

Applying for: Fall Semester Spring Semester of Calendar Year: _____

GENERAL INFORMATION

Please **PRINT** all information legibly and clearly

Legal Name: _____
First Middle Last

Preferred Name: _____ Social Security Number: _____ - _____ - _____
If different from above

Date of Birth: ____/____/____ Age: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Sex: M F

Home Phone: (____) _____ Cell Phone: (____) _____

Place of Birth: _____
City County State

Are you a U.S. citizen? Yes No If no, list citizenship : _____

Marital Status: Single Married Divorced Widowed Remarried
Have you ever been divorced? Yes No

Spouse's Name (if married): _____

Number of Children: _____ Ages: _____

FAMILY INFORMATION

Father's Name: _____
 DECEASED First Middle Last

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Occupation: _____

Mother's Name: _____
 DECEASED First Middle Last

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Occupation: _____



CHRISTIAN LIFE INFORMATION

Date of Salvation: _____

Briefly give your salvation testimony in the space below or on a separate sheet:

What practical Christian experience do you have? _____

HOME CHURCH INFORMATION

Name of Church: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Pastor's Name: _____

Phone: (_____) _____ Email: _____

ACADEMIC INFORMATION

Name of High School: _____

Phone: (_____) _____ Type of School: Public Private Christian Home

Date of Graduation (month and year): _____

If not graduated, years attended: _____ Have you earned a G.E.D.? Yes No

Was any of your high school work completed through homeschooling? Yes No

If yes, which years? _____

If yes, which homeschooling program was used? _____

If homeschooled, who will issue your diploma? _____

Have you taken the ACT? Yes No

Have your ACT scores been sent to us? Yes No

List all colleges attended since high school: _____

Have you ever been denied admission to an institute of learning on a high school or collegiate level? Yes No

If yes, give name of school, dates, and reason: _____

How did you first hear of North Florida Baptist College? _____

What prompted you to apply to North Florida Baptist College? _____

FINANCIAL INFORMATION

Are you prepared to handle your first year's expenses? Yes No

Are you in debt? Yes No If yes, how much? _____

COURSE OF STUDY

(Please check box to indicate the course of study you plan to take.)

I plan to pursue a Bachelor of Science degree in:

- Pastoral Theology* Pastoral Assistant* Missions* Christian Ministries (General)
 Elementary Education Secondary Education Music Education
 Office Administration (Ladies Only) Church Communications

*Ministries Majors must meet the prerequisites set forth in I Timothy 3.

PERSONAL CONFIDENTIAL INFORMATION

*If you check any below, please include a brief explanation on a separate sheet.
(This information is for planning purposes only.)*

Check all the apply:

- I have been expelled, dismissed, or suspended for academic and/or disciplinary reasons.
 I have used tobacco, alcohol, or non-medical drugs in the past 12 months.
 I have been convicted of a felony or misdemeanor.

Is there anything in your past about which we should know? Yes No

STATEMENT OF COOPERATION

I hereby certify that this application is true and complete with no omissions in any area. I also understand that any untrue statement will make me subject to immediate dismissal from North Florida Baptist College. Upon matriculation, I agree to comply with the doctrines, rules, regulations, and financial obligations of the institution and to maintain the standards of conduct in accordance with the aims and objectives of North Florida Baptist College.

Your Signature: _____ Date: _____

MEDICAL HISTORY & INFORMATION

What is the general condition of your health? _____

*If you check any below, please include a brief explanation on a separate sheet.
(This information is for planning purposes only.)*

Check all that apply:

- I have had my schooling or job interrupted due to physical health or emotional disorders.
- I have physical, mental, or psychological limitations which may require some adjustments to a typical student activity schedule.
- I am currently taking medication prescribed by a physician.
- I have been hospitalized in the past two years.

Your signature below signifies that this information is true and complete to the best of your knowledge.

Student's Signature: _____ Date: _____

Parent's Signature (if under 18): _____ Date: _____



NORTH FLORIDA
BAPTIST COLLEGE

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Greg Neal, Chancellor

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