

Tulare Missionary Baptist Seminary Application for Admission

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Application Procedure:

1. Complete this Application in full
2. You **Must** submit a High School or College Transcript.
3. You **Must** submit a brief health statement in your own words.
4. You **Must** Submit an Application fee of \$10.00.

No decision regarding admission will be made until all material is received.

Name: _____ Phone: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: Single Married Separated Divorced Widowed

In case of Emergency Notify: _____ Phone: _____

Relationship to you: _____

For statistical purposes only, please complete the following: Sex: _____ Race: _____

High School Attended: _____

Address: _____ City: _____ State: _____ Zip: _____

College or other School Attended: _____ Degree: _____

Address: _____ City: _____ State: _____ Zip: _____

Have you previously applied for admission to the Seminary? Yes No Date: _____

Have you been born Again? Yes No How do you Know? _____

Have you been Immersed? Yes No If Yes, by what church? _____

Address: _____ City: _____ State: _____ Zip: _____

Present Church Membership: _____

Address: _____ City: _____ State: _____ Zip: _____

(Complete Other Side)

Pastor's Name: _____ Address: _____ Phone: _____ City: _____ State: _____ Zip: _____ <p style="text-align: center;">Is this church affiliated with the American Baptist Association?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Are you a preacher? Yes <input type="checkbox"/> No <input type="checkbox"/> Are You Ordained? Yes <input type="checkbox"/> No <input type="checkbox"/> Date? _____
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Do you agree with the doctrinal statement as given in the current catalog? Yes No
 If you do not, attach an explanation listing points of disagreement.

Reference 1	Reference 2	Reference 3
Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____

In which degree program do you expect to enroll? _____

When do you expect to begin your study at the Seminary? Year: _____ Semester: _____

Do you plan to attend the Tulare Missionary Baptist Seminary on an A.B.A. Scholarship? Yes No

Do you plan to live in Student Housing? Yes No

Have you ever:

been placed on probation, suspended, or dismissed from any institution of learning for any reason? Yes No

been convicted of a crime? (other than a traffic violation) Yes No

been confined to a mental, penal, or correctional institution? Yes No

If you answered Yes to any of the above, please supply full details on a separate sheet of paper.

I certify that I have read and understand all policies in the current catalog. I agree to abide by the regulations of the school and to abstain from practices not becoming to Christian character. I understand that admission to the Missionary Baptist Seminary is a privilege, not a right, and that admission to one course of study does not imply admission to any other. I agree to inform the Registrar of any change in my status as a student. I certify that all information given here is true and correct to the best of my knowledge, and that no information has been withheld.

Signature: _____ Date: _____