



# 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](http://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](http://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 for a responsible role of service.

We express our approval of the applicant's desire to prepare for service, 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**