

APPLICATION FOR ADMISSION



Foundations Theological Seminary
Foundations Bible College

P.O. Box 1166
Dunn, North Carolina 28335-1166
(910) 892-8761 · www-foundations.edu

FOREIGN
STUDENT
APPLICATION

PROCEDURE: Have the High School or College which you attended to send us a record of your work. Enclose the \$25 application fee and a snapshot of yourself. Also enclose a letter giving an account of your conversion and call to Christian service or the ministry. Send to Admissions Office.

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
family first middle mm dd yy

Address 1 \_\_\_\_\_ Phone \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Applying for: Institute \_\_\_\_\_ College \_\_\_\_\_ Graduate School \_\_\_\_\_ Night \_\_\_\_\_ Extension \_\_\_\_\_ Tape Study \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Minister \_\_\_\_\_ Ordained \_\_\_\_\_ Other \_\_\_\_\_

Name of wife or husband \_\_\_\_\_ Number of Children \_\_\_\_\_

Name and Address of your parents or guardians: Name \_\_\_\_\_

Address \_\_\_\_\_

Where is your church membership? \_\_\_\_\_

What Christian work have you done? \_\_\_\_\_

When do you wish to enter FBC? \_\_\_\_\_ Dormitory Student? \_\_\_\_\_

High School grade completed \_\_\_\_\_ Graduated? \_\_\_\_\_ College years completed \_\_\_\_\_

List school and colleges attended Dates Grade Completed

Table with 3 columns: List school and colleges attended, Dates, Grade Completed. Contains three rows of blank lines for data entry.

Have you ever been expelled or denied admission to any school? \_\_\_\_\_ If "yes," explain: \_\_\_\_\_

List two references Address Relationship

Table with 3 columns: List two references, Address, Relationship. Contains two rows of blank lines for data entry.

**Foreign Student Application, FBC— Page 2**  
**Medical Report**

I. General Health

- A. Have you ever been hospitalized? \_\_\_\_\_ If so, why? \_\_\_\_\_
- B. List any serious illnesses at home \_\_\_\_\_
- C. List any serious surgical operations \_\_\_\_\_
- D. List any serious accidents \_\_\_\_\_
- E. List any chronic recurrent complaints \_\_\_\_\_
- F. List any allergies \_\_\_\_\_
- G. Do you use tobacco in any form? \_\_\_\_\_
- H. Have you used drugs or alcohol anytime during your life? \_\_\_\_\_

II. Family History

- A. Have there been any cases of insanity, nervous disorder, epilepsy, diabetes, or tuberculosis in your family? \_\_\_\_\_  
If so, give details: \_\_\_\_\_  
\_\_\_\_\_

- B. Who should be notified in case of emergency?

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

III. Personal Health

Do you know of any serious condition in your present health that would be detrimental to your schooling or the schooling of others? \_\_\_\_\_ If so, give details: \_\_\_\_\_

IV. Who is responsible for your financial payment?

Student \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Sponsor \_\_\_\_\_

***Foreign Students must make a full payment at registration for the first full year of study.***

**Pledge**

I BELIEVE the Bible as the fully inspired Word of God; I accept its teachings as the final authority in all matters of faith and life. This pledge indicates that I have read and believe in the Creed of the College; and if I am accepted as a student, I pledge to help maintain the high moral and spiritual ideals of the school, render due respect to those who are in authority, and fully conform to all the regulations of the school as set forth in the student handbook, *The Foundations Standard*.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yy

*"If the foundations be destroyed, what can the righteous do?" (Psalm 11:3)*

**Foreign Student Application, FBC— Page 3  
Admissions**

Please be advised that the following information must be on file with FOUNDATIONS BIBLE COLLEGE before the I-20 certificate of eligibility for nonimmigrant students can be completed. For students bringing dependents, please fill out a copy of page three for each dependent and identify the family relationship.

1. Family Name (surname) \_\_\_\_\_

2. Given Name (first name) \_\_\_\_\_

3. Middle Name \_\_\_\_\_

4. Date of Birth     \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                          mm    dd    yy

5. Country of Citizenship \_\_\_\_\_

6. City & Country of Birth \_\_\_\_\_

7. Program/Course of Study: Primary Major \_\_\_\_\_

Secondary Major \_\_\_\_\_

8. Level of English Proficiency \_\_\_\_\_

9. Proof of Financial Responsibility: Please submit affidavit(s) of sponsorship by U.S. citizen(s) and/or current bank statements of personal funds in U.S. dollars that demonstrate your ability to pay for all tuition and room and board expenses.

10. Transcripts

11. Immunization Records

12. Application Fee:   \$25.00

13. Housing Desired - dormitory or coming with family? \_\_\_\_\_

14. Transfer Student? Please provide name and location of U. S. school currently attending:

\_\_\_\_\_