

Bethel Baptist College

Admissions Packet



APPLICATION INSTRUCTIONS

Step 1: Fill out the Application completely; attach a recent photograph; and on a separate sheet of paper give a brief testimony of your salvation. Attach a \$30.00 check or money order to cover the application and enrollment fee. Mail this information to:

Bethel Baptist College
8809 Mills Valley Road
Jacksonville, AR 72076

Step 2: Complete the first section of the “Pastoral Recommendation” and then give it to your Pastor or Christian leader for their completion.
(It should not be given to a relative.)

Step 3: Complete the first section of the “Academic Recommendation” and then give it to your Principal or college registrar for their completion.
(It should not be given to a relative.)

Step 4: Complete the first section of the “Personal Recommendation” and then give it to an adult who knows you very well for their completion.
(It should not be given to a relative.)

Step 5: Complete a “Transcript Request” and mail it to the high school from which you graduated. *If you have not graduated, request the high school to send your transcript after graduation. If you passed the Tests of General Educational Development (GED), you must have an official copy sent directly from the GED test center to the Registrar.

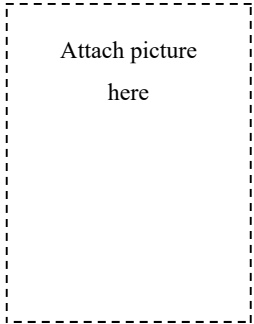
Step 6: Medical Examination. Have your physician fill out the medical form and have your doctor’s office send the form to the college.

~If you have any questions, please call us at 501-983-0255~

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Bethel Baptist College

8809 Mills Valley Road
Jacksonville, AR 72076
For Information: 501-983-0255
Fax: 501-983-0014



APPLICATION FOR ADMISSION -

PLEASE PRINT IN INK OR TYPE ALL INFORMATION.

LEGAL NAME: MR./MISS/MRS. _____
(FIRST) (MIDDLE) (LAST)

MAILING ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE NO.: _____
() HEIGHT: ___ FT. ___ IN. RACE _____ CITIZENSHIP _____

BIRTH DATE: _____ PLACE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

MARITAL STATUS: SINGLE, NEVER MARRIED MARRIED/SPOUSE'S FULL NAME: _____

*DIVORCED *SEPARATED *REMARRIED *SINGLE PARENT WIDOW OR WIDOWER ENGAGED

*SEND A LETTER OF EXPLANATION WITH APPLICATION.

ADMISSION INFORMATION

ENTRANCE DATE: FALL SEMESTER, _____ (YEAR) SPRING SEMESTER, _____ (YEAR) _____

DO YOU PLAN TO ENROLL: FULL-TIME PART-TIME APPLYING FOR DORM: YES NO

COURSE STUDY: BACHELOR OF THEOLOGY IN PASTORAL STUDIES (4 YR) GRADUATE OF THEOLOGY (3 YR)
 BACHELOR OF THEOLOGY IN MISSIONS (4 YR) GRADUATE OF THEOLOGY IN MISSIONS (3 YR.)
 BACHELOR OF RELIGIOUS EDUCATION IN ELEMENTARY CHRISTIAN EDUCATION (4 YR.)
 ONE-YEAR CERTIFICATE IN BIBLE TWO-YEAR CERTIFICATE IN BIBLE SECRETARIAL SCIENCE (2 YR.)

EDUCATION

HIGH SCHOOL NOW ATTENDING OR HIGH SCHOOL FROM WHICH YOU GRADUATED: _____

MAILING ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

DATE OF GRADUATION: _____ TELEPHONE NUMBER: _____

ARE YOU BEING HOMESCHOOLED? YES NO NAME AND ADDRESS WHERE RECORDS CAN BE OBTAINED: _____

LIST ALL COLLEGES OR TECHNICAL SCHOOLS YOU HAVE ATTENDED:

NAME OF SCHOOL: _____ DATES ATTENDED: _____ DEGREE RECEIVED: _____

MAILING ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

NAME OF SCHOOL: _____ DATES ATTENDED: _____ DEGREE RECEIVED: _____

MAILING ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PLEASE LIST ANY
ADDITIONAL COLLEGES, BIBLE INSTITUTES, OR TECHNICAL SCHOOLS YOU HAVE ON A SEPARATE SHEET AND ATTACH.
IF YOU EXPECT TO TRANSFER ANY CREDITS FROM ANOTHER COLLEGE, PLEASE CONTACT THAT COLLEGE AND REQUEST
THEY FORWARD YOUR TRANSCRIPTS TO BETHEL BAPTIST COLLEGE. THESE CREDITS MUST BE EVALUATED BY THIS OF-
FICE BEFORE THEY CAN BE TRANSFERRED.

FAMILY

FATHER'S NAME: _____ OCCUPATION: _____
(INDICATE IF DECEASED)

PERMANENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

MOTHER'S NAME: _____ OCCUPATION: _____
(INDICATE IF DECEASED)

PERMANENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

CHURCH INFORMATION

NAME OF YOUR LOCAL CHURCH _____ TELEPHONE NUMBER: () _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PASTOR'S NAME: _____ DENOMINATION: _____

ARE YOU A MEMBER? _____ ATTEND REGULARLY? _____ HAVE YOU ACCEPTED JESUS CHRIST AS YOUR PERSONAL SAVIOUR? _____ ON A SEPARATE SHEET OF PAPER, GIVE A BRIEF TESTIMONY OF YOUR SALVATION.

CONFIDENTIAL

DO YOU HAVE ANY HEALTH CONDITION/PHYSICAL HANDICAP WHICH REQUIRES SPECIAL ATTENTION? YES NO
HAVE YOU EVER USED ANY NARCOTIC DRUG ILLEGALLY? YES NO IF YES, HOW LONG AGO? _____

DO YOU PRESENTLY USE TOBACCO? YES NO

DO YOU PRESENTLY USE ALCOHOLIC BEVERAGES? YES NO

HAVE YOU EVER BEEN ARRESTED? YES NO

HAVE YOU BEEN IN THE ARMED FORCES? YES NO

DO YOU PRESENTLY ATTEND HOLLYWOOD MOVIES? YES NO

*IF ANY OF THESE ARE A YES PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

COMMITMENT

- YES NO I AGREE TO ABIDE BY THE COLLEGE REGULATIONS TO ABSTAIN FROM DRUGS, ALCOHOL, & TOBACCO.
- YES NO I HAVE READ AND AM IN COMPLETE ACCORD WITH THE DOCTRINAL AND POSITIONAL STATEMENT OF BETHEL BAPTIST COLLEGE.
- YES NO IF ACCEPTED, I AGREE TO ABIDE BY THE REGULATIONS OF BETHEL BAPTIST COLLEGE ON AND OFF THE CAMPUS WHILE A STUDENT.

I HEREBY CERTIFY THAT THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

(SIGNATURE OF APPLICANT)

(DATE SIGNED)

***BE SURE TO ENCLOSE THE \$30 APPLICATION AND ENROLLMENT (NONREFUNDABLE)**

Transcript Request

Transcript Request Form For College and High School Records

Bethel Baptist College
8809 Mills Valley Road
Jacksonville, AR 72076

To the Registrar or Principal:

I have applied to Bethel Baptist College for the Fall Spring of _____ .
Year

Please send a copy of my:

College Transcript High School Transcript

To:

Bethel Baptist College
8809 Mills Valley Road
Jacksonville, AR 72076

Attach the personal data given below to the transcript being sent to Bethel Baptist College

Signature: _____ Date: _____

Personal Data

Last Name First Middle

Social Security Number

Address

Last Term Attended

City State Zip

Graduation Date (Mo. & Year)

Name of student at time of enrollment if different from above.

Birth Date

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Pastoral Recommendation

To be completed by student. Please complete the first section of this recommendation then give it to your pastor. If the pastor is a relative, please use an assistant pastor, youth pastor or some other Christian leader for this reference. No action will be taken on your application until this form is received.

I am authorizing the release of the following information to be considered in my application for admission to Bethel Baptist College and understand that the information will be held in confidence by the college and will not be released to me or anyone else.

Signature of Student: _____

Student's Name: _____ (Please Print)

Address: _____

City: _____ State: _____ Zip: _____

To be completed by Pastor or Christian leader. Please answer each question candidly. This will enable us to make a better decision in the acceptance of this applicant. This information is confidential and should be mailed directly to us and not given back to the prospective student.

What is the relationship you have with this applicant?

How long have you known the applicant?

Do you believe this individual will be able to complete college studies successfully?
If not, please state why.

What is your general impression of the applicant?

Is this person trustworthy?

How would you recommend this student for admission to Bethel Baptist College?

Enthusiastically Strongly With Reservations Not at this time

Is this student in good standing with your church?

Mail this completed form to:

Bethel Baptist College
8809 Mills Valley Road
Jacksonville, AR 72076

If you have any questions, please call 501-983-0255. This application cannot be processed until we have heard from you.

Signature: _____ Date: _____

Name: _____ (please print)

Position/Title: _____

Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____

Personal Recommendation

To be completed by student. Please complete the first section of this recommendation then give it to an adult who knows you well for this reference. No action will be taken on your application until this form is received.

I am authorizing the release of the following information to be considered in my application for admission to Bethel Baptist College and understand that the information will be held in confidence by the college and will not be released to me or anyone else.

Signature of Student: _____

Student's Name: _____ (Please Print)

Address: _____

City: _____ State: _____ Zip: _____

To be completed by Person Recommending Student. Please answer each question candidly. This will enable us to make a better decision in the acceptance of this applicant. This information is confidential and should be mailed directly to us and not given back to the prospective student.

What is the relationship you have with this applicant?

How long have you known the applicant?

Do you believe this individual will be able to complete college studies successfully?
If not, please state why.

What is your general impression of the applicant?

Is this person trustworthy?

Please list the applicant's strengths in character.

Do you know of any reason why this applicant would not be suitable to attend Bethel Baptist College? If yes, please state why.

Please describe the spiritual maturity and Christian character of this applicant.

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

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8809 Mills Valley Road
Jacksonville, AR 72076

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Signature: _____ Date: _____

Name: _____ (please print)

Position/Title: _____

Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____

Professional Recommendation

To be completed by student. Please complete the first section of this recommendation then give it to your principal or college registrar for this reference. No action will be taken on your application until this form is received.

I am authorizing the release of the following information to be considered in my application for admission to Bethel Baptist College and understand that the information will be held in confidence by the college and will not be released to me or anyone else.

Signature of Student: _____

Student's Name: _____ (Please Print)

Address: _____

City: _____ State: _____ Zip: _____

To be completed by Principal or College Registrar. Please answer each question candidly. This will enable us to make a better decision in the acceptance of this applicant. This information is confidential and should be mailed directly to us and not given back to the prospective student.

What is the relationship you have with this applicant?

How long have you known the applicant?

Do you believe this individual will be able to complete college studies successfully?
If not, please state why.

What is your general impression of the applicant?

Is this person trustworthy?

Please list the applicant's strengths in character.

Do you know of any reason why this applicant would not be suitable to attend Bethel Baptist College? If yes, please state why.

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

Mail this completed form to: Bethel Baptist College
8809 Mills Valley Road
Jacksonville, AR 72076

If you have any questions, please call 501-983-0255. This application cannot be processed until we have heard from you.

Signature: _____ Date: _____

Name: _____ (please print)

Position/Title: _____

Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____

MEDICAL HISTORY

Please type or print in ink. Please fill out completely.

MAIL TO: Bethel Baptist College, 8809 Mills Valley Road, Jacksonville, AR 72076

Name: Mr. Mrs. Miss

Last	First	Middle	Maiden
------	-------	--------	--------

Mailing Address: _____

Street	City	State	Zip
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Telephone Number: () - Birth Date: / /

Medical Insurance Company: _____ Policy No.: _____

List any medications you take regularly: _____

History of injuries: _____

History of operations: _____

Have you ever sought psychiatric counsel? Yes No

(If yes, please explain in a separate letter including circumstances and medication which was given.)

STUDENT HISTORY (*Do you now have or have you ever had*)

- | | | |
|---|---|--|
| <input type="checkbox"/> AIDS or HIV positive | <input type="checkbox"/> Headaches (frequent) | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sinus Disease |
| <input type="checkbox"/> Chest Colds (frequent) | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Kidney/Bladder Disease | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Trouble/eyes |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Drug Flashbacks | <input type="checkbox"/> Malaria | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Measles | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Fainting Attacks | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Head Colds (frequent) | <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Other: Attach a separate sheet of paper explaining any other health concerns. |

FAMILY HISTORY (*Parents, grandparents, brother & sisters*)

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Mental Disease |
| <input type="checkbox"/> Brain Tumors | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Venereal Disease |

Over for Physical Exam Form

PHYSICAL EXAM FORM

This portion is required for all students weather full-time, part-time or off-campus.
Not to be completed more than one year prior to enrollment.

TO BE COMPLETED BY YOUR PHYSICIAN:

Date: ___/___/___
Height: _____ Weight: _____ Temp: _____ Pulse: _____
Vision: _____

E.E.N.T.: _____

Heart _____ Lungs _____
Abdomen _____ Reflexes _____
Extremities _____

Urine: Sugar _____ Albumin _____ Microscopic _____

TB Tine _____ Chest X-ray, if possible _____

The following blood tests are recommended, but not required:

VDRL _____ CBC _____

List any limitations below: _____

Physician: _____ Name of Office: _____
Mailing Address: _____
Street City State Zip

Is this person physically capable of being enrolled in school? Yes No

Bethel Baptist College

Financial Information

Basic responsibility for meeting the costs of higher education rests upon the student and his/her parents. The following table lists charges for services to students and is subject to change without notice.

Regular Semester Charges

Undergraduate Tuition:

Full- time Student: per semester

12 hours or more \$900.00

Part- time Student:

Less than 12 hours \$ 80.00

Per semester audit hour \$ 30.00

Room and Board \$1,125.00

Room Deposit \$50 - In Cash at Registration

Key Deposit \$10 - In Cash at Registration

Replacement Key \$5 - Before key is provided

Opening a locked door \$25 - Added to school bill

Married Housing \$1,125.00 / Family / Semester

Miscellaneous Fees

Enrollment Fee (Each Semester) \$ 25.00

Application Fee (One Time Fee) \$ 30.00

Activity Fee (Each Semester) \$80.00

Sports Fee \$60 (Yearly Fee) + \$5 Uniform Rental

Printing Fee (Each Semester) \$15.00

Graduation Fee (One Time Fee)\$ 50

Missions Trip Fee (Monthly) \$ 56.00

Gas Charge \$ 5 / Trip / Person / Paid Upfront for any staff member driving you anywhere.

Summer Storage \$ 25 / Month - Cash before you leave for the summer

Summer Room Fee \$50 / Week or \$200 / Month

- Due Monday by 9am for the week

- Includes JCA Workers

- 10% Compounding Fine for Late fee

Method of Payment:

All fees, tuition, and room and board payments must be made on time. Semester billing will begin on the day of registration. Each semester will be billed as follows: 5 monthly payments from August-December and 4 monthly payments January-May. Each student must pay at Registration their first month's bill.

A student's account must be up to date before his/her midterm or final grades will be posted to their permanent record. This regulation applies to work-loan students and students receiving grants and/or payments from any state or federal agency or any other source. All students must pay their school bill on time. A student with one month's outstanding bill will be taken out of class. The student must pay that bill before returning to school unless arrangements are made with the administration. Any grades or work will be lost for the time the student is out of class. All returning students must have their school bill paid before registering for classes.