



# FLORIDA BAPTIST COLLEGE

*Charting the Course for Ministry*

## ONLINE APPLICATION PACKET

Thank you for your interest in Florida Baptist College! To ensure the quickest processing of your request, please follow the directions below and fill out each form accurately.

1. To complete the *Admission Application*, fill in all of your personal information. Then, include your \$25 non-refundable application fee and a photograph of yourself and send to the address given at the bottom of the form.
2. Give your copy of the *Pastor's Reference Form* to your pastor. Have him fill it out and mail it to the address given at the bottom of this form.
3. Give a copy of the *Personal Reference Form* to two different people who are not immediate family members. Have each of them fill it out and mail it to the address given at the bottom of this form.
4. To complete the *Scholarship Application*, mark any scholarships that you would like to apply for. You may apply for more than one scholarship, but will only receive the scholarship of the highest amount. Send this form to the address given at the bottom of this form.
5. Give a copy of the *Transcript Request Form* to your high school or college registrar. Have them send your transcripts to the address given at the bottom of this form.



# FLORIDA BAPTIST COLLEGE

*Charting The Course for Ministry*

Florida Baptist College  
PO Box 260457  
Tampa, FL 33685-0457

1.888.FBC.3030  
Fax - 813.888.5386

## Admission Application

Legal Name \_\_\_\_\_  
Last First (Mr./Mrs./Miss) Middle Maiden

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_  
Street jPO Box

City State ZIP

Home Telephone (\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Citizen:  US  Other \_\_\_\_\_ Do you have a student visa?  Yes  No

Current Marital Status: (Please check all that apply.)  Married Spouse's Full Name \_\_\_\_\_

Single  Engaged  Widowed  Separated\*  Divorced\*  Remarried\*  Single Parent\*

\*Please send a letter of explanation with this application.

### Family Information

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Street PO Box

City State ZIP

Home Telephone (\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Street PO Box

City State ZIP

Home Telephone (\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_) \_\_\_\_\_

Do your parents agree with your attending Florida Baptist College?  Yes  No If no, please explain. \_\_\_\_\_

If you do not live with your parents, please explain why. \_\_\_\_\_

### Academic Information

High School Name (now attending or from which you graduated) \_\_\_\_\_

Type of School  Christian  Public  Private  Home School Date of Graduation (Mo./Yr.) \_\_\_\_\_

Address \_\_\_\_\_  
Street PO Box

City State ZIP

Office Telephone (\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_) \_\_\_\_\_

Probable Major(s) \_\_\_\_\_

Have you taken the ACT?  Yes  No What was your score? \_\_\_\_\_

Have you taken the SAT?  Yes  No What was your score? \_\_\_\_\_

Please list all colleges, Bible Institutes, or Technical Schools you have attended. (Use separate sheet if necessary).

School Name \_\_\_\_\_ Dates attended \_\_\_\_\_ Degree received \_\_\_\_\_

Address \_\_\_\_\_  
Street PO Box

City State ZIP  
School Name \_\_\_\_\_ Dates attended \_\_\_\_\_ Degree received \_\_\_\_\_

Address \_\_\_\_\_  
Street PO Box

City State ZIP

Do you have any outstanding debt to any college or university?  Yes  No

Have you ever been denied enrollment, suspended, or dismissed from any school?  Yes  No If yes, please explain. \_\_\_\_\_

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### Spiritual Information

Have you trusted Jesus Christ as your personal Savior?  Yes  No When? \_\_\_\_\_

Have you been baptized by immersion?  Yes  No Church where baptized \_\_\_\_\_

Are you a member of a church?  Yes  No Pastor's Name \_\_\_\_\_

Church Name \_\_\_\_\_ Attend regularly?  Yes  No

Address \_\_\_\_\_  
Street PO Box

City State ZIP  
Telephone (\_\_\_\_) Other Telephone (\_\_\_\_)

Briefly write your salvation testimony on a separate sheet of paper and attach it to this application.

How did you hear about Florida Baptist College? \_\_\_\_\_

Why do you believe God would have you apply to Florida Baptist College? \_\_\_\_\_

What do you believe God would have you do after your college education at Florida Baptist College? \_\_\_\_\_

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### Financial Information

How do you plan to finance your education? \_\_\_\_\_

#### Statement of Intent

By signing this application for admission, I certify that my answers are true and complete. I understand that any untrue or inaccurate statement made on this application or on any other enrollment document will make me ineligible for admission and subject to immediate dismissal from Florida Baptist College. I further understand that attending Florida Baptist College is a privilege granted to those who maintain a godly Christian testimony and who comply with the academic standards of Florida Baptist College. I further certify that I am willing, if accepted to Florida Baptist College, to cooperate with the purpose and standards of Florida Baptist College; to abide by all of the rules, regulations, and policies of Florida Baptist College; and to comply with its doctrines in order to fully advance the cause of Christ and the testimony of Florida Baptist College.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail this completed application along with the \$25.00 fee to:

**Florida Baptist College**  
**Attn: Registrar**  
**PO Box 260457**  
**Tampa, FL 33685-0457**



**Pastoral Reference Form**

**Applicant Information**

Applicant Name \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
(If you are related to your pastor, please have an associate pastor or deacon who is not a relative provide this reference.)

I hereby authorize the above-named pastor to provide the following personal information about me to Florida Baptist College to be considered in its decision concerning my application for admission. I understand that this information will be kept confidential by Florida Baptist College and will not be released to me or anyone else without a legitimate need to know this information. I hereby release and agree to hold harmless Florida Baptist College, the above-named pastor, and their agents, employees, and volunteers, from any and all liability for damages and expenses, of whatever kind (including attorneys fees), resulting from collecting or providing this reference.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Reference Information** (Please complete this form and mail directly to the address listed on the following page.)

Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_

Street

PO Box

City

State

ZIP

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_\_) \_\_\_\_\_

What is your age category?  21-30  31-40  41-50  50+

How long and in what capacity have you known the applicant? \_\_\_\_\_

Briefly explain how well you believe you know the applicant. \_\_\_\_\_

To your knowledge, has the applicant trusted Jesus Christ as his or her personal Savior?  Yes  No

To your knowledge, has the applicant followed the Lord in believer's baptism in a Baptist church?  Yes  No

To your knowledge, does the applicant tithe to the local church?  Yes  No

To your knowledge, does the applicant faithfully attend the local church?  Yes  No

**Please use the following scale to provide your assessment of the applicant's Christian character by circling the number that you believe best describes the applicant in each character trait category. If you have not had sufficient opportunities to observe particular character traits of the applicant, please leave that category blank. If you believe your assessment needs an explanation, please explain on the blanks provided.**

Scale: 5 – Outstanding      4 – Above Average      3 – Average      2 – Below Average      1 – Poor

Attitudes and Actions Towards Parents	5 4 3 2 1	Moral Purity	5 4 3 2 1
Involvement in the Local Church	5 4 3 2 1	Desire for Spiritual Growth	5 4 3 2 1
Respect for Authority	5 4 3 2 1	Personal Appearance	5 4 3 2 1
Consistency in the Christian Life	5 4 3 2 1	Burden for the Lost	5 4 3 2 1
Integrity	5 4 3 2 1	Handling of Finances	5 4 3 2 1
Ability to Work with Others	5 4 3 2 1	Work Ethic	5 4 3 2 1
Leadership Ability	5 4 3 2 1	Intellectual Ability	5 4 3 2 1
Dependability	5 4 3 2 1	Loyalty	5 4 3 2 1
Attitudes & Actions Toward Opposite Sex	5 4 3 2 1	Friendliness	5 4 3 2 1

Explanation \_\_\_\_\_

**Please provide a narrative response to the following questions.**

1. Please provide a general reference for the applicant, including, but not limited to, whether you would recommend him or her for enrollment in Florida Baptist College. \_\_\_\_\_

\_\_\_\_\_

2. What are the applicant's greatest strengths? \_\_\_\_\_

\_\_\_\_\_

3. What are the applicant's greatest weaknesses? \_\_\_\_\_

\_\_\_\_\_

4. Would you want your child to closely associate with the applicant? Please explain. \_\_\_\_\_

\_\_\_\_\_

5. Please describe the applicant's service and ministry in the local church. \_\_\_\_\_

\_\_\_\_\_

6. Does the applicant live a life of personal holiness and evidence a desire to separate from the world? Please explain. \_\_\_\_\_

\_\_\_\_\_

7. Are you aware of any moral, physical, or emotional condition in the applicant's past or present life that has affected his or her Christian testimony, that may affect his or her ability to adapt to college life, or that may affect his or her ability to engage in full-time Christian service? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

8. Is the applicant "going steady," engaged, or considering marriage? If so, please state whether you know the other person and what you know about him or her. \_\_\_\_\_

\_\_\_\_\_

9. Is the applicant a leader or a follower? Please describe the applicant's leadership abilities. \_\_\_\_\_

\_\_\_\_\_

10. Is there additional information, which, in your opinion, would especially qualify or disqualify the applicant from preparing for or entering Christian service? Please explain. \_\_\_\_\_

\_\_\_\_\_

**Mail this completed form to:**

**Florida Baptist College  
Attn: Registrar  
PO Box 260457  
Tampa, FL 33685-0457**



## Personal Reference Form

### Applicant Information

Applicant Name \_\_\_\_\_ Reference Name \_\_\_\_\_  
(Please have someone who is not a relative provide this reference.)

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Reference Information (Please complete this form and mail directly to the address listed on the following page.)

Name of Personal Reference \_\_\_\_\_

Address \_\_\_\_\_

Street

PO Box

City

State

ZIP

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_\_) \_\_\_\_\_

What is your age category?  21-30  31-40  41-50  50+

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\_\_\_\_\_

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Tampa, FL 33685-0457**



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\_\_\_\_\_

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\_\_\_\_\_

**Mail this completed form to:**

**Florida Baptist College  
Attn: Registrar  
PO Box 260457  
Tampa, FL 33685-0457**



## Scholarship Application

### Applicant Information

Applicant Name \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please check the appropriate box by the scholarship for which you are applying and provide the required information. **Students may apply for more than one scholarship, but will only be awarded the scholarship of the highest amount.** Students must maintain a grade point average of 2.5 each semester to continue receiving a scholarship.

**CHRISTIAN WORKER'S SCHOLARSHIP**

This scholarship is available to any single, dependent student whose parents' primary income is received from full-time ministry. The amount of this scholarship is \$4,200 to be divided over a period of eight semesters. Qualifying information must be recertified each semester.

Parent's Name \_\_\_\_\_

Title \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Ministry Name \_\_\_\_\_

Address \_\_\_\_\_

Office Telephone \_\_\_\_\_

**PATRIOT'S SCHOLARSHIP**

This scholarship is available to any student who has received an honorable discharge from the United States Armed Forces. The amount of this scholarship is \$3,500 to be divided over a period of eight semesters. Applicants must attach a copy of their DD Form 214.

**ACADEMIC SCHOLARSHIP**

This scholarship is available to any student who has scored 1140 or higher on the *SAT* or 25 or higher on the *ACT*. The amount of this scholarship is \$2,000 to be divided over a period of eight semesters.

**FIRST STUDENT SCHOLARSHIP**

This scholarship is available to any student who is the first student to attend Florida Baptist College from a particular Independent Baptist Church. The amount of this scholarship is \$1,500 to be divided over a period of eight semesters.

Pastor's Name \_\_\_\_\_

Church Name \_\_\_\_\_

Address \_\_\_\_\_

Office Telephone \_\_\_\_\_



### Transcript Request Form

To The Registrar Or Principal Of \_\_\_\_\_  
High School or College Name

I have applied to Florida Baptist College for the  Fall  Spring semester of 20\_\_\_\_\_.

Please send my  High School Transcript  College Transcript to:

**Florida Baptist College**  
**Attn: Registrar**  
**PO Box 260457**  
**Tampa, FL 33685-0457**

I agree to pay any fee associated with this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

#### Applicant Information

Applicant Name \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street PO Box

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

Home Telephone (\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_) \_\_\_\_\_

High School or College Name \_\_\_\_\_

Address \_\_\_\_\_  
Street PO Box

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

Office Telephone (\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_) \_\_\_\_\_