

EDUCATIONAL INFORMATION

Please list all schools attended from High School to present:

Name of Institution	Dates of Attendance	Degree/Diploma	Major/Minor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT INFORMATION

Contact #1 (Please indicate relationship) Father Mother Guardian Spouse

Full Name: Last: _____ First: _____

Cell Phone #: _____ Work Phone #: _____

Contact #2 (Please indicate relationship) Father Mother Guardian Spouse

Full Name: Last: _____ First: _____

Cell Phone #: _____ Work Phone #: _____

If your parents are divorced or separated, with whom do you live? Father Mother Guardian

ENROLLMENT INFORMATION

For which semester do you plan to attend? (Please check one)

Fall Semester Year: _____ Spring Semester Year: _____

For which of the following are you applying? (Please check one)

On-Campus Full Time (minimum 17 credits) Off-Campus Part Time

Off-Campus Full Time (minimum 15 credits)

For which program of study are you applying? (Please check one)

Degree - Associate of Theology Non-Degree - Certificate of Completion (credit/no credit)

Degree - Bachelor of Biblical Studies (Please submit evidence of Associate of Arts Degree in General Education) Non-Degree - Audit

LIFE PROFILE

Are you a smoker or do you use tobacco products?

Yes No

Do you drink alcoholic beverages?

No Recovering Occasionally Often

Have you ever or are you currently using any illegal drugs?

Yes No

If yes, please explain including dates: _____

Have you ever participated in a rehab program such as U-Turn or Teen Challenge?

Yes No

If yes, please explain including dates: _____

Have you ever been involved in legal problems?

Yes No

If yes, please explain including dates: _____

Have you ever been convicted of a felony?

Yes No

If yes, please explain including dates: _____

Have you a personal history of violence or abuse towards others , or sexual immorality?

Yes No

If yes, please explain including dates: _____

Is there any habitual sin in your life?

Yes No

If yes, please explain including dates: _____

CHRISTIAN INFLUENCES

Please list the three Christian preachers/teachers who have most influenced your life.

1) _____ 2) _____ 3) _____

Please list three Christian books (other than the Bible) that have most influenced your life. Provide both author and title.

1) Title: _____ Author: _____

2) Title: _____ Author: _____

3) Title: _____ Author: _____

ESSAY QUESTIONS

Please complete the questions on a separate sheet of paper.

Personal Life

- | | | | |
|-------------------------|-----------------------|------------------------------|--------------------|
| Describe your: | a) Personality | b) Relationships with others | |
| List and describe your: | a) Personal Strengths | b) Weaknesses | c) Spiritual Gifts |
| List and describe your: | a) Talents | b) Hobbies | c) Interests |

Spiritual Life

1. Please describe your Salvation experience. How did you become a Christian? Please include an approximate date.
2. Please describe your current relationship with the Lord in terms of your devotional and prayer life.
3. Where do you attend Church? How long have you been part of this fellowship?
4. What is your current church involvement?
5. Why do you desire to attend Calvary Chapel Bible College, and how do you see it enhancing your present spiritual life and future ministry plans?

Statement of Faith

Please write a brief but concise statement of your belief regarding the following ten topics:

- | | |
|----------------|----------------------------------|
| • God | • Salvation |
| • Jesus Christ | • Baptism of the Holy Spirit |
| • Holy Spirit | • Eschatology (End Time Events) |
| • Sin | • The Rapture/Millennial Kingdom |
| • The Bible | • Eternal Security |

FOREIGN STUDENT INFORMATION (FOREIGN STUDENT APPLICANTS)

Please fill in this section if you are a foreign national and you do not have US Citizenship or Legal Permanent Residency. The following information is necessary for Visa documentation. For more information, please contact the Admissions office on Tel: 951-696-5944 ext. 286.

Place of Birth: _____ Citizenship: _____

Passport No: _____ Passport Expiration Date: _____

Please include a copy of your passport's picture and information page in the application.

Financial Responsibility

To obtain your student visa from the USCIS you will need to provide documentation for the funding of your education with:

- 1) A Bank Statement
- 2) An Affidavit Of Support form (Contact Admissions)

The amount of support documented must be sufficient to cover tuition, housing and expenses for the length of the visa (at least one year).

Residency

Are you a permanent resident of the United States of America?

Yes No

Please include a copy of your Legal Permanent Resident Card (Green Card).

If you are here in the United States of America, what is your Visa status: _____

If married, do you plan to bring your spouse and family with you?

Yes No

Spouse & Children

Name: _____ Citizenship: _____ Date of Birth: _____

Name: _____ Citizenship: _____ Date of Birth: _____

Name: _____ Citizenship: _____ Date of Birth: _____

ENGLISH SKILLS (FOREIGN STUDENT APPLICANTS ONLY)

What is the date of your last TOEFL test?

Date: _____ Score: _____

You must pass the TOEFL with a score of 500 or more written, or 173 or more computer.

Please contact for more information:
 Educational Testing Service
 Web site: www.ets.org
 Phone: 001 (609) 921 9000

MEDICAL INFORMATION (FOR EMERGENCY USE ONLY)

Calvary Chapel Bible College requires that every student, who will be classified as a full time on campus student, have a Health Insurance Policy through any term Health Insurance Provider. A health insurance policy can be obtained through The American College Student Association, www.acsa.com

Health Insurance Information

Company Name: _____ Name of Insured: _____
 Policy #: _____ Contact Phone #: _____
 Start Date: _____ Expiration Date: _____

Current Health Information

Are you in good health?

Yes No

When was your last complete physical examination: _____

List any major illnesses you have had: _____

Do you have any physical handicaps?

Yes No

If yes, please explain: _____

Do you have any communicable diseases?

Yes No

If yes, please explain: _____

Are you currently taking any prescription drugs?

Yes No

If yes, please list what you are taking: _____

Please place a check beside any known medical conditions and explain on lines provided below.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Allergy- Bee Sting | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Partially sighted |
| <input type="checkbox"/> Allergy - Food | <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Speech problems |
| <input type="checkbox"/> Allergy - Medications | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Glasses/contact lenses | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Hearing Aid used | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asthma - On Medications | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> No Known Health Problems |

Details & Explanations: _____

MEDICAL INFORMATION

Are you currently on medication or under a physician's care for physical issues?

Yes No

If yes, please explain: _____

Please provide Physician's name and contact information as well as medication (s) below:

Physician's Name: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Medication (s): _____

Have you been hospitalized or admitted to a treatment facility for any reason?

Yes No

If yes, please explain including dates: _____

Have you been, or are presently dealing with an eating disorder?

Yes No

If yes, please explain including dates: _____

Have you been, or are presently under psychiatric or psychological care?

Yes No

If yes, please explain including dates: _____

Are you under a doctor's care for either mental or emotional issues?

Yes No

Physician

Psychiatrist/Psychologist

Counselor

Name: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Medication (s): _____ Medication (s): _____

REFERENCES

Three references are required for inclusion in your application package using the provided Reference Form. References should be obtained from individuals who have known you well for at least one year. Please have your pastor or another leader in your church complete one Reference Form. Also two other individuals who are **not** related to you by blood or marriage should complete a Reference Form each. All three references should be returned to you in signed and sealed envelopes. Please include all three signed and sealed references in your application package.

TERMS AND CONDITIONS OF ENROLLMENT

Read the following terms and conditions of enrollment, initial each section and sign and date the bottom of the page.

M199 Practical Christian Ministry

I hereby understand that all students must enroll in four semesters of Practical Christian Ministry (M199). Each student serves weekly in a practical area of service. On Campus students serve an average of 8 hours per week. For individual physical concerns contact the Financial office.

Initials: _____

Financial Responsibility

I understand that my tuition is due and payable prior to enrollment. For individual concerns contact the Financial Office.

Initials: _____

Liability Waiver and Damages Responsibility

During my attendance at the college, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth in the liability waiver required for enrollment. I will assume all risks, I further agree to hold harmless Calvary Chapel Costa Mesa Inc.; and have been informed that I am responsible of all costs of Injuries and damages. To review a full copy of the liability waiver see web site or catalog.

Initials: _____

Policies and Procedures

I have received, read, understand and agree to be subject to the policies and procedures of the Student Catalog and Application.

Initials: _____

Signature:

Date:

Calvary Chapel Bible College does not discriminate on the basis of race, gender, ethnic background, native language, nationality or physical disability. Calvary Chapel Bible College is a ministry of Calvary Chapel of Costa Mesa, and gives admission priority to members of Calvary Chapel.





Reference Form

39407 Murrieta Hot Springs Road • Murrieta • California • 92563 • Tel: 951 696 5944 • Fax: 951 696 5634

Calvary Chapel Bible College is a ministry of Calvary Chapel Costa Mesa, Chuck Smith, Pastor

For which program are you applying? Please check one

Main Campus, Murrieta

School of Correspondence Education

DIRECTIONS FOR THE APPLICANT

This information, as with all of the application, will be held in strict confidence. Collect all the following documents to be included in your completed application package.

- Have all three of the reference forms **returned to you** in signed and sealed envelopes.
- References must be individuals who have known you well for at least one year.
- One reference must be **your pastor** or another leader in your church
- Individuals who are related to you by blood or marriage should not be references.

The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive his right of access to the reference. By signing below, the applicant willingly waives his/her right of access to see this reference, knowing that this waiver is NOT required as a condition of admission.

Full Name: Last: _____ First: _____ Middle: _____

Applicant Signature _____

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- The above-named applicant has applied for acceptance to Calvary Chapel Bible College and has named you as a reference. Your reference contributes to the decision made by our staff regarding this applicant. Therefore, please be thorough and timely in your response.
- **Please return this form directly to the applicant in a signed and sealed envelope.**

Print Name: _____

Signature _____ Date: _____

Position: _____ Telephone No: _____

Address: _____

City: _____ State: _____ Zip _____

Organization or Church to which you belong: _____

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

3. How long has the applicant been an active Christian? _____

4. Describe the evidences you see in the applicant's life that demonstrate his or her commitment to follow Christ.

5. Please circle the appropriate number on the following questions. Use the "?" if you feel your knowledge of the applicant is insufficient in that particular area.

Responsibility – Ability to faithfully assume and carry out duties or obligations.

? Unknown	1 Not Responsible	2	3 Somewhat Responsible	4	5	6 Responsible
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Adaptability – Ability to adjust to changes in circumstances.

? Unknown	1 Difficult	2	3 Moderate Ability	4	5	6 Adapts Well
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Cooperation/Teamwork – Relates well to others in a living or work setting.

? Unknown	1 Unable to Cooperate	2	3 Reasonably Cooperative	4	5	6 Cooperative
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Communication – Able to express thoughts, feelings and ideas with others.

? Unknown	1 Poor Communication	2	3 Average	4	5	6 Communicates Well
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Spiritual Maturity – Demonstrates holiness, maturity and consistency.

? Unknown	1 Immature	2	3 Growing	4	5	6 Consistent Growth
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Church Involvement

? Unknown	1 Infrequent	2	3 Active	4	5	6 Demonstrated Stability
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Emotional Stability

? Unknown	1 Difficult	2	3 Average	4	5	6 Demonstrated Stability
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Personal Recommendation

? Unknown	1 Do Not Recommend	2	3 Recommend	4	5	6 Highly Recommended
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6. Please state any concerns or recommendations that would assist us in the selection of this applicant.

Thank you for your cooperation in this matter. **Please return this reference to the applicant signed and sealed.**
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Print Name: _____

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Address: _____

City: _____ State: _____ Zip _____

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Liability Waiver & Damages Responsibility Document

Calvary Chapel Bible College is a ministry of Calvary Chapel of Costa Mesa, Inc., and is operated by the church with the desire to provide the most affordable cost to students who wish to attend the college. Toward that end, the room and board and tuition costs to the student are substantially less than the actual cost to the college. Therefore, in consideration of this discount in tuition from actual costs, the college does not and cannot afford to provide liability and medical insurance coverage for students attending it and the applicant, regardless of the fault of the college or not. By execution of this application and placing your **initials below** and submittal of the application, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth below.

_____ Initial

I understand that during my attendance at the college, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in this curricular activity. These risks include, but are not limited to personal injury (serious or otherwise), property damage and death ("Injuries and Damages") from such curricular participation.

I assume all risks inherent and occurring, whether foreseen or unforeseen, in participating in such activity as involving Calvary Chapel of Costa Mesa, Inc. and waive all liability against it in making the decision to be included in such curricular activity and being allowed use of the Calvary Chapel facilities (including but not limited to all rooms, open areas and parking lot, fields, dorm rooms and otherwise) for such activity. This waiver is intended by the parties to be as broad and inclusive as permitted by law. To the fullest extent by law, I also waive, discharge claims and release for liability Calvary Chapel of Costa Mesa, Inc., its officers, directors, employees, agents, and leaders from any and all liability on account of, or in any way resulting from Injuries and Damages, even if caused by the negligence of Calvary Chapel of Costa Mesa, Inc., its officers, directors, employees, agents, and leaders.

I further agree to hold harmless Calvary Chapel of Costa Mesa, Inc., its officers, directors, employees, agents, and leaders from any claims, damages, injuries or losses of any kind or nature whatsoever caused by my own negligence while participating in such curricular activity. I understand and intend that this assumption of risk, waiver and release be binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me during such curricular activity.

I have been informed that I need to provide my own coverage for medical and premises liability insurance and, that if I can not insure myself, I, alone, am responsible for all costs for Injuries and Damages. In addition, I have been informed by the college that it has offered me information on a plan of insurance.

Initial below indicating you **have insurance** and attach a copy of the proof of insurance to this form.

_____ Initial

Signature _____

Date: _____

Print (Last name):: _____

(First name): _____