TRINITY BAPTIST
BIBLE COLLEGE

Application Packet

Applying for Admission

First-Time Students

1. Complete the application and attach a recent photo.
2. Mail the application to the college along with a $25 application fee which is non-refundable.
3. Give the pastor's reference form to your pastor and ask him to mail it directly to the college. If your pastor is related to you, then the pastor's reference should be given to an assistant pastor, youth pastor, Christian school principle, deacon chairman, or similar individual.
4. Give the two other reference forms to individuals who are not relatives and ask them to return them directly to the college.
5. Ask the high school which you attended to send a copy of your transcript directly to the Director of Admissions. If, in lieu of a high school diploma, you have received a GED, please have an official copy of the results sent directly to the Director of Admissions, along with your high school transcripts.
6. Request that your ACT or SAT test scores be sent to the Director of Admissions as soon as possible. A copy of your scores will be sent to us when you use our ACT or SAT code. The ACT code for Trinity Baptist Bible College is 4181, and the SAT code is 3602. If you cannot take the ACT or SAT test before enrollment, you may receive permission to enroll for one semester, provided all other requirements are met. You must take the ACT or SAT during your first semester.
7. Complete the form regarding your health and medical history.
8. All applying to ***be full-time*** students must possess a ***valid passport*** or must secure one as each student must take a Missions Trip each year during Spring Semester.

Transfer Students

1. Complete all steps for First-Time Students.
2. If you have attended any other colleges, we must receive transcripts from all of the colleges or institutions you have attended. This is required even if you did not wish to transfer credit from other schools to TBBC.
   Other institutions should send the transcript directly to:

   Director of Admissions
   Trinity Baptist Bible College
   2212 North Davis Drive
   Arlington, TX 76012

   Transcript Request Forms may be duplicated or additional forms are available upon request.
3. Trinity Baptist Bible College must be informed if there are any unpaid accounts with any other schools.

TRINITY BAPTIST
BIBLE COLLEGE

Attach
Current
Photo

Application for Admission

Admissions

2212 N. Davis
Arlington, TX 76012
(817) 460- 7940

Please type or print in ink. Form should Be filled out completely.

Official Use Only	
Date Rec'd	
App. Fee Paid	
Pastoral Reference	
Personal Reference	
Personal Reference	
Med. Form	
Emerg. Permit	
H.S. Transcript	
ACT/SAT Score	
Coll. Transcript	
Dorm Fee Paid	
Passport	
Approved	

General Information

Name: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Male ☐ Female

_____

Last *First* *Middle* *Maiden*

Birth Date: _____/ _____/ _____ Social Security Number: _____ - _____ - _____

Mailing Address: _____

Street *City* *State* *Zip*

Email Address: _____

Telephone Number:(_____)_____ Citizenship: ☐ USA ☐ Other_____

Marital Status: ☐ Single ☐ Married (Name of Spouse:_____) ☐ Widow (er) ☐ Divorced

If you have ever been divorced or had an annulment, please enclose a statement of the circumstances.

Do you have children? ☐ Yes ☐ No If yes, please list number of children. _____

Admissions Information

Entrance Date: Fall 20____ Spring 20____ Summer School 20____

Applying as a: ☐ First Year Student ☐ Transfer ☐ Non-degreed student ☐ Auditor

Will you be living in dorm? ☐ Yes ☐ No Will you have an automobile at school? ☐ Yes ☐ No

Probable Study Concentration Area:

- ☐ General Studies - Men
- ☐ General Studies–Women
- ☐ Missions– Men
- ☐ Missions– Women
- ☐ Pastoral Theology
- ☐ Pastoral Assistant
- ☐ Secretarial Science
- ☐ Education
- ☐ One Year Bible Program
- ☐ Two Year Associate of Arts Degree

Educational Background

High School	City, State	Dates Attended	Date Graduated
_____	_____	_____	_____

If you did not graduate from high school, do you have a GED? ☐ Yes ☐ No *If yes, please send documentation.*

Transfer Students: Do you expect to transfer credits from another college? ☐ Yes ☐ No

Are you eligible to return to the last college or university you attended? ☐ Yes ☐ No *If no, please attach a brief explanation.*

It is the applicant's responsibility to request that the previously attended institution send an official transcript to Trinity Baptist Bible College. **Students should have their transcripts sent to the TBBC Admissions Office, even if they do not expect to transfer credit.**

(In chronological order, list all schools after high school from latest to earliest.)

College, University, or Other	City, State	Dates Attended	Date Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you taken the A.C. T. or S.A.T.? ☐ Yes ☐ No Are you being home schooled? ☐ Yes ☐ No

Family Information

Father's Name: _____ Occupation: _____
(*Indicate if deceased*)

Permanent Address: _____
Street *City* *State* *Zip*

Home Phone: (_____)_____ Business Phone: (_____)_____

Mother's Name: _____ Occupation: _____
(*Indicate if deceased*)

Permanent Address:_____
Street *City* *State* *Zip*

Home Phone: (_____)_____Business Phone: (_____)_____

Personal Information

Name and Address of current church membership:_____
Church

_____
Street *City* *State* *Zip*

Church Phone:_____ Name of Pastor:_____ Pastor's Phone:_____

Will you be applying for a scholarship at TBBC? If yes, please mark appropriate box:

☐ Missionary ☐ Pastor's Child ☐ Full-time Workers' Child ☐ Valedictorian

Mark appropriate box (es):

Yes	No	
☐	☐	Have you any significant impairment?
☐	☐	Have you ever been treated for any nervous, mental, or emotional disorder, or been seen by a Psychologist?
☐	☐	Have you ever used or sold illegal or dangerous drugs? If so, when was the last time?_____
☐	☐	Have you ever used alcoholic beverages? If so, when was the last time?_____
☐	☐	Have you ever used tobacco in any form? If so, when was the last time?_____
☐	☐	Were you ever expelled, dropped, or suspended by any school or college?
☐	☐	Have you ever been arrested for any reason?

If the answer is yes, please give complete details on a separate piece of paper.

Is there anything else in you background about which we should know?_____
_____

Medical History

Do you have medical insurance? ☐ Yes ☐ No Name of primary insured:_____

Medical insurance company:_____Policy #:_____

History of injuries: Give a short account. If none, indicate "none."_____

_____

History of operations: If any, what? When? If none, indicate "none."_____

_____

List any medications you take regularly:_____

Student History

(Check those that you have had)

_____AIDS or HIV positive
_____Allergies
_____Anemia
_____Arthritis
_____Chest Colds (frequent)
_____Chicken Pox
_____Diabetes
_____Diphtheria
_____Drug Flashbacks
_____Epilepsy
_____Fainting Attacks
_____Head Colds (frequent)
_____Headaches (frequent)
_____Heart Disease
_____High Blood Pressure
_____Jaundice
_____Kidney or Bladder Disease
_____Liver Disease
_____Low Blood Pressure
_____Malaria
_____Measles
_____Mumps
_____Pleurisy
_____Pneumonia
_____Rheumatic Fever
_____Scarlet Fever
_____Service with U.S.A. overseas
_____Sinus Disease
_____Thyroid Disease
_____Tonsillitis (frequent)
_____Trouble with Eyes
_____Tuberculosis
_____Typhoid Fever
_____Weight Loss (over 10 lbs. in last year)
_____Whooping Cough

Family History

(Parents, grandparents, brothers and sisters)

_____Allergy
_____Heart Disease
_____High Blood Pressure
_____Epilepsy
_____Mental disease
_____Kidney Disease
_____Leukemia
_____Brain Tumors
_____Venereal Disease
_____Arthritis
_____Cancer
_____Tuberculosis

Please write a short resume on this page about your salvation experience, your reasons for attending Trinity Baptist Bible College, and your call of service.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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 Trinity Baptist Bible College. Furthermore, if admitted, I pledge to conduct myself in accordance with the standards outlined in the catalog and the student handbook.

Signed:_____ **Date:** _____

Complete this application, enclose your $25 application fee, and mail to:

Admissions Office
Trinity Baptist Bible College, 2212 N. Davis, Arlington, TX 76012

TRINITY BAPTIST
BIBLE COLLEGE

Emergency Permit

Student's Name:_____

In the event that an emergency should arise, I hereby give Trinity Baptist Bible College permission to authorize emergency anesthesia, surgery, and/or procedures deemed necessary.

(This permit is required of every student. For those students under 18 years of age, the person legally responsible must sign for him.)

Date:_____ _____

Signature

_____

Address

_____

City State Zip

_____

Area Code Phone Number

TRANSCRIPT REQUEST FORM

Please type or print in ink. Please fill out completely.

To the Registrar or Principal:

I have applied to Trinity Baptist Bible College for the:

☐ Fall 20__ ☐ Spring 20__ ☐ Summer 20__

Please send a copy of my:

☐ College Transcript ☐ High School Transcript

To: **Admissions Office**
Trinity Baptist Bible College
2212 North Davis Drive
Arlington, TX 76012

Please include A.C.T., S.A.T., I.Q., or any other standardized test scores, if available. Questions? Call 1-817-460-7940.

Please attach the personal data below to the transcript being sent to Trinity Baptist Bible College. (*Parent's or Guardian's signature is required if the student is under 18 years of age*.)

Student Signature:_____ Date_____

Parent Signature:_____ Date:_____

Personal Data

Name:_____
Last *First* *Middle* *Maiden*

Mailing Address:_____
Street *City* *State* *Zip*

Social Security Number:_____-_____-_____ Birth Date:_____/_____/_____

Last Term Attended (include year):_____

Schools, Please Note: If this student is currently a senior, please send transcript which includes the first seven semesters of his high school work. Upon graduation, please send a supplement showing final grades and graduation date. A transcript for a graduate must include the student's date of graduation in order for the transcript to be considered final.

PASTOR'S RECOMMENDATION

If the pastor is a relative, please use an assistant pastor, youth pastor, Or some other Christian leader for this reference.

Mail to
Admissions Office/Trinity Baptist Bible College
2212 N. Davis, Arlington, TX 76012
Please type or print in ink. Please fill out completely.

Part I: To be completed by the applicant.

Name:_____
Last *First* *Middle*

Mailing
Address:_____
Street *City* *State* *Zip*

Telephone Number: (_____)_____Entrance Date: Fall 20___ Summer 20___ Spring 20__

Birth Date: _____/_____/_____ Social Security Number: _____-_____-_____

Signed:_____ Date:_____

Part II: To be completed by the pastor or other Christian leader—see above.

The person named above has applied for admission to Trinity Baptist Bible College. We value your comments highly and ask that you give a complete and candid report so that fair consideration may be given to the applicant. Upon completion of this form, please return it to the Admissions Office at the address noted above. **DO NOT GIVE THIS FORM TO THE APPLICANT.** For assistance with this form, please call (817) 460-7940.

Confidential

How long have you known the applicant?

Please describe your relationship with the applicant.

Please give your general impression of the applicant.

Please assess your perception of the applicant's potential academic potential.

Please describe the spiritual maturity and Christian character of this applicant.

Please rate the applicant on the following characteristics:

	Superior	Very Good	Average	Poor	Unknown
Dependability	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
General Intelligence	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____

Would you recommend that we accept this applicant for admission to Trinity Baptist Bible College?

☐ With Enthusiasm ☐ Strongly ☐ With Reservations ☐ Not At This Time

Name:_____Church Name:_____
Last *First*

Church Address:_____
Street *City* *State* *Zip*

Position/Title:_____

Mailing Address:_____
Street *City* *State* *Zip*

Daytime Telephone Number: (_____)_____

Signed:_____Date:_____

PERSONAL RECOMMENDATION

Mail to
Admissions Office/Trinity Baptist Bible College
2212 N. Davis, Arlington, TX 76012
Please type or print in ink. Please fill out completely.

Part I: To be completed by the applicant.

Name:_____
Last *First* *Middle*

Mailing
Address:_____
Street *City* *State* *Zip*

Telephone Number: (_____)_____Entrance Date: Fall 20___ Summer 20___ Spring 20__

Birth Date: _____/_____/_____ Social Security Number: _____-_____-_____

Signed:_____ Date:_____

Part II: To be completed by the reference.

The person named above has applied for admission to Trinity Baptist Bible College. We value your comments highly and ask that you give a complete and candid report so that fair consideration may be given to the applicant. Upon completion of this form, please return it to the Admissions Office at the address noted above. **DO NOT GIVE THIS FORM TO THE APPLICANT.** For assistance with this form, please call (817) 460-7940.

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Please describe the spiritual maturity and Christian character of this applicant.

Please rate the applicant on the following characteristics:

	Superior	Very Good	Average	Poor	Unknown
Dependability	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
General Intelligence	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____

Would you recommend that we accept this applicant for admission to Trinity Baptist Bible College?

☐ With Enthusiasm ☐ Strongly ☐ With Reservations ☐ Not At This Time

Name:_____
Last *First*

Occupation:_____

Mailing Address:_____
Street *City* *State* *Zip*

Daytime Telephone Number: (_____)_____

Signed:_____Date:_____

PERSONAL RECOMMENDATION

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Part I: To be completed by the applicant.

Name:_____
Last *First* *Middle*

Mailing
Address:_____
Street *City* *State* *Zip*

Telephone Number: (_____)_____Entrance Date: Fall 20___ Summer 20___ Spring 20__

Birth Date: _____/_____/_____ Social Security Number: _____-_____-_____

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Moral character	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
General Intelligence	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____

Would you recommend that we accept this applicant for admission to Trinity Baptist Bible College?

☐ With Enthusiasm ☐ Strongly ☐ With Reservations ☐ Not At This Time

Name:_____
Last *First*

Occupation:_____

Mailing Address:_____
Street *City* *State* *Zip*

Daytime Telephone Number: (_____)_____

Signed:_____Date:_____