

NEW COVENANT BIBLE COLLEGE

APPLICATION FOR ADMISSION

IMPORTANT: Please PRINT or TYPE. ANSWER ALL QUESTIONS. Applications will not be processed nor academic standing be assessed unless all questions are answered and the application signed and dated by applicant. Do not leave any question blank. Put "N/A" if an item, such as a FAX number or Email address, does not apply.

1. PERSONAL INFORMATION

TITLE: <input type="radio"/> MR <input type="radio"/> MS <input type="radio"/> MRS <input type="radio"/> MISS <input type="radio"/> DR <input type="radio"/> REV	LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	<input type="radio"/> SR. <input type="radio"/> JR. <input type="radio"/> Other _____
MAILING ADDRESS:	CITY:	STATE/PROVINCE:	POSTAL CODE:	
HOME AREA CODE & PHONE #:	WORK AREA CODE & PHONE #:	EMAIL ADDRESS:	COUNTRY:	
BIRTHDATE (MM/DD/YYYY):	SEX <input type="radio"/> MALE <input type="radio"/> FEMALE	SOCIAL SECURITY #:	MARITAL STATUS: <input type="radio"/> SINGLE <input type="radio"/> DIVORCED <input type="radio"/> MARRIED <input type="radio"/> WIDOWED	MAIDEN NAME, IF APPLICABLE :
PLACE OF BIRTH:	RACE: <input type="radio"/> CAUCASIAN <input type="radio"/> AFRICAN-AMERICAN <input type="radio"/> JEWISH <input type="radio"/> HISPANIC <input type="radio"/> NATIVE AMERICAN <input type="radio"/> ASIAN <input type="radio"/> OTHER		OCCUPATION:	
U. S. CITIZEN <input type="radio"/> YES <input type="radio"/> NO, IF NO WHAT COUNTRY?	CHURCH BACKGROUND/DENOMINATION:	CHURCH PRESENTLY ATTENDING:	PASTOR:	
PERSON TO NOTIFY IN CASE OF EMERGENCY:		RELATIONSHIP:	AREA CODE & PHONE #	

2. MINISTRY EXPERIENCE

CURRENT MINISTRY STATUS, IF ANY:	<input type="radio"/> SENIOR PASTOR <input type="radio"/> MISSIONARY <input type="radio"/> YOUTH MINISTER <input type="radio"/> CHAPLAIN <input type="radio"/> CHURCH/MINISTRY ADMINISTRATOR <input type="radio"/> ASSISTANT PASTOR <input type="radio"/> EVANGELIST <input type="radio"/> CHILDREN'S MINISTER <input type="radio"/> MUSIC MINISTER <input type="radio"/> LAY MINISTER <input type="radio"/> OTHER			
ARE YOU CURRENTLY LICENSED OR ORDAINED? <input type="radio"/> LICENSED <input type="radio"/> ORDAINED <input type="radio"/> N/A	CREDENTIALING ORGANIZATION:	PAST MINISTRY INVOLVEMENT: <input type="radio"/> PASTORAL <input type="radio"/> EVANGELISM <input type="radio"/> TEACHER <input type="radio"/> RADIO/TV <input type="radio"/> OTHER	# OF YEARS IN MINISTRY	

3. EDUCATIONAL INFORMATION

HIGH SCHOOL*	START DATE (MM/DD/YY)	STOP DATE (MM/DDYY)	STUDY EMPHASIS:	DID YOU GRADUATE? <input type="radio"/> YES <input type="radio"/> DIPLOMA <input type="radio"/> NO <input type="radio"/> GED
SCHOOL NAME**	START DATE (MM/DD/YY)	STOP DATE (MM/DDYY)	MAJOR:	DIPLOMA/ DEGREE EARNED

All EDUCATIONAL BACKGROUND MUST BE SUPPORTED BY THE FOLLOWING DOCUMENTATION:

*List school including Bible Institutes, Bible Colleges, other Colleges or Universities. Must have original, sealed, official transcripts sent directly to your local campus.

* If you have not attended college: Must send a xerographic copy of your high school transcript, diploma, or GED.

NOTE: It is the applicant's responsibility to order, pay for, and – if necessary – follow-up on all transcripts ordered.

4. SALVATION TESTIMONY

PLEASE STATE YOUR SALVATION TESTIMONY:

5. EDUCATIONAL & MINISTRY GOALS

PLEASE BRIEFLY STATE YOUR EDUCATION & MINISTRY GOALS:

Non-Discrimination Policy

NCBC does not discriminate on the basis of nationality, ethnic origin, age, or gender. We guarantee the rights and privileges, and the availability of programs and activities to all students of the College.

Privacy Rights of Students

STATUTE 20, UNITED STATES CODE, 1232g and regulations adopted pursuant thereto, hereinafter referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the Code:

The code provides for an institution to establish a category of student information termed "directory information." When available in college records, any information falling in the category of "directory information" will be available to all persons on request (i. e., the IRS, FBI, or other government agencies, and for use in CBCS publications). CBCS has identified the following student data as "directory information:"

- | | | |
|----------------------|-------------------------------|---|
| 1. Name | 5. Date & Place of Birth | 9. Dates of Attendance |
| 2. Address | 6. Major Field of Study | 10. Degrees & Awards Received |
| 3. Telephone Listing | 7. Church Membership | 11. Most Recent Previous Educational Institution Attended |
| 4. Race | 8. Denominational Affiliation | |

All other information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income information records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties without consent of the student.

Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

PLEASE READ CAREFULLY THE FOLLOWING AFFIDAVIT OF AGREEMENT BEFORE SIGNING

1. I certify that I have truthfully and accurately answered all questions contained in this application. I understand that falsification of any kind is grounds for refusal of my application or expulsion should falsehood be discovered after acceptance to the College.
2. I indicate by my signature that I have been notified of my rights as recorded by STATUTE 20, UNITED STATES CODE 1232g.
3. I certify by my signature that I agree to abide by the policies of this institution as described in the *NCBC Student Handbook and Course Catalog*.
4. I understand that NCBC is not certified by the Board of Regents of the State of Ohio, but is religious in nature.
5. I acknowledge that NCBC is not a job placement service and makes no claims regarding employment.

Signature

Date

Attach a check for \$35 made payable to NCBC.
Submit this completed application to Your Campus Director.

NEW COVENANT BIBLE COLLEGE

TRANSCRIPT REQUEST

1. EDUCATIONAL INSTITUTION ATTENDED

2. NCBC CAMPUS ADDRESS

NAME OF INSTITUTION:

CAMPUS LOCATION:

ADDRESS:

ADDRESS:

CITY:

CITY:

STATE/PROVINCE:

POSTAL CODE:

COUNTRY:

STATE/PROVINCE:

POSTAL CODE:

COUNTRY:

3. STUDENT INFORMATION

TO THE APPLICANT

LAST NAME:

FIRST NAME:

MI:

No College "degree credits" can be awarded for classes you have attended at NCBC without proof of previous college attendance, high school graduation, or a G. E. D.

SOCIAL SECURITY #:

MAIDEN NAME (IF APPLICABLE) YRS ATTENDED

BIRTHDATE (MM/DD/YY)

Send a copy of this form to each college you have attended to obtain your official sealed transcript. Transcripts should be sent directly to your NCBC campus. Most colleges charge a small fee for transcripts, so a check for the fee amount should accompany your request. Request your transcripts as soon as possible, as NCBC needs your official transcript within 60 days of your application. If you have not attended college and do not have a copy of your high school diploma, complete a copy of this form and send it to your high school guidance office.

PRESENT ADDRESS:

CITY

STATE/PROVINCE:

POSTAL CODE:

COUNTRY:

STUDENT SIGNATURE:

DATE:

NEW COVENANT BIBLE COLLEGE

TRANSCRIPT REQUEST

1. EDUCATIONAL INSTITUTION ATTENDED

2. NCBC CAMPUS ADDRESS

NAME OF INSTITUTION:

CAMPUS LOCATION:

ADDRESS:

ADDRESS:

CITY:

CITY:

STATE/PROVINCE:

POSTAL CODE:

COUNTRY:

STATE/PROVINCE:

POSTAL CODE:

COUNTRY:

3. STUDENT INFORMATION

TO THE APPLICANT

LAST NAME:

FIRST NAME:

MI:

No College "degree credits" can be awarded for classes you have attended at NCBC without proof of previous college attendance, high school graduation, or a G. E. D.

SOCIAL SECURITY #:

MAIDEN NAME (IF APPLICABLE) YRS ATTENDED

BIRTHDATE (MM/DD/YY)

Send a copy of this form to each college you have attended to obtain your official sealed transcript. Transcripts should be sent directly to your NCBC campus. Most colleges charge a small fee for transcripts, so a check for the fee amount should accompany your request. Request your transcripts as soon as possible, as NCBC needs your official transcript within 60 days of your application. If you have not attended college and do not have a copy of your high school diploma, complete a copy of this form and send it to your high school guidance office.

PRESENT ADDRESS:

CITY

STATE/PROVINCE:

POSTAL CODE:

COUNTRY:

STUDENT SIGNATURE:

DATE: