the candidate for admission to The Baptist College of Florida, and pledge our continuing interest and prayerful support.

Signature Title/Position

Pastor Recommendation:

Pastor's Name: _____ Telephone Number: (____) _____

Please evaluate the applicant in the following areas:

(Please make comments on the back of this sheet for any "Below Average" or "Poor" responses)

	Outstanding	Above Average	Average	Below Average	Poor	No Information
Character	5	4	3	2	1	N
Judgment	5	4	3	2	1	N
Emotional Stability	5	4	3	2	1	N
Maturity	5	4	3	2	1	N
Commitment to Christian Service	5	4	3	2	1	N
Potential for Effectiveness in Christian Service	5	4	3	2	1	N
Academic Ability	5	4	3	2	1	N
Scholastic Achievement	5	4	3	2	1	N
Skill in Relating to Others	5	4	3	2	1	N
Financial Responsibility	5	4	3	2	1	N

Do you know of any reason that the applicant may be hindered in effective service? Yes* No
*If yes, please elaborate on the back of this sheet

Would you recommend this person for a position upon completion of college training? Yes No

Do you recommend this person for admission? _____ If yes, check one:

- With Enthusiasm With Confidence With Some Reservations With Reluctance Cannot Conscientiously Recommend

Pastor's Signature _____ Date _____

Thank you for your thoughtful response. Please return this form to the Office of Admissions
The Baptist College of Florida | 5400 College Drive | Graceville, FL 32440-1898
(800) 328-2660 ext. 460 | (850) 263-3261 ext. 460
Fax: (850) 263-9026

Personal Recommendation for Admission to BCF

This recommendation is for the confidential use of the Admissions Committee of The Baptist College of Florida.
This information will not be shared with the applicant nor other persons or institutions.

Applicant's Name _____

Recommender's Name _____ Telephone Number _____

Address _____
Street City State Zip

Employer/Job Title _____

How do you know and how long have you known the applicant? _____

Has the applicant discussed his/her ministerial goals with you? Yes No Occasionally

Please evaluate the applicant in the following areas:

(Please make comments on the back of this sheet for any "Below Average" or "Poor" responses)

	Outstanding	Above Average	Average	Below Average	Poor	No Information
Character	5	4	3	2	1	N
Judgment	5	4	3	2	1	N
Emotional Stability	5	4	3	2	1	N
Maturity	5	4	3	2	1	N
Commitment to Christian Service	5	4	3	2	1	N
Potential for Effectiveness in Christian Service	5	4	3	2	1	N
Academic Ability	5	4	3	2	1	N
Scholastic Achievement	5	4	3	2	1	N
Skill in Relating to Others	5	4	3	2	1	N
Financial Responsibility	5	4	3	2	1	N

Do you know of any reason that the applicant may be hindered in effective service? Yes* No
*If yes, please elaborate on the back of this sheet

Would you recommend this person for a position upon completion of college training? Yes No

Additional Comments: _____

Do you recommend this person for admission? _____ If yes, check one:

With Enthusiasm With Confidence With Some Reservations With Reluctance Cannot Conscientiously Recommend

Recommender's Signature _____ Date _____

**Thank you for your thoughtful response. Please return this form to the Office of Admissions
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Fax: (850) 263-9026**

BCF Immunization Form

All immunization and vaccination recommendations follow CDC guidelines found at <http://www.cdc.gov/vaccines/pubs/vis/default.htm>
No recommendations about specific diseases, immunizations, vaccinations contained herein are made by The Baptist College of Florida.

Print all information legibly. Provide first name, middle initial, last name, DOB, and intended entrance semester.

Name: _____ Date of Birth: _____

Intended Semester: Fall 20____ Spring 20____ Summer 20____

Measles and Rubella Immunizations (Required for EVERYONE born after Dec. 31, 1956)

1. MMR: This combination vaccine is often given because it can protect from measles, mumps, and rubella. The vaccines are required for entry into BCF. Children must receive two doses at least 28 days apart as per CDC guidelines.

2. Measles (Rubeola): Two doses are required.

3. Rubella (German Measles): One dose is required.

1. MMR (Measles/Mumps/Rubella)

or 2. Measles (Rubeola)

and 3. Rubella (German Measles)

Dose 1 Date: ____/____/____

Dose 1 Date: ____/____/____

Dose 1 Date: ____/____/____

Dose 2 Date: ____/____/____

Dose 2 Date: ____/____/____

Dose 2 Date: ____/____/____

This Section is required. READ CAREFULLY. You must either have the vaccines or sign a waiver stating you have read about these diseases and declined the vaccines.

1. Students enrolled in ONLY online courses who will not be physically present in any BCF classroom or on any BCF campus, may utilize the Online Only Student Waiver Exception when completing the BCF Immunization Form. Should an Online Only student later decide to register for a face-to-face course, they must comply with all of the BCF immunization requirements in compliance with the Florida Statute (1006.69) and Florida Board of Governors Regulations (6.001 & 6.007).

Online Only Student Waiver: _____ Date: ____/____/____

2. Menomune/Menactra (meningococcal meningitis vaccine): The Advisory Committee on Immunization Practices (ACIP) currently recommends this vaccine for freshmen planning to live in campus dormitories/residence halls. Students wishing to decline the vaccine must first read the information in the box below. **Signing the waiver indicates that you understand the possible risk involved in not receiving this vaccine. If you are under the age of 18, a parent or legal guardian must sign the waiver for you.**

Menomune/Menactra (for meningococcal meningitis) Date: ____/____/____ or Read and Sign waiver below.

Waiver Statement - Meningococcal Meningitis: College students, especially freshmen living in residence halls, are at a slightly increased risk for contracting meningococcal disease. The bacterial form of this disease can lead to serious complications such as swelling of the brain, coma, and even death within a short period of time. Two vaccines are currently available that decrease, but do not completely eliminate, a person's risk of acquiring meningococcal meningitis. Meningitis is an infection of fluid surrounding the brain and spinal cord. Meningococcal disease also causes blood infections. It can cause death as well as loss of arms or legs, deafness, nervous systems problems, mental retardation, seizures or strokes. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine and protect about 90% of those who do get it.

_____ (initial) I have read the information provided above and I decline receipt of vaccine for meningococcal meningitis.

3. Hepatitis B (HBV): The CDC encourages you to receive this series. Students in many academic programs are required to have the HBV series. Students wishing to decline this vaccine must read the information provided below. **Signing the waiver indicates that you understand the possible risk involved in not receiving this immunization. If you are under the age of 18, a parent or legal guardian must sign the waiver for you.**

Hepatitis B Dose 1 Date: ____/____/____ Dose 2 Date ____/____/____ Dose Date 3 ____/____/____

or Read and Sign waiver below.

Waiver Statement - Hepatitis B: Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired.

_____ (initial) I have read the information provided above and I decline receipt of vaccine to protect against Hepatitis B.

Immunization Required for International Students

Tuberculosis Skin Test (PPD by Mantoux, current within last year) Note: If both PPD and MMR are given, they must be given on the day for the PPD to be accurate given 30 days apart. PPDs must be read between 48-72 hours of administration. The result must be listed in "mm" in the space provided below. If the PPD is positive, **attach a copy of chest x-ray report.**

Date Placed: ___/___/___ Date Read: ___/___/___ Result: _____ mm [Neg: ___ Pos: ___]

If positive PPD, date of chest x-ray: ___/___/___ **(Must send copy of chest x-ray report)**

Recommendations for good health (not mandatory)

1. Td (Tetanus/Diphtheria) OR Tdap (Tetanus/Diphtheria/Acellular Pertussis) booster shot within the past 10 years. Space is provided below to record this information.

2. Mumps. [The MMR includes this protection.] Space is provided to record this information if given in a single dose.

1. Td (Tetanus/Diphtheria) OR 2. Tdap (Tetanus/Diphtheria/Pertussis) 3. Mumps

Dose Date: ___/___/___

Dose Date: ___/___/___

Dose Date: ___/___/___

An MD office, clinic, or health department "official stamp" AND official signature must be included for this document to be complete and approved.

Large rectangular box for official stamp and signature. Below the box are three lines for: Name of Public Health Clinic or Physician (Office Stamp), Physician or Authorized Signature, and Date.

REQUIRED Signature of Student

Signature of Student (if under 18 parent/guardian must sign): _____ Date: _____

A Signature of a parent or guardian MUST be included here IF the student is under the age of 18

Medical Consent (for students under 18): I hereby authorize The Baptist College of Florida to secure diagnostic procedures by medical professionals necessary to treat my child. I grant permission for the transfer of my child to an accredited hospital or other care facility if deemed necessary by the medical or mental health provider.

Signature of Parent or Guardian: _____ Date: _____



Accurate and Complete Immunization Information is Required PRIOR to Registration

PLEASE KEEP A COPY OF BOTH PAGES FOR YOUR RECORDS

All immunization and vaccination recommendations follow CDC guidelines found at

<http://www.cdc.gov/vaccines/hcp/vis/index.html>

No recommendations about specific diseases, immunizations, vaccinations contained herein are made by

The Baptist College of Florida.

Office of Admissions

The Baptist College of Florida

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