

# Family of Faith College

## U. S. Student Enrollment Application

Family of Faith College and those persons acting in official capacities on behalf of the college will not discriminate in hiring practices, enrollment procedures, or administrative policies against any person on the basis of race, color, national origin, sex, or physical disability.

**PLEASE TYPE OR PRINT ALL INFORMATION**

Legal Name \_\_\_\_\_  Male  Female  
Last First Middle

Usually Called \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Month / Day / Year

Mailing Address \_\_\_\_\_  
Number and Street Apt. # City State Zip Code

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Country of Birth \_\_\_\_\_ Citizenship  USA  Other \_\_\_\_\_

**Race**

- White / Caucasian
- Black
- Oriental
- Hispanic
- Native American
- East Indian
- Other \_\_\_\_\_

**Current Marital Status (Check All That Apply)**

- Never Married
- Married
- Widow / Widower
- Separated\* \*Please send a letter of explanation with your application.
- Divorced\*
- Remarried\*
- Single Parent\*

**Entrance Date**

Fall (August - December) Year \_\_\_\_\_

Spring (January - May) Year \_\_\_\_\_

Are you applying for a resident hall reservation?  
 Yes  No - If no, please explain your housing plans.

**Program Choice**

- B.A. in Church Ministry
- B.A. in Church Ministry - Business Emphasis
- B.A. in Education
- Certificate in Church Ministry (2-year)

**FAMILY AND EMERGENCY CONTACT INFORMATION**

Father \_\_\_\_\_ Occupation \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Permanent address \_\_\_\_\_ Phone Number \_\_\_\_\_

**CHURCH MEMBERSHIP**

Have you trusted Jesus Christ as your Savior?  Yes  No If Yes, when? \_\_\_\_\_  
Have you received the infilling of the Holy Spirit?  Yes  No

Which church do you regularly attend? \_\_\_\_\_  
Church Name City State

Who is your pastor? \_\_\_\_\_ Phone Number \_\_\_\_\_

**EDUCATIONAL INFORMATION**

\_\_\_\_\_  
 Name of School (Please Indicate If Home Schooled) Phone Number

\_\_\_\_\_  
 Mailing Address City State Zip Code

\_\_\_\_\_  
 Graduation Date or Expected Graduation Date (Month/Year) Name of Reference from the Institution

If you are home schooled, who is keeping your academic records? \_\_\_\_\_

Please indicate which college entrance examinations you have taken:

ACT Test    Date \_\_\_\_\_    Score \_\_\_\_\_     SAT Test    Date \_\_\_\_\_    Score \_\_\_\_\_

Please list all colleges, Bible institutes, or technical schools you have attended. If more than two schools have been attended, submit additional school information on a separate sheet. If you plan to transfer credits from another college, you must have an official copy of your transcript/school record on file at Family of Faith College before the Registrar's Office can evaluate any credits for possible transfer. It is your responsibility to request the institution to send an official transcript directly to Family of Faith College.

\_\_\_\_\_  
 Name of School Dates Attended Degree Received Name of Reference

\_\_\_\_\_  
 Mailing Address City State/Country Zip Code

\_\_\_\_\_  
 Name of School Dates Attended Degree Received Name of Reference

\_\_\_\_\_  
 Mailing Address City State/Country Zip Code

**CONFIDENTIAL**

Check appropriate box

- |                               |                             |  |
|-------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes* | <input type="checkbox"/> No | Have you any significant physical impairment?  |
| <input type="checkbox"/> Yes* | <input type="checkbox"/> No | Have you ever used illegal or dangerous drugs?   |
| <input type="checkbox"/> Yes* | <input type="checkbox"/> No | Do you in any way use alcoholic beverages?   |
| <input type="checkbox"/> Yes* | <input type="checkbox"/> No | Do you use tobacco in any form?  |
| <input type="checkbox"/> Yes* | <input type="checkbox"/> No | Were you ever expelled, dropped, or suspended by any school or college?                                    |
| <input type="checkbox"/> Yes* | <input type="checkbox"/> No | Are you now, or have you ever been, under the supervision of a parole officer or court?                    |
| <input type="checkbox"/> Yes* | <input type="checkbox"/> No | Have you ever been arrested for any reason other than a minor traffic violation?                           |
| <input type="checkbox"/> Yes* | <input type="checkbox"/> No | Have you ever been treated for any nervous, mental, or emotional disorder, or been seen by a psychologist? |

\*If the answer is affirmative, please give complete details on a separate sheet of paper. An explanation may also be needed from the doctor, principal, court, or parole officer. Family of Faith College requires each student to observe its Statement of Faith and College Covenant.

**SIGNATURE**

I certify that the information given on this application is complete and accurate. If I am admitted as a student at Family of Faith College, I agree to comply with the college's academic and behavioral standards.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**All enrollment documents and procedures must be completed prior to being considered for approval.**

*Mail to: Director of Admissions, Family of Faith College, P.O. Box 1805, Shawnee, OK USA 74802-1805*