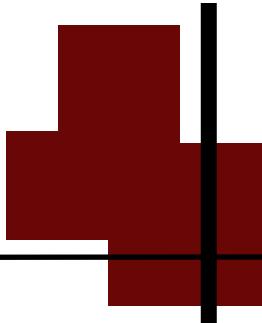




APPLICATION
FOR
UNDERGRADUATE STUDIES

...remaining faithful to the old paths.



APPLICATION FOR ADMISSION

UNDERGRADUATE

INDIANA BAPTIST COLLEGE

1301 W. County Line Road, Greenwood, IN 46142
New Student Admissions Information: 317-882-2345
Website: www.indianabaptistcollege.edu

Please attach small photo of yourself here.

Please print or type all information.

Name: Mr. _____
Mrs. _____
Miss _____ Last _____ First _____ Middle _____ Maiden _____

Male
 Female

Address: _____ City: _____ State: _____ ZIP: _____

E-mail Address: _____ DOB: ___/___/___ Social Security No. _____

Telephone no. (____) _____ Citizenship: USA Canada Other _____

Current family /marital status (check all that apply): Married- spouse's full name _____

Children Single Widow or Widower Divorced Remarried Separated

Are you currently a member of a Fundamental Independent Baptist Church? Yes No

Are you actively involved in the church where you are a member? Yes No In what ways? _____

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

Church Address: _____ City: _____ State: _____

Education:

Anticipated or past graduation date from high school: ___/___/___

Name of high school: _____ Address: _____

City: _____ State _____ Zip: _____

Please list other college/s you have previously attended, if any, as well as the dates spanning your time of attendance:

Do you have outstanding financial obligations to any colleges? Yes No

Have you already obtained a degree from another college? _____ If yes:

College: _____ Degree: _____ Major: _____ Dates Attended: _____

Have you ever been dismissed or placed on academic or disciplinary probation? _____ If yes, explain:

Desired Entrance Date to IBC: _____ Fall _____ Spring _____ Year _____ Degree pursuit: _____

Expected Classification: Freshman Sophomore Junior Senior Full-time _____ Part-time _____

Office Use Only

Date rec'd _____ College Transcript _____ Application Complete Date _____
App. Fee _____ High School Transcript _____ Medical Form #1 _____ #2 _____
Testimony _____ Insurance Form _____ Reference #1 _____ #2 _____ #3 _____
Objtv. Sheet _____ Photo _____ Conference _____
ACT Scores _____ SAT Scores _____ Handbook Agreement Form _____

Transcripts:

Please be sure to request an official transcript from your high school and any colleges you have previously attended. Your college transcripts must be sent directly from the college you previously attended to Indiana Baptist College.

ACT/SAT Scores:

Please request an official copy of either your ACT or SAT test scores to be sent to the Admissions Department. This must be done prior to the student’s actual enrollment unless special permission has been received from the Admissions Department to meet this requirement after enrollment.

Personal Objective:

On a separate sheet, please state your educational objectives and personal testimony.

Reference Forms:

You will find in this application packet three references to be filled out: a general, pastoral and academic recommendation. Give these to the required parties and have them forward the reference form to our Admissions Department by mail or fax. References should not be given to relatives.

How do you plan to meet college expenses? _____

Statement of Intent:

I hereby make application to Indiana Baptist College and enclose a \$25 application fee with the understanding that the fee will be retained to cover the cost of processing my application. I here 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 Indiana 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 Indiana Baptist College.

Signature: _____ Date: _____

The parent or guardian of the student making application must sign in the space below unless the applicant is over twenty-one years of age.

As a parent or guardian of above applicant, I agree to cooperate with Indiana Baptist College in the enforcement of the rules and regulations of this Institution.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

If you wish to pay your \$25 Application fee with your credit card, please complete the following. Payment is required to process your application.

Name on Card _____ Credit Card # _____

Type of Card: Visa MasterCard Discover Expiration Date: ____/____/____

Cardholder’s P.O. Box, Route, or House Number _____ Cardholder’s Zip Code _____

Cardholder’s Signature _____

Important:

It is understood that attendance at IBC is a privilege and not a right, which privilege may be forfeited by any student who does not conform to the standards and regulations of the institution, and that the college may request the withdrawal of any student at any time, who, in the opinion of the college, does not fit into the spirit of the institution, regardless of whether or not he/she conforms to the specific rules and regulations of the college.

Mail the completed application and the application fee to the Admissions Department, Indiana Baptist College, 1301 W. County Line Road, Greenwood, IN 46142. Those sending application by fax must fill in the above credit card information before transmitting BOTH SIDES of the completed application to 317-885-2960.

Admission to Indiana Baptist College is not limited by race, color, or national or ethnic origin.

Indiana Baptist College

Pastoral Reference

Instructions for the Student: (To be completed for undergraduate students only)

Please complete the first section of this form, then give it to your pastor. This form is required for final acceptance to be granted.

To be completed by student:

I am authorizing the release of the following information to be considered in my application for admission to Indiana Baptist 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 form will be sent to IBC by the person completing the form.

Signature of Student _____

Student's Printed Name _____

Student's Address _____

City _____ State _____ Zip _____

To be completed by the pastor recommending the student:

Thank you for your help in answering the following questions. This form is for the confidential use of the Indiana Baptist College Admissions Department for evaluating admission and will not be made available to the applicant. Please answer all questions frankly.

1a. What relationship do you have with this person? _____

b. How long have you personally known this person? _____

2. How would you describe your relationship with this person?

General acquaintance Know well Very close Other _____

3. Is this person a member in good standing at your church? Yes No (Please Explain) _____

4. How long has this person been a member? _____

5a. Is this person actively involved in the ministry opportunities of your church? Yes No

b. If so, in what ways? Sunday School Jr. Church Mid-week children's ministry Music ministry
 Ushering Nursery Outreach Other (please explain) _____

c. Approximately how long has this person been actively involved in your church's ministry? _____

6. To what extent do you consider the applicant to be a dedicated Christian? _____

7. To your knowledge, does this person have a strong and consistent devotion life?

Yes No (Please explain) _____

8. To your knowledge, does this person have a consistently good relationship with his/her parents?

Yes Sometimes No (Please explain) _____

9. To your knowledge, does this person consistently demonstrate/exhibit a healthy respect for you and people in authority? Yes No

10. To your knowledge, does this person consistently relate well to others? Yes Sometimes No

11. What are the applicant's strong points or special abilities? _____

12. Is this person trustworthy? _____

13. Does this person have any doctrinal views that are extreme? Yes No If yes, please elaborate: _____

14. Would you want your children to be in close association with this person? _____

15. Is there any additional information that you would like to share? _____

16. Do you know of any reason why this person would not be suitable to attend Indiana Baptist College?
 Yes No If yes, please explain why: _____

- I recommend this person
- I recommend with this reservation: _____
- I do not recommend this person

Please mail completed form to: Admissions Department
Indiana Baptist College
1301 W. County Line Road
Greenwood, IN 46142

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

Signature of Pastor filling out form _____

Your position at this church? Senior Pastor Assistant Pastor
 Associate Pastor Other Pastor (explain) _____

How long have you served at this church in your present pastoral capacity? _____ yrs. _____ mo.

Name (please print) _____

Address _____

City _____ State _____ ZIP _____

Telephone Number (____) _____ Date _____

Church name: _____

Address _____

City _____ State _____ ZIP _____

Telephone Number (____) _____

Indiana Baptist College *Academic Reference*

Instructions for the student: (To be completed for undergraduate students only)

Please complete the first section of this form, then give it to your principal or college registrar. This form should not be given to a relative. If you are home schooled, please give to an adult who knows you well. This form is required before final acceptance can be granted.

To be completed by the student:

I am authorizing the release of the following information to be considered in my application for admission to IBC 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 form will be sent to IBC by the person completing the form.

Signature of Student _____

Student's Printed Name _____

Address _____

City _____ State _____ ZIP _____

To be completed by the person serving as a reference for the student above:

Thank you for your help in answering the following questions. All information provided will be held strictly confidential by Indiana Baptist College and will not be made available to the applicant. Please answer all questions frankly.

1. How long have you known this person? _____ How well? _____
2. To what extent do you consider the applicant to be a dedicated Christian? _____
3. What are the applicant's strong points or abilities? _____

4. Is this person, in your opinion, trustworthy? _____
5. Is this person submissive and cooperative with the authority figures in his life? _____
6. Would you have any misgivings about your children being in close association with this person? _____ If so, briefly explain: _____

7. What relationship do you have with this person, whereby you believe you can assess his academic qualities or performance? _____
8. Please complete the rating list below as completely as you can: (1 being least; 5 being greatest)

Punctuality:

With attendance to class/events:	1	2	3	4	5
With assignments or tasks:	1	2	3	4	5
Neatness of work:	1	2	3	4	5
Quality of work:	1	2	3	4	5
Conscientiousness:	1	2	3	4	5
Cooperation:	1	2	3	4	5
Gets along with others:	1	2	3	4	5
Leadership:	1	2	3	4	5
Diligence:	1	2	3	4	5

9. Areas of Academic Strength: Math English History Science Language Music Art
(Circle all that apply) Writing Speech Secretarial Typing Business Organization

10. Areas of Academic Weakness: Math English History Science Language Music Art
(Circle all that apply) Writing Speech Secretarial Typing Business Organization

11. Is there any additional information that you would like to share? _____

12. How do you personally believe this person would do academically at Indiana Baptist College, based on your knowledge of their performance, abilities, character, etc.?

____ Very well ____ Satisfactorily ____ Substandard, but pass ____ Not likely to succeed

____ I recommend this person for Indiana Baptist College.

____ I recommend this person with the following reservation(s): _____

____ I would not recommend this person to Indiana Baptist College: (optional explanation)

____ At this time

____ For the following reason(s): _____

Mail completed form to: Admissions Department
Indiana Baptist College
1301 W. County Line Road
Greenwood, IN 46142

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

Signature of person filling out form _____

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date _____

This reference form is kept confidential, being reviewed only by appropriate parties within the administration and/or administrative staff of Indiana Baptist College. Thank you for your willingness to serve as a reference for this applicant. We appreciate your response.
IBC Administration

Indiana Baptist College General Reference

Instructions for the student: (To be completed for undergraduate students only)

Please complete the first section of this form, then give it to an adult who knows you well. This form should not be given to a relative. This form is required before final acceptance can be granted.

To be completed by student:

I am authorizing the release of the following information to be considered in my application for admission to IBC and understand that the information will be held in confidence by the college and will not be released to anyone else. I understand that this form will be sent to IBC by the person completing the form.

Signature of Student _____

Student's Printed Name _____

Student's Address _____

City _____ State _____ Zip _____

To be completed by the person recommending student:

Thank you for your help in answering the following questions. This information is for the confidential use of the Indiana Baptist College Admissions Dept. for evaluating admission and will not be made available to the applicant. Please answer all questions frankly.

1. How long have you known this person? _____ How well? _____

2. To what extent do you consider the applicant to be a dedicated Christian? _____

3. What are the applicant's strong points or abilities? _____

4. Is this person, in your opinion, trustworthy? _____

5. Is this person submissive and cooperative with the authority figures in his life? _____

6. Would you have any misgivings about your children being in close association with this person? _____ If so, briefly explain: _____

7. Is there any additional information that you would like to share? _____

8. How do you personally believe this person would do at Indiana Baptist College, based on your knowledge of their performance, abilities, character, etc.?

____ I recommend this person for Indiana Baptist College.

____ I recommend this person with the following reservation(s): _____

____ I would not recommend this person to Indiana Baptist College: (optional explanation)

____ At this time

____ For the following reason(s): _____

Mail completed form to: Admissions Department
Indiana Baptist College
1301 W. County Line Road
Greenwood, IN 46142

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

Signature of person filling out form _____

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date _____

This reference form is kept confidential, being reviewed only by appropriate parties within the administration and/or administrative staff of Indiana Baptist College. Thank you for your willingness to serve as a reference for this applicant. We appreciate your response.
IBC Administration

***Indiana Baptist College
General Fitness Form
To Be Completed By Physician***

Mr.
Student's Name : Miss _____
Mrs. Last First Middle

DOB: ____/____/____ Age: _____ Sex: _____ Race: _____

Examination Date: ____/____/____

Height: _____ Weight: _____ Blood pressure: _____ Pulse: _____

Respirations: _____ Temperature: _____

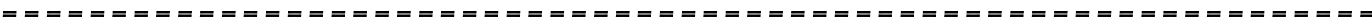
Heart: _____

Lungs: _____

Abdomen: _____

Extremities: _____

Reflexes: _____



Please list any limitations: _____

Please list any pre-existing conditions: _____

Physician's Signature: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Indiana Baptist College Medical History Form

Mr. _____
Name: Miss _____ Age: _____ Sex: _____ Race: _____
Mrs. Last First Middle

Marital Status: _____
(Single, Married, Remarried, Widowed, Divorced)

Medical History

Check those that apply:

- | | |
|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Frequent Tonsillitis | <input type="checkbox"/> Frequent Sinus Problems |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Frequent Fainting | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Allergies (please list below) | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Malaria |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Chronic Fatigue |

Family History

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mental Disease | <input type="checkbox"/> High Blood Pressure |
| | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Low Blood Pressure |

On the back of this form, please list and describe any food allergies or sensitivities the applicant experiences. Also, please give a sample list of foods the applicant can eat and another list he/she cannot eat.

Please list any general or medical allergies the applicant experiences: _____

History of injuries: if any, please give short account: _____
_____ If none, indicate _____

History of operations: if any, when & what? _____
_____ If none, indicate _____

Indiana Baptist College
Personal, Family, or Group Hospital and Surgical Insurance Information

Registrar:

I am an active part of a Health Sharing Ministry that takes care of medical needs. Yes _____ No _____

If yes, which ministry: _____

I have current hospital and surgical insurance which will be or is now paid for or valid through the school year (to September) Yes _____ No _____

The following is information regarding my policy:

Name of Insurance Company: _____

Address of Insurance Company: _____

Policy Number or Group Number: _____ ID Number: _____

Group Plan: _____, Family Plan: _____, Individual Policy: _____ (check one)

Name and address of person on whom policy is written:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

(Single students only complete next two lines):

Student's age at which this policy is no longer effective: _____

Student's Age now: _____ Student's Birthday: _____

Student's Name: _____

Student's Present Address: _____

City: _____ State: _____ Zip: _____

Student's Signature: _____

Please submit this form to:

Admissions Department
Indiana Baptist College
1301 W. County Line Road
Greenwood, IN 46142