



## 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 \_\_\_\_\_

Email Address \_\_\_\_\_

### 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 separate sheet giving your testimony of salvation, your call to ministry/or 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? \_\_\_\_\_

14. Give the name of your pastor \_\_\_\_\_
15. Have you ever led anyone to accept Christ as Saviour? \_\_\_\_\_
16. What musical instruments do you play? \_\_\_\_\_ Do you sing? \_\_\_\_\_
17. Do you plan to graduate from NBBS? \_\_\_\_\_
18. What plans do you have for Christian work after leaving the Seminary? \_\_\_\_\_
19. What is your stand on the charismatic movement? \_\_\_\_\_
20. 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 emergency: \_\_\_\_\_
- | Number                                 | Street | City | State | Zip |
|--|--------|------|-------|-----|
| Phone number: _____ Cell number: _____ |        |      |       |     |

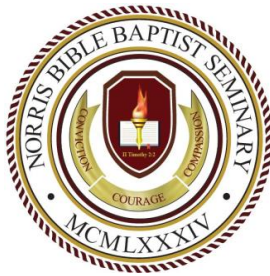
### FINANCES AND EMPLOYMENT

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, PO Box 151259, 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 and will not be seen by the 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 after hours \_\_\_\_\_

### APPLICANT INFORMATION

1. Name: Mr. Mrs. Miss \_\_\_\_\_  
(Circle) 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 their 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. What are significant strengths and special abilities of the applicant? \_\_\_\_\_

11. To your knowledge, does the applicant have a good financial record? \_\_\_\_\_  
Does he/she pay his/her 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.

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**PERSONAL REFERENCE**  
(To be completed by a non-family member)

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How long have you known this applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Do you recommend them for admission to Norris Bible Baptist Seminary? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

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**PERSONAL REFERENCE**  
(To be completed by a non-family member)

How long have you known this applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Do you recommend them 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                      \_\_\_\_\_ Allergies  
\_\_\_\_\_ Fainting Spells                      \_\_\_\_\_ Hearing Difficulties

Further Explanation (or any other health issues we 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 from more than one school, please copy this form BEFORE SIGNING.

### RELEASE OF RECORDS:

I have applied for admission to 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 two copies of my final transcript.

Complete name on high school records \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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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: \_\_\_\_\_

### Please Mail Transcript Directly To:

Office of Admissions, Norris Bible Baptist Seminary, PO Box 151259, 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 Norris Bible Baptist Seminary. I authorize you to release my college 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 two copies of my final transcript.

Complete name on college records \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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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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