## **UNDERGRADUATE ADMISSIONS**



**APPLICATION** 



# **Application for Admission**

### HERITAGE BAPTIST COLLEGE

Enrollment Informa	ition		
Term of Entrance:	☐ Fall (Sep.) 20 ( <i>year</i> ) ☐	Spring (Jan.) 20 ( <i>year</i> )	
	Status:  Full time  F	Part time	Please attach a
Currently, I plan to	enroll in the following program:	(Check one please)	small photo here
☐ Bachelor of Art	ts 🗆 Associat	e of Arts	
☐ Bachelor of Sci	ence 🗆 Associat	te of Science	
Intended Area of St	udy (indicate an area of study fro	om the General Brochure):	
Ног	using:   College Housing	□ Parent's Home □	Off Campus
	If living in college housing, will	you have a vehicle?	□ No
Personal Information	on		
Name			
Last	First	Middle (complete)	Suffix (Jr., etc.)
Preferred first name		Former last name, if any	
Current Mailing Add	dress		
City/State/Zip			
		umber Date	
E-mail address			
	_	:   Single   Engaged	<u>_</u>
If married, spouses	full name		Number of children
Citizenship: 🔲 U.:	S. citizen 🔲 Dual U.S. citizen	Other citizenship	
		Country	
	Offic	ce Use Only	
☐ Date Rec'd/_	/	ol/College Transcript	☐ Pastoral Reference
☐ Application Fee _	Check #		☐ Academic Reference
☐ Testimony	□ ACT	_/ SAT	☐ General Reference
☐ Ohiective Sheet	☐ Application	Complete / /	

### Academic Information High School Name Graduation Date / / School Phone ( ) Type of school: $\square$ Private Public ☐ Home School List all colleges or universities attended. You must have official transcripts sent from each institution. School City/State Dates of Attendance Credit Hours School City/State Dates of Attendance Credit Hours Church Information Church you attend City/State Denomination Have you been baptized by immersion? ☐ Yes ☐ No Are you a member? ☐ Yes ☐ No Pastor's name \_\_\_\_\_\_ Pastor's phone ( ) ACT/SAT Scores Please request an official copy of either the ACT or the SAT test scores to be sent to the Director of Admissions. This must be done prior to the student's actual enrollment unless special permission has been received from the Director of Admissions to meet this requirement after enrollment. Personal Testimony/Objectives On a typed sheet of paper, state your salvation experience and testimony, as well as educational objectives. Statement of Intent I hereby make application to Heritage Baptist College and 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 Heritage 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 Heritage Baptist College.

Applicant's Signature

Please mail completed form to:

Director of Admissions Heritage Baptist College 701 W. State Rd. 144 Franklin, IN 46131

 $\prod$  I am enclosing the \$25 application fee

#### Admissions assistance is available

Monday thru Friday 9:00 AM to 4:30 PM EST

Phone: 317.738.3791

E-mail: admissions@hbcindiana.com



## Pastoral Reference

### HERITAGE BAPTIST COLLEGE

#### To Be Completed by Student:

I am authorizing the release of the following information for my application for admission to Heritage Baptist College and understand that the information will be held in confidence by the College and will not be released to me or anyone else. I understand that this questionnaire will be mailed to Heritage by the person completing the information below.

Signature of Student				 		
Student's Printed Name						
Student's Address						
City					Zi	р
I am pursuing a degree in	 					
To Be Completed by the Pastor:						
The above student has applied for admission to Her admissions process. Therefore, please give careful to				will play a s	ignific	ant role in the
How long have you known the applicant?	 					
How well do you know the applicant?	Slightly		Casually	Fairly well		Closely
Is the applicant a professing Christian?	Yes		No	Unsure		
Is the applicant living a consistent Christian life?  What would indicate this?	Yes	_	No	Unsure		
Does the applicant have any questionable habits?						
Please Comment on the Applicant's  Church attendance						
Ministry involvement				 		
Significant weakness						
Physical difficulties/limitations						
Emotional difficulties/limitations				 		

Would you want your children	n to be in close association with this person?   Yes   No Why or Why not?	
• 11	s abilities and interests, do you agree with the applicant's goal in pursuing the above-state.  No Why or Why not?	
	feel Heritage Baptist College should know?	
would recommend this applica		
☐ With confid	dence	
Name		
Church		
Position	Phone Number ()	_
Address		
	State ZIP	
Signature	Date	
Please mail completed form	to: Director of Admissions Heritage Baptist College 701 W. State Road 144 Franklin, IN 46131	

This person's application cannot be further processed until we hear from you.

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E-mail: admissions@hbcindiana.com



## Academic Reference

### HERITAGE BAPTIST COLLEGE

#### To Be Completed by Student:

I am authorizing the release of the following information for my application for admission to Heritage Baptist College and understand that the information will be held in confidence by the College and will not be released to me or anyone else. I understand that this questionnaire will be mailed to Heritage by the person completing the information below.

Signature of Student		
Student's Printed Name		
Student's Address		
City		
I am pursuing a degree in		
Го Be Completed by the Teacher/Principal/College Registrar:		
The above student has applied for admission to Heritage Baptist College. Yo admissions process. Therefore, please give careful thought to your responses of	our reference will play a on this form.	ı significant role in the
How long have you known the applicant?		
How well do you know the applicant?	sually	ll Closely
Does the applicant have any questionable habits?		
Has the applicant been dismissed or suspended from your institution?	_	
After observing the applicant's abilities and interests, do you agree with the field of study?   Yes No Why or Why not?  Is there anything else that you feel Heritage Baptist College should know?		

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701 W. State Road 144 Franklin, IN 46131

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Phone: 317.738.3791

E-mail: admissions@hbcindiana.com



## General Reference

### HERITAGE BAPTIST COLLEGE

#### **To Be Completed by Student:**

I am authorizing the release of the following information for my application for admission to Heritage Baptist College and understand that the information will be held in confidence by the College and will not be released to me or anyone else. I understand that this questionnaire will be mailed to Heritage by the person completing the information below.

Signature of Student								
Student's Printed Name								
Student's Address								
City								
I am pursuing a degree in								
o Be Completed by the Person Recommending th	ne Stu	dent:						
The above student has applied for admission to He admissions process. Therefore, please give careful						e will play a s	ignifico	ant role in the
How long have you known the applicant?								
How well do you know the applicant?		Slightly		Casually		Fairly well		Closely
Is the applicant a professing Christian?		Yes		No		Unsure		
Is the applicant living a consistent Christian life?  What would indicate this?	_	Yes	_	No		Unsure		
In your opinion, does the applicant possess any or  Does the applicant have any questionable habits?								
Has the applicant been involved in the local churc	h? [	Yes [	No	Please con	nment	·		
After observing the applicant's abilities and interfield of study?   Yes  No Why or Why n		lo you ag	ree wi	th the applic	cant's	goal in pursu	ing the	e above-stated
Is there anything else that you feel Heritage Bapti	st Col	lege shou	ld kno	w?				

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Franklin, IN 46131

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# High School/College Transcript

### HERITAGE BAPTIST COLLEGE

#### To the applicant:

Complete and send this form to the high school or college you are attending or have attended. You must check the appropriate line so that copies of your preliminary and/or final high school/college transcript will be sent us. If you need to request transcripts from more than one school please copy this form BEFORE SIGNING. Be sure to send transcript fees as required by the school(s). WHEN SENDING A COLLEGE TRANSCRIPT, A HIGH SCHOOL TRANSCRIPT IS NOT REQUIRED.

Release of record:				
I am applying for admissi ed below:	on to Heritage Baptist Colle	ege. I authorize you to r	elease my high school/co	llege records as indicat-
☐ I am currently enroll	ed. Please send a copy of m	y transcript now and at t	he end of the semester wh	nen the grades are posted
I was enrolled		to	,	
	month	year	month	year
Please send a copy of my	transcript to Heritage Bap	tist College.		
Social Security Number _				
Complete name on record				
	Signature of applicant		Date	
	Printed name		Date	

#### Please mail transcript to:

Director of Admissions Heritage Baptist College 701 W. State Road 144 Franklin, IN 46131

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Monday thru Friday 9:00 AM to 4:30 PM EST

Phone: 317.738.3791

E-mail: admissions@hbcindiana.com