



Champion Baptist College

PRESS TOWARD THE PRIZE

APPLICATION FOR ADMISSION



APPLICANT CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> Signed your completed application? | <input type="checkbox"/> Arranged to have transcripts sent from the high school you graduated from and every college or university you attended? |
| <input type="checkbox"/> Enclosed the \$40 application processing fee? | <input type="checkbox"/> Arranged to have test scores submitted from your ACT? |
| <input type="checkbox"/> Contacted the appropriate persons to send reference forms to and supplied them with the forms? | <input type="checkbox"/> Arranged to have a physical and send medical records to Champion? |
| <input type="checkbox"/> Photo attached? | |

FAMILY INFORMATION

10. Mother: Legal guardian

Name

Street

City State Zip
(_____) _____
Area code Telephone

Father: Legal guardian

Name

Street

City State Zip
(_____) _____
Area code Telephone

11. Spouse:

Last: _____
First: _____
Middle: _____

12. Brothers and sisters, or children:

Names and ages: _____

SPIRITUAL INFORMATION

13. Date of your salvation (or approximate):

14. Church currently attending:

Church: _____

Pastor: _____

Street: _____

City: _____

State: _____ Zip code: _____

Telephone number: (_____) _____

15. **On a separate sheet of paper**, please write out a brief autobiography. Include your family and church life and the time and circumstances regarding your salvation. Also include your goals for the future. What activities do you enjoy? How did you learn of Champion, and why do you desire to attend CBC? If you are transferring from another Christian college, please state your reasons for transferring.

16. Background questions:

- a. Have you ever been dismissed from a school or placed on academic or disciplinary probation?
 Yes No
- b. Do you have any physical or emotional problems which might require special treatment or consideration?
 Yes No
- c. Have you used alcohol, tobacco or non-prescription drugs during the past 2 years?
 Yes No
- d. Have you ever been arrested and/or convicted in a court of law?
 Yes No

❖ If you answered yes to any of the above questions, please explain on a separate sheet of paper.

ACADEMIC INFORMATION

17. High school graduated from:

Name: _____
Street: _____
City: _____
State: _____ Zip code: _____
Date of graduation: _____

18. If you are not a high school graduate, have you received your GED?

Yes No Year: _____

19. College(s) attended:

Name: _____ Name: _____
Street: _____ Street: _____
City: _____ City: _____
State: _____ Zip code: _____ State: _____ Zip code: _____
Degree received (if any): _____ Degree received (if any): _____

20. When did you take the ACT? _____

❖ Please have scores sent to Champion Baptist College.

STUDENT / GUARDIAN DECLARATION

21. Please read the following and sign:

I certify that all of the information and statements on this application are complete and accurate to the best of my knowledge. If accepted at Champion Baptist College, I agree to abide by all of the standards and regulations of the school, both in intent and practice.

Signature: _____
Parent's/Guardian's signature: _____
(if minor)
Date signed: _____

22. Mailing instructions:

Securely attach to this application a \$40 check or money order, payable to Champion Baptist College. This application fee is not refundable. Mail the completed application to:

Champion Baptist College
Admissions Office
516 Third St.
Hot Springs, AR 71913

CHAMPION BAPTIST COLLEGE AND INSTITUTE
PARENT/GUARDIAN ENDORSEMENT

Reference I

THIS SECTION TO BE FILLED OUT BY APPLICANT

Applicant's name (please print) () Phone

I authorize the following information to be considered in my application for admission to CHAMPION BAPTIST COLLEGE. I understand that all information provided will be held in confidence by the college. I willingly waive my right of access to see this information. I understand this recommendation will be mailed directly to CHAMPION BAPTIST COLLEGE.

Signature of applicant Semester and year you plan to attend

THIS SECTION TO BE FILLED OUT BY PARENT/GUARDIAN
(please print)

Your child has applied for admission to CHAMPION BAPTIST COLLEGE. Your comments will be given serious attention and will be held strictly confidential by the college.

Respondent's name: _____

Relationship to the applicant: _____

Address: _____
(street, city, state, zip code)

Phone number: _____

Please rate him/her on the following characteristics:

	Excellent	Above Average	Average	Below Average	Poor
Christian character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness to church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consecration to God's will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward authority/ Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Above Average	Average	Below Average	Poor
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about the dreams/goals you have for your child's future.

Please use this space to list any outstanding traits and/or to give any additional information which would assist us in determining the needs of your child.

PARENT'S/GUARDIAN'S SIGNATURE

DATE

This form is to be mailed by the respondent to:

Director of Admissions
 Champion Baptist College
 516 Third Street
 Hot Springs, AR 71913
 Phone: (501) 624-5288

❖ **DO NOT RETURN TO APPLICANT**

CHAMPION BAPTIST COLLEGE AND INSTITUTE
PASTOR'S RECOMMENDATION

Reference II

THIS SECTION TO BE FILLED OUT BY APPLICANT

Applicant's name (please print) () Phone

I authorize the following information to be considered in my application for admissions to CHAMPION BAPTIST COLLEGE. I understand that all information provided will be held in confidence by the college. I willingly waive my right of access to see this information. I understand recommendation will be mailed directly to CHAMPION BAPTIST COLLEGE.

Signature of applicant Semester and year you plan to attend

THIS SECTION TO BE FILLED OUT BY RESPONDENT
(please print)

The above applicant has applied for admission to CHAMPION BAPTIST COLLEGE. Your comments will be given serious attention and will be held strictly confidential by the college.

Respondent's name: _____

Relationship to the applicant: _____

Address: _____
(street, city, state, zip code)

Phone number: _____

Please rate him/her on the following characteristics:

	Excellent	Above Average	Average	Below Average	Poor
Christian character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness to church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consecration to God's will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward authority/ instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Above Average	Average	Below Average	Poor
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any significant factors in the applicant's background you would like us to know.

Please use this space to list any outstanding traits and/or to give any additional information which would assist us in determining the needs of this applicant.

RESPONDENT'S SIGNATURE

DATE

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Director of Admissions
Champion Baptist College
516 Third Street
Hot Springs, AR 71913
Phone: (501) 624-5288

❖ **DO NOT RETURN TO APPLICANT**

CHAMPION BAPTIST COLLEGE AND INSTITUTE

LEADER'S RECOMMENDATION

(teacher, employer, etc.)

Reference III

THIS SECTION TO BE FILLED OUT BY APPLICANT

Applicant's name (please print) () Phone

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Signature of applicant Semester and year you plan to attend

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(please print)

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(street, city, state, zip code)

Phone number: _____

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Faithfulness to church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consecration to God's will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward authority/ instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Above Average	Average	Below Average	Poor
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any significant factors in the applicant's background you would like us to know.

Please use this space to list any outstanding traits and/or to give any additional information which would assist us in determining the needs of this applicant.

RESPONDENT'S SIGNATURE

DATE

This form is to be mailed by the respondent to:

Director of Admissions
 Champion Baptist College
 516 Third Street
 Hot Springs, AR 71913
 Phone: (501) 624-5288

❖ **DO NOT RETURN TO APPLICANT**

MEDICAL HISTORY: Circle any of the following which apply to your past or present physical condition. On a separate sheet of paper, list details including date, duration, and side effects of any item circled.

Allergy	Hepatitis	Pneumonia	Diseases not listed:
Anemia	Herpes	Polyps of colon	_____
Asthma	High Blood Pressure	Pregnancy	_____
Bleeding Disorder	Hodgkin's Disease	Rheumatic Fever	_____
Blindness (complete or partial)	Hypoglycemia	Scarlet Fever	_____
Cancer	Infectious Mononucleosis	Skin Diseases	_____
Cystic Fibrosis	Kidney stone/infection	Speech Impairment	_____
Diabetes	Leukemia	Stomach ulcers	
Epilepsy/Seizure Disorder	Liver/Gall Bladder Diseases	Thyroid trouble	
Glaucoma	Low/High Blood Pressure	Tuberculosis	
Hearing loss (complete or partial)	Malaria	Ulcers	
Heart Disease	Meningitis	Urinary Infections/Diseases	
Heart Murmur	Migraine Headache		
Heart valve problem	Pleurisy		

Physical limitations Yes No Please explain: _____

Please list all regularly used medication. Include dosage information and reason for use.

Hospitalizations: Please include diagnosis and dates: _____

SIGNATURE:

Your signature signifies that the entirety of information provided is true and complete to the best of your knowledge, and that you realize falsification may result in your dismissal from Champion Baptist College.

Student's signature: _____ Date (M/D/Y) _____

Parent's signature: _____ Date (M/D/Y) _____

AUTHORIZATION FOR TREATMENT

I hereby authorize qualified personnel to give medical care while the above-mentioned student is attending Champion Baptist College. It is understood that in the case of serious illness or accident, the family of the student will be notified. However, should it be impossible to reach the parent/guardian, and an emergency procedure is deemed necessary, it is understood, further, that the family hereby empowers the authorities of Champion Baptist College to authorize said operation or procedure.

Parent's/Guardian signature _____ Date (M/D/Y) _____

Applicant's signature _____ Date (M/D/Y) _____

CHAMPION BAPTIST COLLEGE AND INSTITUTE

Medical/Health Form

(Early and complete submission of this form will make the registration process easier for the applicant.)

PERSONAL DATA: (to be completed by applicant) PLEASE PRINT

Name: _____ Social Security number _____-_____-_____
Last First Middle

Address: _____
Number, Street, City, State, Zip code

Birth date: _____ Place of birth: _____ Age: _____ Sex: _____ Marital status: _____
State

Parent's name: _____

Address: _____
Number, Street, City, State, Zip code

Father's work phone: (_____)_____-_____-_____ Mother's work phone: (_____)_____-_____-_____

INSURANCE DATA

I am I am not covered by medical insurance.

Company _____

Address _____
Number, Street, City, State, Zip code

Group/Policy _____

Policy holder _____

EMERGENCY NOTIFICATION:

Person to notify if parents cannot be contacted

Name _____

Address _____
Number and street

City State Zip code

Relationship _____ Hm Phone (_____)_____-_____-_____
Wk Phone (_____)_____-_____-_____

FAMILY PHYSICIAN

Name: _____ Phone (_____)_____-_____-_____

Address: _____
Number, Street, City, State, Zip code

FAMILY HISTORY: Fill in as indicated.

Is your father living? _____ Occupation _____ Cause of death if deceased _____

Is your mother living? _____ Occupation _____ Cause of death if deceased _____

Has any member of your family (parents, sisters, brothers, children, or your spouse) suffered from:

[] Heart disease [] Cancer [] Diabetes

[] Tuberculosis [] Severe allergies [] Kidney disease

[] Mental disease [] Epilepsy

If yes, give relationship _____

IMMUNIZATION HISTORY

1. Tetanus toxoid: Date _____ (must be updated if last tetanus toxoid was more than ten years ago.)

2. MMR #1: _____ MMR#2: _____ (Note: if student's birthday is after 1957, two MMRs are required)

3. Rubella (German Measles): Date _____ (must be given at least 13 months after birth date)

4. Poliomyelitis Date _____

CHAMPION BAPTIST COLLEGE AND INSTITUTE

PHYSICAL EXAMINATION

(to be completed by a physician)

Please Print:

Name: _____

Height: _____ Weight: _____ Temperature: _____ Pulse (sitting): _____

Blood Pressure: _____ Hearing: Right ear _____ Left ear _____

Vision: Right eye _____ Left eye _____ Corrected: Right eye _____ Left eye _____ Contacts: _____

Nutritional status: _____

Normal	Abnormal	Check each item in	NOTE: Comment in this column on abnormalities appropriate column
--------	----------	--------------------	--

		Head, face scalp	
		Neck, nodes, thyroid	
		Nose and sinuses	
		Mouth and teeth	
		Pharynx and tonsils	
		Ears	
		Eyes	
		Lungs	
		Heart	
		Abdomen, hernia, scars	
		Extremities and feet	
		Musculo-skeletal	
		Reflexes	
		Skin	
		Neurologic	
		Lymph Nodes	
		Pedal Pulses	

LAB WORK:

Lab work must be completed by a physician at time of examination. Report MUST be complete and received before a student may register for classes. All tests are required and must be completed within six months prior to the semester the student is attending.

Urinalysis: Date _____ Albumin _____ Sugar _____ Microscopic _____

Hemoglobin: Date _____ Results _____

TB test: Date _____ Results _____

PHYSICIAN'S SIGNATURE

Name: _____ Phone: (_____) _____ - _____

Address: _____

Doctor's signature: _____

Date of Exam: _____

CHAMPION BAPTIST COLLEGE AND INSTITUTE

TRANSCRIPT REQUEST

(please print)

TO THE PRINCIPAL OR REGISTRAR

I have applied to Champion Baptist College for the
 Fall Spring 20_____ semester.

Please send a copy of my High school transcript
 College transcript
To: Director of Admissions
Champion Baptist College
516 Third St.
Hot Springs, AR 71913

Applicant's signature

Date

TO BE COMPLETED BY APPLICANT:

Last name First name Middle

_____-_____-_____
Social Security number

Street

Last term attended /Year

City State Zip code

Graduation date mo./yr.

Name of student at time of enrollment if different
from above

_____/_____/_____
Birthdate

TO BE COMPLETED BY A SCHOOL/COLLEGE OFFICIAL:

This is to certify that _____
Student

attended _____
School/College

Street

City State Zip code

From _____ to _____

Signature of school/college official

School seal

Date transcript issued

❖ Please attach this form to the transcript being sent to Champion Baptist College.