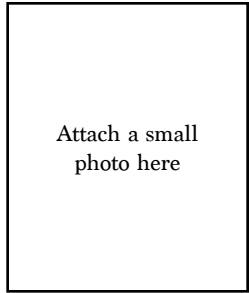




Revival Fires!

BAPTIST COLLEGE

"EQUIPPING STUDENTS WORLDWIDE TO PREACH THE GOSPEL"



APPLICATION FOR ADMISSION

PO BOX 245 • Claysburg, PA 16625 • www.revivalfirespub.org • college@revivalfirespub.org
FAX: (814) 239-8908 • Phone: (814) 239-2813

Please print all information in pen

PERSONAL INFORMATION

Male Female

Legal Name (Last/First/Middle/Maiden) _____

Usually Called _____ Preferred Contact (Home/Cell/Email/Mail) _____

Mailing Address (Street/City/State/ZIP) _____

Home Phone _____ Cell Phone _____

E-Mail _____

DOB (Mo./Day/Yr.) _____

Marital Status:

Married _____
Spouse's Full Name

Never Married Widow/Widower

Divorced* Separated*

Remarried* Single Parent*

**Include letter of explanation with application*

SALVATION EXPERIENCE

Please briefly describe your salvation experience and include the date of your baptism.

LOCAL CHURCH INVOLVEMENT

Church Currently Attending _____ Pastor's Name _____

Church Mailing Address (Street/City/State/ZIP) _____ Church Phone _____

Are you actively involved in basic ministry aspects of your local church (Attending Services, Organized Soul Winning, Tithing, etc.)?

Yes If "Yes," please list ministries involved in:

No If "No," please explain:

Please Continue on Back

EDUCATION

Currently Attending or Graduated from

High School Home school GED

Graduation or Expected Graduation Date

_____/_____/_____
Month/Year

High School Name

School Telephone Number

Home school: Parents keep academic records? Yes No

ACT Yes, taken on _____ No, have not taken

SAT Yes, taken on _____ No, have not taken

Learning Institutions: List all colleges, Bible institutes, or technical schools attended. Use a separate sheet for additional school information.

1. School Name _____

Mailing Address (Street/City/State/ZIP) _____

Dates Attended _____ Degrees Received _____

2. School Name _____

Mailing Address (Street/City/State/ZIP) _____

Dates Attended _____ Degrees Received _____

Transcripts: You must have an official copy of all transcripts on file at Revival Fires! Baptist College. It is the applicant's responsibility to request each institution to send an official transcript to RFBC.

CONFIDENTIAL Check appropriate boxes:

- | | | |
|-----|----|---|
| Yes | No | Do you have or have you ever had any significant physical or learning impairment? |
| Yes | No | Have you ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist? |
| Yes | No | Have you in any way ever used alcoholic beverages, tobacco, or illegal or dangerous drugs? |
| Yes | No | Were you ever expelled, dropped, or suspended by any school or college? |
| Yes | No | Are you or have you ever been under the supervision of a parole officer or court, or charged with a violation of the law which resulted in or, if still pending, could result in probation, community service, a jail sentence, or the revocation or suspension of your driver's license? |

APPLICANT'S AGREEMENT

I certify that the information given on this application is complete and accurate.

Applicant's Signature

Date

Parent, Guardian, or Sponsor's Signature
(If applicant is under 18)

Date

FEES PAYMENT

A NON-REFUNDABLE \$20 APPLICATION FEE IS REQUIRED TO BE SUBMITTED ALONG WITH THIS APPLICATION. FEE MAY BE PAID BY CHECK, MONEY ORDER, OR CREDIT CARD. DO NOT SEND CASH.

Once accepted, your application fee will be applied to the cost of your second video course.

Credit Card Number (Visa/MasterCard/Discover/Amex)

Expiration Date

Card holder's Name (Please print)

NOTE: IF YOU ARE EMAILING OR FAXING THIS APPLICATION, YOU MUST FILL IN THE ABOVE CREDIT CARD INFORMATION UNLESS YOU HAVE MADE OTHER ARRANGEMENTS WITH THE ADMINISTRATOR.

**BE SURE TO ENCLOSE YOUR APPLICATION
FEE WITH THIS APPLICATION!**

NOTE:

**NO APPLICATION WILL BE CONSIDERED WITHOUT A PASTOR'S RECOMMENDATION.
THE RECOMMENDATION FORM SHOULD BE GIVEN TO YOUR PASTOR AND MAILED, FAXED, OR
E-MAILED DIRECTLY TO RFBC BY HIM.**

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