

► Please print in pen or type all information.

1: Legal name:
[Mr. Miss Mrs. Dr.] _____
circle one *last* *first* *middle or maiden*

2: Name you are called _____ Birthdate _____ SSN _____

3: Mailing address _____
street address including apartment # or PO Box

city *state* *zipcode*

4: Home phone (____) _____ Work phone (____) _____ ext. _____
Cell phone (____) _____ Other phone (____) _____ ext. _____

5: Place of birth _____

6: Race: [white black oriental other _____] Citizenship: [USA Canada Other _____]
circle one *circle one*
Non USA Citizen: Indicate whether or not you are a permanent resident: _____ Admission # _____

7: Current Marital Status: (Check all that apply)
 Never Married Married—spouse's full name _____
 Widow or Widower Separated* Divorced* Remarried* Single Parent*
*Send a letter of explanation with the application.

► **ADMISSION INFORMATION:** _____

8: Entrance Date: Fall (year) _____ Spring (year) _____
Are you applying for a residence hall reservation? Yes No

► **EDUCATION:** _____

9: _____
High school that you are now attending or from which you graduated *Phone number*

Mailing address
Graduation or expected graduation date _____
month/year

10: High school sports participated in _____

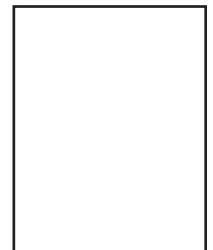
11: Are you or were you home schooled? Yes No
If so, have your parents kept academic records? Yes No

12: Have you taken the ACT examination? Yes No When _____ Score _____

13: Have you taken the SAT I examination? Yes No When _____ Score _____

14: Have you taken the GED examination? Yes No When _____ Score _____

ATTACH A SMALL PHOTO HERE ►



Please list all colleges, institutes or technical schools that you have ever attended. If you have attended more than two schools, please submit additional school information on a separate sheet.

15:

School or college that you are now attending or from which you graduated	dates attended	degree	
Mailing address	city	state	zipcode
School or college that you are now attending or from which you graduated	dates attended	degree	
Mailing address	city	state	zipcode

Do you expect to transfer credits from another college? Yes No

If yes, there must be an official transcript on file at Victory Baptist College and these credits must be evaluated by the Dean of Academics for a possible transfer. It is the applicant's responsibility to request a copy of these transcripts from the forwarding institution. Official transcripts must come sealed from the forwarding institution.

FAMILY:

16: Father's Name _____ Deceased Living [Occupation _____]

Mailing address _____ city _____ state _____ zipcode _____

17: Mother's Name _____ Deceased Living [Occupation _____]

Mailing address _____ city _____ state _____ zipcode _____

18: College attended by Mother _____ by Father _____

19: Has any member of your family ever applied for admission to VBC? Yes No

If yes, give the name and relationship. _____

CONFIDENTIAL:

20: Have you trusted Jesus Christ as your Saviour? Yes No When _____

21: Are you a church member? Yes No Do you attend regularly? Yes No

22: Denomination _____ Pastor's name _____

Church name _____ Phone number _____

Mailing address _____ city _____ state _____ zipcode _____

23: Check the appropriate box.

Yes No Have you any significant physical or learning impairment?

Yes No Have you ever been treated for any nervous, mental or emotional disorder or seen a psychologist?

Yes No Have you ever used illegal or dangerous drugs?

Yes No Do you in any way use alcoholic beverages?

Yes No Do you use tobacco in in any form?

Yes No Were you ever expelled, dropped or suspended by any school or college?

Yes No Are you or have you ever been under the supervision of a parole officer or court?

Yes No Have you ever been arrested for any reason other than a minor traffic violation?

If any answer is affirmative, please give complete details on a separate sheet of paper.

An explanation will also be needed from the doctor, principal, court or parole officer.

I certify that the information given on this application is complete and accurate.

signature of applicant

date

Brent Carr
Executive Vice President
620 W. Martintown Road
North Augusta, SC 29841
(803) 278-2138

TRANSCRIPT REQUEST FORM

UNDERGRADUATE

► To the Registrar or Principal: _____

I have applied to Victory Baptist College for: Fall (year) _____ Spring (year) _____.
Please send a copy of my: High School College
transcripts to Victory Baptist College at the address below. Also, please attach this form, including the
personal data listed below:

_____ date

_____ signature of applicant

► Personal Data (to be filled out by the student): _____

_____ Last First Middle or maiden

SSN: _____ Birth date _____

_____ Mailing address

_____ City state zipcode

_____ Last term attended/year _____ Graduation date

_____ Name when enrolled if different

V Brent Carr
Executive Vice President
620 W. Martintown Road
North Augusta, SC 29841
(803) 278-2138

▶ Please complete the first section of this recommendation. Then, give it to your pastor. No action can be taken to process your application until this form has been received.

▶ **Section 1:** (To be completed by the prospective student) _____

I am authorizing the release of the information requested in **Section 2** of this form in order that it may be considered in my application for admission to Victory Baptist College. I understand that the information will be held in confidence by the VBC and will not be released to me or anyone else. I understand that my pastor must mail this questionnaire to Victory Baptist College.

Signature of prospective student Date

Student's name (please print)

Mailing address

City state zipcode

Home phone (include area codes) Work phone Other (cell, page, etc)

▶ **Section 2:** (To be completed by the pastor of the prospective student) _____

As we seek to make an intelligent selection of students, and also to help us learn something about our prospective students' needs before they come to us, we would like to ask your help. Please complete the requested information being assured that this information will be held strictly confidential by the College and will not be made available to the candidate. Please answer all questions frankly and send it to the address on the back of this form.

1: What relationship do you have with the prospective student listed in **section 1** of this form?

2: Has this person, to your knowledge, been married before? Yes No

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

4: Has this person accepted Jesus Christ as personal Savior? Yes No

5: Is this person trustworthy? Yes No

6: List any outstanding traits or extremes such as boldness, shyness, brilliance, dullness, etc.

7: Would you want your children in close association with this person? Yes No

(Please attach any additional information that you deem necessary to share.)

*Until we hear from you, the application of the prospective student will not be processed.
Your timely response is appreciated.*

Name of person filling out the form

Name of church

Mailing address

City

state

zipcode

Phone number (include area code)

Signature of the person filling out this form

Date

V Brent Carr
Executive Vice President
620 W. Martintown Road
North Augusta, SC 29841
(803) 278-2138

▶ Please complete the first section of this recommendation. Then, give it to an adult who is not related to you and who has personal knowledge of your character. No action can be taken to process your application until this form has been received.

▶ **Section 1:** (To be completed by the prospective student)

I am authorizing the release of the information requested in **Section 2** of this form in order that it may be considered in my application for admission to Victory Baptist College. I understand that the information will be held in confidence by the VBC and will not be released to me or anyone else. I understand that the person who completes **Section 2** must mail this questionnaire to Victory Baptist College.

Signature of prospective student Date

Student's name (please print)

Mailing address

City state zipcode

Home phone (include area codes) Work phone Other (cell, page, etc)

▶ **Section 2:** (To be completed by the person recommending the student)

As we seek to make an intelligent selection of students, and also to help us learn something about our prospective students' needs before they come to us, we would like to ask your help. Please complete the requested information being assured that this information will be held strictly confidential by the College and will not be made available to the candidate. Please answer all questions frankly and send it to the address on the back of this form.

- 1: What relationship do you have with the prospective student listed in **section 1** of this form?

- 2: Has this person, to your knowledge, been married before? Yes No
- 3: Do you know of any reason why this person would not be suitable to attend Victory Baptist College?
 Yes No If yes, please state why. _____

4: Do you believe that this person will complete college studies successfully? Yes No
If no, please state why. _____

5: Is this person trustworthy? Yes No

6: List any outstanding traits or extremes such as boldness, shyness, brilliance, dullness, etc.

7: Would you want your children in close association with this person? Yes No
(Please attach any additional information that you deem necessary to share.)

*Until we hear from you, the application of the prospective student will not be processed.
Your timely response is appreciated.*

Name of person filling out the form

Mailing address

City *state* *zipcode*

Phone number (include area code)

Signature of the person filling out this form *Date*

V Brent Carr
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