



Florida Baptist College
PO Box 260457
Tampa, FL 33685-0457

1.888.FBC.3030
813.888.5368 (fax)

Admission Application

Legal Name _____
Last First (Mr./Mrs./Miss) Middle Maiden

Preferred Name _____ Date of Birth _____ Social Security No. _____ - _____ - _____

Address _____
Street PO Box

City State ZIP

Home Telephone (_____) _____ Other Telephone (_____) _____

Email _____ Citizen: US Other _____ Do you have a student visa? Yes No

Current Marital Status: (Please circle all that apply.) Married Spouse's Full Name _____

Single Engaged Widowed Separated* Divorced* Remarried* Single Parent*

*Please send a letter of explanation with this application.

Family Information

Father's Name _____ Occupation _____

Address _____
Street PO Box

City State ZIP

Home Telephone (_____) _____ Other Telephone (_____) _____

Mother's Name _____ Occupation _____

Address _____
Street PO Box

City State ZIP

Home Telephone (_____) _____ Other Telephone (_____) _____

Do your parents agree with your attending Florida Baptist College? Yes No If no, please explain. _____

If you do not live with your parents, please explain why. _____

Academic Information

High School Name (now attending or from which you graduated) _____

Type of School Christian Public Private Home School Date of Graduation (Mo./Yr.) _____

Address _____
Street PO Box

City State ZIP

Home Telephone (_____) _____ Other Telephone (_____) _____

Probable Major(s) _____

Have you taken the *ACT*? Yes No What was your score? _____

Have you taken the *SAT*? Yes No What was your score? _____

Please list all colleges, Bible Institutes, or technical schools you have attended. (Use separate sheet if necessary.)

School Name _____ Dates Attended _____ Degree _____

Address _____
Street PO Box

City State ZIP

School Name _____ Dates Attended _____ Degree _____

Address _____
Street PO Box

City State ZIP

Do you have any outstanding debt to any of college or university? Yes No

Have you ever been denied enrollment, suspended, or dismissed from any school? Yes No If yes, please explain _____

Spiritual Information

Have you trusted Jesus Christ as your personal Savior? Yes No When? _____

Have you been baptized by immersion? Yes No Church where baptized _____

Are you a member of a church? Yes No Pastor's Name _____

Church Name _____ Attend Regularly? Yes No

Address _____
Street PO Box

City State ZIP

Home Telephone (_____) _____ Other Telephone (_____) _____

Briefly write your salvation testimony on a separate sheet of paper and attach it to this application.

How did you hear about Florida Baptist College? _____

Why do you believe God would have you apply to Florida Baptist College? _____

What do you believe God would have you do after your college education at Florida Baptist College? _____

Financial Information

How do you plan to finance your education? _____

Statement of Intent

By signing this application for admission, I certify that my answers are true and complete. I understand that any untrue or inaccurate statement made on this application or on any other enrollment document will make me ineligible for admission and subject to immediate dismissal from Florida Baptist College. I further understand that attending Florida Baptist College is a privilege granted to those who maintain a godly Christian testimony and who comply with the academic standards of Florida Baptist College. I further certify that I am willing, if accepted to Florida Baptist College, to cooperate with the purpose and standards of Florida Baptist College; to abide by all of the rules, regulations, and policies of Florida Baptist College; and to comply with its doctrines in order to fully advance the cause of Christ and the testimony of Florida Baptist College.

Signature _____ Date _____

Mail this completed application along with the \$25.00 fee and photo to:

Florida Baptist College
Attn: Registrar
PO Box 260457
Tampa, FL 33685-0457