



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.

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
Trinity Baptist Bible College
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 _____
References _____
Med. Form _____
Emerg. Permit _____
H.S. Transcript _____
ACT Scores _____
SAT Scores _____
Coll. Transcript _____
Dorm Fee Paid _____
Approved _____

General Information

Name: ☐ Mr. ☐ Mrs. ☐ Miss

☐ Male ☐ Female

Last First Middle Maiden

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

Mailing Address: _____

Street City State Zip

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?

<input type="checkbox"/>	<input type="checkbox"/>	Have you ever used or sold illegal or dangerous drugs? If so, when was the last time? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever used alcoholic beverages? If so, when was the last time? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever used tobacco in any form? If so, when was the last time? _____
<input type="checkbox"/>	<input type="checkbox"/>	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)

<input type="checkbox"/> AIDS or HIV positive	<input type="checkbox"/> Headaches (frequent)	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Anemia	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Service with U.S.A. overseas
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Sinus Disease
<input type="checkbox"/> Chest Colds (frequent)	<input type="checkbox"/> Kidney or Bladder Disease	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Tonsillitis (frequent)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Trouble with Eyes
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Malaria	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Drug Flashbacks	<input type="checkbox"/> Measles	<input type="checkbox"/> Typhoid Fever
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Mumps	<input type="checkbox"/> Weight Loss (over 10 lbs. in last year)
<input type="checkbox"/> Fainting Attacks	<input type="checkbox"/> Pleurisy	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Head Colds (frequent)	<input type="checkbox"/> Pneumonia	

Family History

(Parents, grandparents, brothers and sisters)

<input type="checkbox"/> Allergy	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Leukemia	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Mental disease	<input type="checkbox"/> Brain Tumors	<input type="checkbox"/> Cancer
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Venereal Disease	<input type="checkbox"/> 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.

PASTORAL REFERENCE FORM

TRINITY BAPTIST BIBLE COLLEGE

Attention: Admissions Department
2212 N. Davis Dr. | Arlington, TX 76012 | (817) 460-7940

THIS AREA TO BE COMPLETED BY THE APPLICANT

APPLICANT'S NAME _____ Birth-Date _____
Address _____
City _____ State _____ Zip _____
Phone number _____

Christian Character	Excellent ___ Good ___ Average ___ Poor ___ Unknown___
Dependability	Excellent ___ Good ___ Average ___ Poor ___ Unknown___
Cooperation	Excellent ___ Good ___ Average ___ Poor ___ Unknown___
General Intelligence	Excellent ___ Good ___ Average ___ Poor ___ Unknown___
Ability to get along with others	Excellent ___ Good ___ Average ___ Poor ___ Unknown___

In considering this applicant, how would you recommend him/her?

Yes, with enthusiasm ___ Yes, with caution* ___ No* ___

*(Please state reason on the back of this sheet)

How long have you known the applicant? _____

Does the applicant pay his bills on time? _____

Would you hire this applicant to work for you? Yes___ No*___ (If no, please explain.)

Is this the kind of person with whom you would want your son or daughter to be close friends?

Yes ___ No ___ (If no, please explain.)

List any handicaps or disabilities. _____

List any significant factors in this applicant's background which we should know.

General Comments: _____

NAME OF REFERENCE: (please print) _____

SIGNATURE _____

YOUR RELATIONSHIP TO THE APPLICANT _____

ADDRESS: _____

PHONE NUMBER: _____

NOTE: SEND THIS FORM DIRECTLY TO TRINITY BAPTIST BIBLE COLLEGE AT THE ADDRESS LISTED ABOVE. DO NOT RETURN TO THE APPLICANT! THANK YOU FOR YOUR TIME!

PERSONAL REFERENCE FORM

TRINITY BAPTIST BIBLE COLLEGE

Attention: Admissions Department
2212 N. Davis Dr. | Arlington, TX 76012 | (817) 460-7940

THIS AREA TO BE COMPLETED BY THE APPLICANT

APPLICANT'S NAME _____ Birth-Date _____
Address _____
City _____ State _____ Zip _____
Phone number _____

Christian Character	Excellent ___ Good ___ Average ___ Poor ___ Unknown___
Dependability	Excellent ___ Good ___ Average ___ Poor ___ Unknown___
Cooperation	Excellent ___ Good ___ Average ___ Poor ___ Unknown___
General Intelligence	Excellent ___ Good ___ Average ___ Poor ___ Unknown___
Ability to get along with others	Excellent ___ Good ___ Average ___ Poor ___ Unknown___

In considering this applicant, how would you recommend him/her?

Yes, with enthusiasm ___ Yes, with caution* ___ No* ___

*(Please state reason on the back of this sheet)

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Yes ___ No ___ (If no, please explain.)

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THIS AREA TO BE COMPLETED BY THE APPLICANT

APPLICANT'S NAME _____ Birth-Date _____
Address _____
City _____ State _____ Zip _____
Phone number _____

Christian Character	Excellent ____ Good ____ Average ____ Poor ____ Unknown ____
Dependability	Excellent ____ Good ____ Average ____ Poor ____ Unknown ____
Cooperation	Excellent ____ Good ____ Average ____ Poor ____ Unknown ____
General Intelligence	Excellent ____ Good ____ Average ____ Poor ____ Unknown ____
Ability to get along with others	Excellent ____ Good ____ Average ____ Poor ____ Unknown ____

In considering this applicant, how would you recommend him/her?

Yes, with enthusiasm ____ Yes, with caution* ____ No* ____

*(Please state reason on the back of this sheet)

How long have you known the applicant? _____

Does the applicant pay his bills on time? _____

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Yes ____ No ____ (If no, please explain.)

List any handicaps or disabilities. _____

List any significant factors in this applicant's background which we should know.

General Comments: _____

NAME OF REFERENCE: (please print) _____

SIGNATURE _____

YOUR RELATIONSHIP TO THE APPLICANT _____

ADDRESS: _____

PHONE NUMBER: _____

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