

APPLICATION FOR ADMISSION

Foundations Theological Seminary  
Foundations Bible College



P.O. Box 1166  
Dunn, North Carolina 28335-1166  
(910) 892-8761 / www.foundations.edu  
(For USA Students)

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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
last first middle mm dd yy

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

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

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

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

Off campus? \_\_\_\_\_ Resident in community? \_\_\_\_\_ Dunn-Benson your home? \_\_\_\_\_

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

**List school and colleges attended** **Dates** **Grade Completed**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

**List two references** **Address** **Relationship**

\_\_\_\_\_  
\_\_\_\_\_

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**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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**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? (Signature binds contract)**

Student \_\_\_\_\_  
Parent \_\_\_\_\_  
Guardian \_\_\_\_\_

**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 Handbook and Standard.

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

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