

Foundations Theological Seminary Foundations Bible College

Office of Admissions
P. O. Box 1166
Dunn, NC 28335-1166

Phone: (910) 892-8761
Fax: (910) 892-9322
Email: admissions@foundations.edu



USA Student
Application for
Admission

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

Personal Information

NEW STUDENT PROCEDURE: All steps must be completed before submitting your application:

- Have the High School or College which you attended to send us a record of your work.
- Letter giving an account of your conversion and call to Christian service or to the ministry.
- Snapshot of yourself. • \$35 application fee (must accompany application). • Copy of your immunization records.

Name _____
Last First Middle

Date of Birth _____ Email Address _____
mm / dd / yyyy

Address _____

City _____ State _____ ZIP _____

Phone 1 _____ Phone 2 _____

Ministry Minister Marital Status Single Widowed
Ordained Engaged Divorced
Other _____ Married Remarried

Other Male Female Name of Spouse _____
Race _____ Number of Children _____

Name of Parents / Guardians _____

Address _____ City _____ State _____ Zip _____

Where is your church membership? _____

What Christian work have you done? _____

Education

Applying for College Fall Summer Housing Dormitory Student
Graduate School Spring Off Campus
Institute

Prior Education High School Grade Completed _____ Graduated High School
College Years Completed _____ Graduated College

List schools and/or colleges attended _____ Dates _____ Grade Completed _____

Have you ever been expelled or denied admission to any school? Yes No If yes, explain

List two references Address Relationship

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:

Financial

Who is responsible for your financial payment? Billing Name and Address Information:

Name Relationship
Address
Email Phone

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 Foundations Standard (the handbook), the College Catalog, and Graduate School Bulletin.

Signature Date
(Signature binds contract) mm / dd / yyyy