

Native American Bible College Shannon, NC Application Package

This application package contains all the documents needed for your application to Native American Bible College (NABC), Shannon, NC. In order for NABC to process your application, all forms need to be received by the Registrar as early as possible prior to the beginning of the semester.

The following forms need to be completed and returned by you, the applicant:

- Application Form (pages 2-5)
- Personal Testimony of Salvation Experience (page 6)
- Philosophy of Education Form (page 7)
- Health Information Form (page 8)
- Medical Form completed by a physician (page 9, For dormitory students only.)
- Distribution-to-References Form (page 14)

The following forms need to be mailed directly to NABC by your pastor and previous school(s):
Make sure you provide a pre-addressed pre-stamped envelope to your pastor.

- Pastoral Reference Form (pages 10-11)
- Educator Reference Form (pages 12-13)
- Personal Reference Form (pages 14-15)
- High School Transcript or copy of your GED certificate (page 12)
- College Transcript, if any college work has been completed (page 13)

All forms are to be mailed to: Native American Bible College
Office of the Registrar
P. O. Box 248
Shannon, NC 28386

Please go to our website and review the College Catalog, Student Handbook, School Calendar, and other information. Our website is www.nativeamericanbiblecollege.com.

Please contact us at the above address, or by

e-mail: admissions@nativeamericanbiblecollege.org
phone: 910.843.5304
fax: 910.843.9265

Native American Bible College Application Form

Date _____ Age _____ Gender _____

Full Name _____

Social Security Number _____

Date of Birth _____

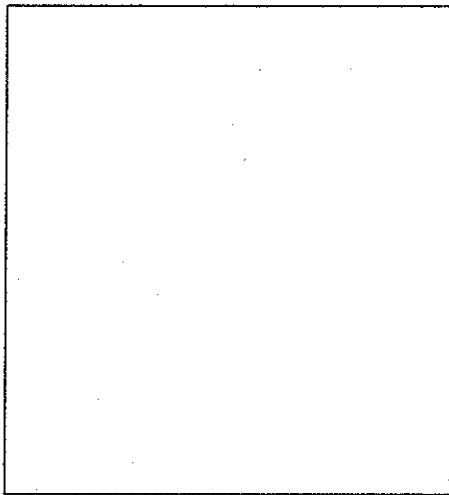
Place of Birth _____

Home Phone (____) _____ FAX (____) _____

Work Phone (____) _____ Cell (____) _____

United States Citizen? _____

U. S. Veteran? _____ VA Benefits Eligible? _____



Attach Photo Above

Ethnic Heritage

- Native American or Indian, Tribe _____
- Caucasian or White
- African American or Black
- Hispanic or Latino
- Other _____

Marital Status (Check all that apply)

- Single, never married
- Single, by Divorce
- Single, but Engaged
- Married
- Widowed
- Married, but Separated
- Divorced and Remarried

Permanent Address _____

City _____ State _____ Zip _____

E-mail _____ Alternate E-mail _____

Father's Name _____ Mother's Name _____

Spouse's Name _____ Date of Marriage _____

Last School Attended _____ Level Achieved _____

City _____ State _____ Zip _____

Dates Attended _____ to _____ Date of Graduation _____

Have you ever dropped out of school? _____

Have you ever been suspended from school? _____

Have you ever been placed on academic probation? _____

If you answer yes to any of these questions, please attach an explanation on a separate sheet.

Date You were Born Again: _____ Date You were Baptized in Water: _____

Date You were Baptized in the Holy Spirit with the Evidence of Speaking in Tongues: _____

Home Church: _____ Date You Joined: _____

City _____ State _____ Zip _____

How are you actively involved? _____

Tell about your attendance habits: _____

Are you in agreement with the Assemblies of God doctrine? _____

(Go to www.nativeamericanbiblecollege.com, click on Catalog, go to page 3)

If not, please explain: _____

Have you ever used tobacco in any form? _____ When did you quit? _____

Have you ever abused drugs? _____ When did you quit? _____

Have you ever used alcoholic beverages? _____ When did you quit? _____

Have you ever been charged with a crime? _____ Convicted? _____ When? _____

Have you ever been in jail? _____ When? _____

If you answer yes to any of the above questions, please attach explanations on a separate sheet.

Explain how you plan to meet your financial obligations to NABC: _____

When do you plan to begin your studies? _____ 20__

Do you plan to live on campus or off campus? _____

Do you plan to attend the day program or the night program or a combination? _____

Which program do you plan to follow?

- Bachelor of Religious Education (4 year) majoring in Bible and
 - Christian Education
 - Ministerial Studies
 - Missions

- Associate of Religious Education (2 year) majoring in Bible and
 - Christian Education
 - Ministerial Studies
 - Missions

- Diploma Program (3 year) majoring in Bible and
 - Christian Education
 - Ministerial Studies
 - Missions

- Enrichment only

Are you planning to obtain ministerial credentials? _____

If so, which church or organization? _____

What are your career goals? _____

Why did you decide to apply to NABC? _____

Employer _____ Dates _____

City _____ State _____ Zip _____

Previous Employer _____ Dates _____

City _____ State _____ Zip _____

NABC holds firm the position that the use of alcoholic beverages, tobacco, and psychoactive drugs defile the body, which for the Christian, is the temple of the Holy Spirit. We also believe the use of these is harmful to one's testimony as a Christian. Therefore, at no time and under no circumstances, will these products be used by a NABC student or be brought on campus. NABC students must refrain from any practice which will cause his/her testimony as a committed Christian to be questioned. The Student Handbook gives further rules and guidelines for Christian living in the community of Native American Bible College. Student Handbooks can be downloaded from www.nativeamericanbiblecollege.com or requested from the Vice President for Student Affairs.

By my signature below, I affirm that I will abide by all the rules, regulations, and guidelines of NABC as found in the current issue of the Student Handbook and other publications. I affirm that I am in agreement with the mission and purposes of NABC. I certify that the information I have provided in this application is correct to the best of my knowledge. I understand that any failure to fully disclose all required information may void my application. I understand that any subsequent determination of dishonesty in the application will be grounds for dismissal from NABC.

Signature _____ Date _____

All forms are to be mailed to: Native American Bible College
Office of the Registrar
P. O. Box 248
Shannon, NC 28386

Office Use Only

- Accepted
 - Declined
 - Provisional Acceptance
- Date _____
- Registrar _____
- VP for Academic Affairs _____

Comments _____

Native American Bible College, Shannon, NC

Philosophy of Education

Native American Bible College holds the concept of education as cultivating growth spiritually, intellectually, socially, and physically. Every effort, as well as objective, of NABC focuses on the Christian philosophy of learning. We believe that all wisdom and knowledge come from God and that His Spirit is ever present to reveal this wisdom and knowledge to man. The Word of God is the final authority in all courses and programs at NABC.

- I understand the NABC Philosophy of Education as written above.
- I do not understand the NABC Philosophy of Education as written above.

Signature _____ Date _____

Native American Bible College, Shannon, NC

Health Information

(To be completed by applicant or applicant's parent.)

Full Name _____ Gender _____

Permanent Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

In case of emergency, contact: Name _____

Home (____) _____ Cell (____) _____ Work (____) _____

Second Emergency Contact: Name _____

Home (____) _____ Cell (____) _____ Work (____) _____

Check any of the following which you have had:

- | | | | |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Typhoid Fever | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Malaria |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Stomach Ulcers | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Stroke | <input type="checkbox"/> War Related Illness |
| <input type="checkbox"/> Sexually Transmitted Disease (STD or VD) | | | |

List any other illness or conditions you have had or currently have:

List any allergies, including drug allergies, and explain:

Have you ever been under treatment by a psychiatrist, psychologist, or professional counselor for an emotional disturbance or mental illness? Explain and give dates.

What disabilities do you have? Please explain the disability and any special requirements this disability may cause.

Native American Bible College, Shannon, NC

Medical Form

(Required for Dorm Students Only and to be Completed by a Physician)

Full Name _____ Gender _____

Permanent Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Is the Applicant a U. S. Veteran? _____

- I have examined and found the applicant to be free of communicable diseases.
- I have examined and found the applicant to have communicable disease(s) as noted below.

Comments:

Physician' Name (print) _____ Date _____

Address _____

City _____ State _____ Zip _____

Signature _____

Please place official seal or stamp here.

Student is to return this form with application to: Native American Bible College
Office of the Registrar
P. O. Box 248
Shannon, NC 28386

Native American Bible College, Shannon, NC

Pastoral Reference Form

Applicant is to complete the top section of this form and give to his/her pastor along with a prestamped envelope addressed to: Native American Bible College, Office of the Registrar, P. O. Box 248, Shannon, NC 28386. The applicant affirms that by submitting this Pastoral Reference Form to his/her pastor, he/she waives his/her right to view this form.

Applicant's Signature _____

Permanent Address _____

City _____ State _____ Zip _____

Dear Pastor,

The above mentioned individual is applying for admission to Native American Bible College. We would be grateful if you would complete this Pastoral Reference Form and return it to the above address. There are two pages. Please contact us at 910.843.5304 if you have any questions or e-mail us at office@nativeamericanbiblecollege.org. Also, please visit our website at www.nativeamericanbiblecollege.com. The information on this form will be treated with confidentiality. Thank you.

Pastor's Name _____

Your Position _____ Phone (____) _____

Church Affiliation _____

Church Address _____

City _____ State _____ Zip _____

E-mail _____ FAX (____) _____

How long have you known the applicant? _____

How well do you know the applicant?

- Just by name and sight.
- Casually, have had a few personal contacts.
- Fairly well, have had a number of personal contacts.
- Have had a very close pastoral relationship.

Is the applicant a member of your church? _____ Is the applicant related to you? _____

Is the applicant a born again believer?

- Yes
- No
- I am not sure.

Has the applicant been baptized in water?

- Yes
- No
- I am not sure.

Is the applicant filled with the Holy Spirit with the initial evidence of speaking in tongues?

- Yes
- No
- I am not sure.

Do you believe the applicant has a call to the ministry?

- Yes
- No
- I am not sure.

How would you describe the applicant's involvement in the church?

- Is very irregular in attendance and shows little interest in involvement.
- Attends regularly, but seldom participates in activities.
- Attends regularly and is cooperative and willing to help.
- Attends regularly and enthusiastically engages in activities and ministry.

How is the applicant involved in your church? _____

What is your recommendation for admission of the applicant to Native American Bible College?

- I recommend him/her with enthusiasm.
- I recommend him/her with confidence.
- I recommend him/her with some reservation.
- I cannot conscientiously recommend him/her.

Please explain _____

Additional Comments _____

Signature _____ Date _____

Native American Bible College, Shannon, NC

Educator Reference Form

Applicant is to complete the top section of this form and give to his or her educator along with a prestamped envelope addressed to: Native American Bible College, Office of the Registrar, P. O. Box 248, Shannon, NC 28386. The applicant affirms that by submitting this Educator Reference Form to his/her educator, he/she waives his/her right to view this form.

Applicant's Signature _____

Permanent Address _____

City _____ State _____ Zip _____

Dear Educator,

The above mentioned individual is applying for admission to Native American Bible College. We would be grateful if you would complete this reference form and return it to the above address. There are two pages. Please contact us at 910.843.5304 if you have any questions or e-mail us at office@nativeamericanbiblecollege.org. Also, please visit our website at www.nativeamericanbiblecollege.com. The information on this form will be treated with confidentiality. Thank you.

Educator's Name _____

Your Position _____ Phone (____) _____

School Affiliation _____

School Address _____

City _____ State _____ Zip _____

E-mail _____ FAX (____) _____

How long have you known the applicant? _____

How well do you know the applicant?

- Just by name and sight.
- Casually, have had a few personal contacts.
- Fairly well, have had a number of personal contacts.
- Have had a very close educational relationship.

Is the applicant related to you? _____ If so how? _____

How would you describe the applicant's academic achievements? _____

What leadership abilities did the applicant exhibit? _____

What extracurricular activities was the applicant involved in that you are aware of? _____

What is your recommendation for admission of the applicant to Native American Bible College?

- I recommend him/her with enthusiasm.
- I recommend him/her with confidence.
- I recommend him/her with some reservation.
- I cannot conscientiously recommend him/her.

Please explain _____

Additional Comments _____

Signature _____ Date _____

Native American Bible College, Shannon, NC

Personal Reference Form

Applicant is to complete the top section of this form and give to his or her acquaintance along with a prestamped envelope addressed to: Native American Bible College, Office of the Registrar, P. O. Box 248, Shannon, NC 28386. The applicant affirms that by submitting this Personal Reference Form to his/her friend or acquaintance, he/she waives his/her right to view this form.

Applicant's Signature _____

Permanent Address _____

City _____ State _____ Zip _____

Dear acquaintance of the above named applicant,

The above mentioned individual is applying for admission to Native American Bible College. We would be grateful if you would complete this Personal Reference Form and return it to the above address. There are two pages. Please contact us at 910.843.5304 if you have any questions or e-mail us at office@nativeamericanbiblecollege.org. Also, please visit our website at www.nativeamericanbiblecollege.com. The information on this form will be treated with confidentiality. Thank you.

Acquaintance's Name _____

How do you know the applicant? _____

Phone () _____ Phone () _____ Phone () _____

Address _____

City _____ State _____ Zip _____

E-mail _____ FAX () _____

How long have you known the applicant? _____

How well do you know the applicant? _____

Tell us about this person's work ethic: _____

Tell us about this person's personal habits: _____

Tell us about this person's study habits: _____

Tell us about this person's lifestyle: _____

Tell us about this person's business habits (bill paying, spending habits, borrowing habits, etc.)

Tell us about this person's honesty: _____

Tell us about this person's spiritual habits: _____

What is your recommendation for admission of the applicant to Native American Bible College?

- I recommend him/her with enthusiasm.
- I recommend him/her with confidence.
- I recommend him/her with some reservation.
- I cannot conscientiously recommend him/her.

Please explain _____

Signature _____ Date _____

Native American Bible College, Shannon, NC

Transcript Request Form

Applicant is to complete this form
and submit it to the most recent high school attended.

Full Name _____ Date _____

Permanent Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Dates Attended _____ Year of Graduation _____

Applicant's Signature _____

Dear Registrar,

Please mail an official transcript of my academic records to:

**Native American Bible College
Office of the Registrar
P. O. Box 248
Shannon, NC 28386**

Please send my transcript as soon as possible. If there is a fee for this service, please bill me or notify me at the above address. Thank you for your assistance.

Native American Bible College, Shannon, NC

Transcript Request Form

Applicant is to complete this form and submit it to each college attended.
Make copies as needed.

Full Name _____ Date _____

Permanent Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Dates Attended _____ Year of Graduation _____

Applicant's Signature _____

Dear Registrar,

Please mail an official transcript of my academic records to:

**Native American Bible College
Office of the Registrar
P. O. Box 248
Shannon, NC 28386**

Please send my transcript as soon as possible. If there is a fee for this service, please bill me or notify me at the above address. Thank you for your assistance.

Native American Bible College, Shannon, NC

Distribution to References Form

Full Name _____ Date _____
Permanent Address _____
City _____ State _____ Zip _____

I have given the **Pastoral Reference Form** to:

Pastor's name _____ Date Given _____
Address _____
City _____ State _____ Zip _____
E-mail _____ Phone (____) _____

I have given the **Educator's Reference Form** to:

Educator's name _____ Date Given _____
Address _____
City _____ State _____ Zip _____
E-mail _____ Phone (____) _____

I have given the **Personal Reference Form** to:

Acquaintance's name _____ Date Given _____
Address _____
City _____ State _____ Zip _____
E-mail _____ Phone (____) _____

I have requested a **transcript** from the most recent **high school** I attended, which was:

School _____ Date Given _____
Person to whom the form was submitted _____
Address _____
City _____ State _____ Zip _____
E-mail _____ Phone (____) _____

If you hold a GED, you may submit a copy of the GED certificate.

I have requested a **transcript** from the most recent **college** I attended, which was:

College _____ Date Given _____
Person to whom the form was submitted _____
Address _____
City _____ State _____ Zip _____
E-mail _____ Phone (____) _____

Native American Bible College, Shannon, NC

Application Check Sheet

Applicant _____

- Accepted for Admission
- Declined for Admission

Date Decision Made _____ Date Notification Sent _____

	Date	Comments
Application	_____	_____
Personal Testimony	_____	_____
Distribution-to-References	_____	_____
Health Information Form	_____	_____
Medical Form	_____	_____
Pastoral Reference Form	_____	_____
Educator's Reference Form	_____	_____
Personal Reference Form	_____	_____
High School Transcript	_____	_____
College Transcript	_____	_____

Date	Comments
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____