



APPLICATION FOR ADMISSION

Date you plan to enter NBBS _____ Date application submitted _____

APPLICANT

1. Name: Mr. Mrs. Miss _____
(Circle) Last First Middle/Maiden

2. Local Address _____
Number Street City State Zip

Home Address (if you have relocated to FTW to attend school)

Number Street City State Zip

3. Cell Phone Number _____ Home Phone Number _____

PERSONAL INFORMATION

4. Date of Birth _____ Place of Birth _____

5. Sex: M F Marital Status: Single Engaged Married Divorced Remarried Separated

6. Number of Children _____ Ages _____

7. What is the general condition of your health? _____

Have you had any serious illness in the past few years? _____ If so, what? _____

8. Do you belong to any secret society, party, or lodge? _____

9. Do you use tobacco? _____ Do you use alcoholic beverages? _____

10. Are you saved? _____ **Please attach a sheet giving your testimony of salvation and your call to ministry/desire to serve the Lord.**

11. What Christian work have you done? _____

12. Is your membership in an Independent Baptist Church? _____

13. What is the name and address of the church where you are a member?

Give the name of your pastor. _____

14. Have you ever lead anyone to accept Christ as Savior? _____
15. What musical instruments do you play? _____ Do you sing? _____
16. Do you plan to graduate from NBBS? _____
17. What plans do you have for Christian work after leaving the Seminary? _____
18. What is your stand on the charismatic movement? _____
19. Is there anything in your past life (court record, personal problems, etc.) which we should know about? _____

FAMILY

1. Spouse's name _____
2. Father's name _____ Occupation _____ Living? _____
3. Mother's name _____ Occupation _____ Living? _____
4. Name and address of person to be notified in case of an emergency. _____

| | | | | |
|--------|--------|------|-------|-----|
| Number | Street | City | State | Zip |
|--------|--------|------|-------|-----|

 Phone number _____ Cell number _____

FINANCES AND EMPLOYMENT

1. Are you prepared to handle your financial obligations for the first year? _____
2. Will it be necessary for you to work to earn part of your expenses? _____
3. How many hours a week do you estimate it will be necessary to work? _____
4. For what type of work are you especially trained or qualified? _____
5. Will you have employment when you enter school? _____
6. What is your present occupation? _____
7. Will you have an automobile at school? _____ Do you carry full public liability insurance on your car? _____
8. Do you have a current driver's license? _____

SIGNATURE _____ DATE _____

Please mail this form directly to:

Office of Admissions, Norris Bible Baptist Seminary, 724 N. Jim Wright Fwy., Fort Worth, TX 76108



PASTOR'S RECOMMENDATION

TO THE APPLICANT:

This questionnaire is to be completed by your pastor. If your father is your pastor or your church is without a pastor, this form is to be completed by a leading male officer of your church.

TO THE PASTOR (OR SUBSTITUTE):

Your comments will be given serious attention and will be regarded as confidential. The applicant will not have access to this information. *It is to be kept private; will not be seen by student.*

PASTOR INFORMATION

Name _____

Church _____

Address _____
Number Street City State Zip

Phone number where you can be reached from 9:00AM to 4:00PM _____

Phone number where you can be reached at after hours _____

APPLICANT

1. Name: Mr. Mrs. Miss _____
Last First Middle/Maiden

2. How well do you know and how long have you known the applicant? _____

3. After a personal interview with the applicant, have you determined that he/she has received Jesus Christ as personal Savior? _____

4. What is the applicant's involvement in the church? _____

5. In your estimation, does the applicant exert a good influence among those of his/her own age? _____

If no, please explain. _____

6. Are you aware of any personal traits that hinder the applicant in relations with others? _____

If yes, please explain. _____

7. Comment on any special circumstances, home conditions, health, etc. which might prove helpful in considering this applicant's admission to the Norris Bible Baptist Seminary. _____

8. To your knowledge, does this applicant smoke, drink, or take drugs? _____

If yes, please explain. _____

9. To your knowledge, has the applicant had any experience with the charismatic movement? _____

If yes, please explain. _____

10. Significant strengths and special abilities of the applicant. _____

11. To your knowledge, does the applicant have a good financial record? _____

Does he pay his bills on time? _____

12. Circle your recommendation of this applicant for admission to Norris Bible Baptist Seminary

Highly Recommended

Recommended

Recommended with Reservation

Not Recommended

Please indicate the reason(s) for this recommendation below.

SIGNATURE _____ DATE _____

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How long have you known this applicant? _____ In what capacity? _____

Do you recommend him/her for admission to Norris Bible Baptist Seminary? _____

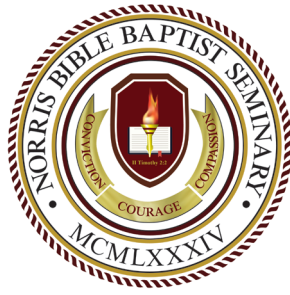
Signature _____ Date _____

Print name _____

Address _____
Number Street City State Zip

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MEDICAL HISTORY

This form must be completed

Applicant's Name _____ Date of Birth _____ Sex _____

PLEASE CHECK ALL THAT APPLY:

Asthma Epilepsy Diabetes Other _____
 Allergies Fainting Spells Hearing difficulties Other _____

Further Explanation (or any other health issues who should know about):

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OFFICE OF ADMISSIONS HIGH SCHOOL TRANSCRIPT FORM

This form is to be used by the applicant who has never attended a college or who intends to transfer with thirty (30) or fewer semester hours or forty-five (45) or fewer quarter hours.

TO THE APPLICANT:

Complete and send this form to the high school from which you have graduated or plan to graduate. you must check the appropriate line to have copies of your preliminary and/or final high school transcript sent to us.

If you need a transcript form more than one school, please copy this form BEFORE SIGNING.

RELEASE OF RECORDS:

I have applied for admission to the Norris Bible Baptist Seminary. I authorize you to release my high school records as indicated below:

_____ I am currently enrolled. Please send two copies of my transcript now and two after I graduate.

_____ I graduated on _____. Please send to copies of my final transcript.

Complete name on high school records _____

Student's Signature _____ Date _____

Detach Here

TO THE HIGH SCHOOL:

Please complete and attach this form to the official high school transcript.
This information is required for admission. Send all documents to the address below.

Student Name _____

Present Name (if different) _____

Cumulative grade point average (on 4.0 scale) _____

Date of graduation _____

Accreditation _____

State: Yes No

Regional: Yes No

Other: _____

Mail Transcript to:

Office of Admissions, Norris Bible Baptist Seminary, 724 N. Jim Wright Freeway, Fort Worth, TX 76108



OFFICE OF ADMISSIONS COLLEGE TRANSCRIPT FORM

TO THE APPLICANT:

Complete and send this form to the college from which you have graduated or plan to graduate. You must check the appropriate line to have copies of your preliminary and/or final college transcript sent to us.

If you need a transcript from more than one school, please copy this form BEFORE SIGNING.

RELEASE OF RECORDS:

I have applied for admission to the Norris Bible Baptist Seminary. I authorize you to release my collegerecords as indicated below:

_____ I am currently enrolled. Please send two copies of my transcript now and two after I graduate.

_____ I graduated on _____. Please send to copies of my final transcript.

Complete name on high school records _____

Student's Signature _____ Date _____

Detach Here

TO THE COLLEGE:

Please complete and attach this form to the official college transcript.

This information is required for admission. Send all documents to the address below.

Student Name _____

Present Name (if different) _____

Cumulative grade point average (on 4.0 scale) _____

Date of graduation _____

Accreditation _____

State: Yes No

Regional: Yes No

Other: _____

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