

Commonwealth Baptist College



Application for Admission
Return to:
COMMONWEALTH BAPTIST COLLEGE
3440 Versailles Road
Lexington, Kentucky 40510
1-877-682-8318



Legal name _____
Last First Middle

Today's Date: _____ Applying for: Fall/Spring _____ Year: _____

Permanent address _____
Number/Street City State Zip

Present address _____
Number/Street City State Zip

Home phone number (_____) _____ Social Security Number _____

Cell phone number: (_____) _____ Email address: _____
(Optional) (Optional)

Date of birth _____ Place of birth: _____ Citizenship _____
Month Day Year

Gender: M / F _____ Marital status: Single _____ Married _____ Widow/Widower _____
Ever divorced* _____ Separated* _____ Remarried* _____
*If ever divorced, separated, and/or remarried, explain on a separate page.

Married women list maiden name _____ Spouse's name _____

Do you have any children? _____ Names of children _____

Father's name _____ Present address _____
(Indicate deceased, if not living)

Mother's name _____ Present address _____
(Indicate deceased, if not living)

Home church _____

Church address: _____

Name of pastor _____

Church phone (_____) _____ Pastor's home phone: (_____) _____

Are you a member? Yes / No _____ Do you attend church regularly? _____

Is this an independent Baptist church? _____ When were you saved? _____

Have you ever served in the Armed Forces? Yes / No Service _____ From _____ To _____

Type of discharge _____ Do you want veterans benefits? _____

Do you have a police record? Yes / No (If so, explain here)

In the past three years have you engaged in drinking alcoholic beverages, smoking, taking of illegal drugs, or attendance at movies? _____

If your answer is yes, please explain which, when, and how often. _____

Have you ever sought psychiatric/psychological counsel? Yes/No _____

If so, please explain when, any hospitalizations, any medications given and a brief description of the circumstances on another paper.

Classification you expect to have:

Freshman ()

Sophomore ()

Junior ()

Senior ()

Check the area(s) of your interest:

() Pastoral Theology

() Missions

() Elementary Education

() Secondary Education

() Music

() Secretary

Is your high school work still in progress? Yes / No When will you graduate? _____

Are you a high school graduate? Yes / No If so, give year graduated: _____

Name and address of high school you are now attending or the high school from which you graduated:

School

Address

City & State

Zip

List any colleges, universities, and Bible institutes you have attended. Please use the school's full name.

A.

Name of School

(Dates)

(Degree/diploma received)

Complete Address

B.

Name of School

(Dates)

(Degree/diploma received)

Complete Address

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

If yes, state details including the school, time, and reason for such action on separate paper.

Have you taken the American College Testing (ACT) program examination or the Scholastic Aptitude Test (SAT)?

Yes / No