

Calvary Chapel Bible College Colorado

27862 County Road 12 Somerset, Colorado 81434
Tel: (970)929-5221—Fax: (970)929-5322—Email: campwest@gmail.com



Application for New Students

This information, as with all of the application, will be held in strict confidence. Please be forthright in you answers. Any misleading or withheld information may lead to dismissal. Please send your completed packet to Admissions at the above address.

Complete all parts of this application in clear penmanship with blue or black ink. **(PLEASE PRINT LEGIBLY)**

Collect all the following documents and include them in your application package.

- | | |
|--|---|
| <input type="checkbox"/> Signed & Dated Application Form | <input type="checkbox"/> Official College Transcripts (if applicable) |
| <input type="checkbox"/> 3 Signed & Sealed Reference | <input type="checkbox"/> Wallet-size/Passport Style Photograph |
| <input type="checkbox"/> Essay Question Responses (typed) | <input type="checkbox"/> Liability Waiver Form |
| <input type="checkbox"/> Copy of High School Diploma or GED | <input type="checkbox"/> Proof of valid Medical Insurance |
| <input type="checkbox"/> Copy of SAT/ACT & Transcripts (required for homeschool students only) | <input type="checkbox"/> \$50 Application Fee (non-refundable) |

GENERAL INFORMATION

Full Name: Last: _____ First: _____ Middle: _____

Social Security #: - - Date of Birth: (MM/DD/YY) _____

Age: _____ Male Female Trade or Occupation: _____

Marital Status: Single Married Divorced Engaged Re-married

If married, name of spouse: _____ How long have you been married? _____

Children? {Name(s) & Age(s)}: _____

Current Address (Street & Box No): _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail Address: _____

Permanent Address (if different then above): _____

City: _____ State: _____ Zip: _____

Country of Birth: _____ Citizenship: _____

EMERGENCY CONTACT INFORMATION

Contact #1 (please indicate Relationship) Father Mother Guardian Spouse

Full Name: Last: _____ First: _____

Cell Phone #: _____ Work Phone #: _____

Contact #2 (please indicate Relationship) Father Mother Guardian Spouse

Full Name: Last: _____ First: _____

Cell Phone #: _____ Work Phone #: _____

If your parents are divorced or separated, with whom do you live? Father Mother Guardian

ENROLLMENT INFORMATION

For which semester are you planning to attend? (please check one)

Fall Semester Year: _____ Spring Semester Year: _____

For which of the following are you applying? (Please check one)

On-Campus Full Time (minimum 17 credits) Off Campus Part Time

Off Campus Full Time (minimum 15 credits)

For which program of study are you applying? (Please check one)

Degree – Associate of Theology Non-Degree – Certificate of Completion (credit/no credit)

Degree – Bachelor of Biblical Studies Non-Degree – Audit

(Please submit evidence of Associate of Arts degree in General Education)

EDUCATIONAL INFORMATION

Please list all schools attended from high school to present:

<i>Name of Institution</i>	<i>Dates of attendance</i>	<i>Degree/Diploma</i>	<i>Major/Minor</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ESSAY QUESTIONS

Personal life – describe the following

- | | | |
|-----------------------|------------------------------|--------------------|
| 1. Personality | 4. Relationships with others | 7. Spiritual Gifts |
| 2. Personal Strengths | 5. Weaknesses | 8. Interests |
| 3. Talents | 6. Hobbies | |

Spiritual Life

1. Please describe your salvation experience. How did you become a Christian? Please include an approximate date.
2. Please describe your current relationship with the Lord in terms of your devotional and prayer life.
3. Where do you attend church? How long have you been part of this fellowship?
4. What is your current church involvement?
5. Why do you desire to attend Calvary Chapel Bible College, and how do you see it enhancing your present spiritual life and future ministry plans?

Statement of Faith – Please write a brief statement of your belief regarding the following topics:

- | | |
|-----------------|---|
| 1. God | 6. Salvation |
| 2. Jesus Christ | 7. Baptism of the Holy Spirit |
| 3. Holy Spirit | 8. Eschatology (End Time Events)/The Rapture/Millennial Kingdom |
| 4. Sin | 9. Eternal Security |
| 5. The Bible | |

REFERENCES

Three (3) references are required for your application package. Please use the provided reference forms and make sure you fill out the applicant portion before delivering the reference.

- References must be individuals who have known you well for at least one year.
- One reference must be your pastor or another leader in your church.
- Individuals who are related to you by blood or marriage should not be references.
- Have all three of the reference forms returned to you in signed and sealed envelopes to be included with your complete application package.

LIFE PROFILE

Are you a smoker or do you use tobacco products?

Yes No

Do you drink alcoholic beverages?

No Recovering Occasionally Often

Have you ever or are you currently using any illegal drugs?

Yes No

If yes, please explain including dates: _____

Have you ever participated in a rehab program such as U-Turn or Teen Challenge?

Yes No

If yes, please explain including dates: _____

Have you ever been involved in legal problems?

Yes No

If yes, please explain including dates: _____

Have you ever been convicted of a felony?

Yes No

If yes, please explain including dates: _____

Do you have a personal history of violence or abuse towards others, or sexual immorality?

Yes No

If yes, please explain including dates: _____

Is there any habitual sin in your life?

Yes No

If yes, please explain including dates: _____

MEDICAL INFORMATION (FOR EMERGENCY USE ONLY)

Calvary Chapel Bible College requires that every student, who will be classified as a full time on campus student, have a Health Insurance Policy through any term Health Insurance Provider. A Health Insurance Policy can be obtained through the American College Student Association, www.acsa.com

Company Name: _____ Name of Insured: _____

Policy #: _____ Contact Phone #: _____

Start Date: _____ Expiration Date: _____

Current Health Information

Are you in good health? Yes No

When was your last complete physical examination: _____

List any major illnesses you have had: _____

Do you have any physical handicaps? Yes No

If yes, please explain: _____

Do you have any communicable diseases? Yes No

If yes, please explain: _____

Are you taking any prescription drugs? Yes No

If yes, please list what you are taking: _____

Please place a check beside any known medical conditions and explain on line provided below.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Allergy - Bee Sting | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Partially sighted |
| <input type="checkbox"/> Allergy - Food | <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Speech problems |
| <input type="checkbox"/> Allergy - Medications | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Glasses/Contact Lenses | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Hearing Aid used | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asthma - On Medication(s) | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> No Known Health Problems |

Details & Explanations: _____

Are you currently on medication or under a physicians care for physical issues? Yes No

If yes, please give details: _____

MEDICAL INFORMATION CONTINUED

Please provide Physician's name and contact information as well as medication(s) below:

Physician's Name: _____

City: _____ State: _____ Zip: _____

Phone # : _____ Fax # : _____

Medication(s): _____

Have you been hospitalized or admitted to a treatment facility for any reason? Yes No

If yes, please explain including dates:

Have you been, or are you presently dealing with an eating disorder? Yes No

If yes, please explain including dates:

Have you been, or are you presently under psychiatric or psychological care? Yes No

If yes, please explain including dates:

Are you under a doctor's care for either mental or emotional issues? Yes No

Physician Psychiatrist/Psychologist Counselor

Name: _____

City: _____ State: _____ Zip: _____

Phone # : _____ Fax # : _____

Medication(s): _____

LIABILITY WAIVER & DAMAGES RESPONSIBILITY

Calvary Chapel Bible College is a ministry of Calvary Chapel North Fork, and is operated by the church with the desire to provide the most affordable cost to students who wish to attend the college. Toward that end, the room and board and tuition costs to the student are substantially less than the actual cost to the college. Therefore, in consideration of this discount in tuition from actual costs, the college does not and cannot afford to provide liability and medical insurance coverage for students attending it and the applicant, regardless of the fault of the college or not. By execution of this application and placing your initials below and submittal of the application, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth below.

_____ Initial

I understand that during my attendance at the college, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in this curricular activity. These risks include, but are not limited to: personal injury (serious or otherwise), property damage and death (“Injuries and Damages”) from such curricular participation.

I assume all risks inherent and occurring, whether foreseen or unforeseen, in participating in such activity as involving Calvary Chapel North Fork and waive all liability against in it making the decision to be included in such curricular activity and being allowed use of the Calvary Chapel facilities (including but not limited to all rooms, open areas and parking lot, fields, dorm rooms and otherwise) for such activity. This waiver is intended by the parties to be as broad and inclusive as permitted by law. To the fullest extent by law, I also waive, discharge claims and release for liability Calvary Chapel North Fork, its officers, directors, employees, agents, and leaders from any and all liability on account of, or in any way resulting from Injuries and Damages, even if caused by the negligence of Calvary Chapel North Fork, its officers, directors, employees, agents, and leaders.

I further agree to hold harmless Calvary Chapel North Fork, its officers, directors, employees, agents, and leaders from any claims, damages, injuries, or losses of any kind or nature whatsoever caused by my own negligence while participating in such curricular activity. I understand and intend that this assumption of risk, waiver, waiver and release be binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me during such curricular activity.

I have been informed that I need to provide my own coverage for medical and premises liability insurance and, that if I can not insure myself, I, alone, am responsible for all costs and for Injuries and Damages.

Initial below indicating you have insurance and attach a copy of the proof of insurance to this form.

_____ Initial

Signature: _____ Date: _____

Print Last Name: _____ Print First Name: _____



TERMS AND CONDITIONS OF ENROLLMENT

Read the following terms and conditions of enrollment, initial each section and sign and date the bottom of the page.

M199 Practical Christian Ministry

I hereby understand that all students must enroll in semesters of Practical Christian Ministry (M199). Each student serves weekly in a practical area of service. Students will serve an average of 8 to 10 hours per week if they live on campus. For individual physical concerns contact the financial office.

Initials: _____

Individual Responsibility

I understand that my tuition is due and payable prior to enrollment. For individual concerns contact the Financial Office.

Initials: _____

Liability Waiver and Damages Responsibility

During my attendance at the college, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth in the liability waiver required for enrollment. I will assume all risks, I further agree to hold harmless CCBC Colorado, Calvary Chapel North Fork, or Camp Id-Ra-Ha-Je West; and have been informed that I am responsible for all costs of injuries and damages. To review a full copy of the liability waiver see the web site or catalog.

Initials: _____

Policies and Procedures

I have received, read, understand and agree to be subject to the policies and procedures of the Student Catalog and Application. To receive a copy of the student catalog, see the main campus web site www.cbccolorado.com or call the Bible College Office at (970) 929-5221 between 9:00am and 5:00pm to obtain a copy

Initials: _____

Signature:	Date:
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Calvary Chapel Bible College does not discriminate on the basis of race, gender, ethnic background, native language, nationality, or physical disability. Calvary Chapel Bible College is a ministry of Calvary Chapel North Fork, and gives admission priority to members of Calvary Chapel.

Reference Form

APPLICANT'S NAME

Legal Full Name: Last: _____ First: _____ Middle: _____

DIRECTIONS FOR THE APPLICANT

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- Have all three of the reference forms returned to you in signed and sealed envelopes.
- References must be individuals who have known you well for at least one year.
- One reference must be your pastor or another leader in your church.
- Individuals who are related to you by blood or marriage should not be references.

The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive his right of access to the reference. By signing below, the applicant willing waives his/her right of access to see this reference, knowing that this waiver is NOT required as a condition of admission.

Applicant's Signature: _____

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- **Please return this form directly to the applicant in a signed and sealed envelope.**

Please print name: _____ Date: _____

Signature: _____ Phone #: _____

Position: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Organization or Church to which you belong: _____

1. How long have you know the applicant? _____

2. In what capacity have you known the applicant? _____

3. How long has the applicant been an active Christian? _____

4. Describe the evidences you see in the applicant's life that demonstrate his or her commitment to follow Christ.

please turn over and complete page 2

5. Please Circle the appropriate number of the following questions. Use the “?” if you feel your knowledge of the applicant is insufficient in that particular area.

Responsibility		<i>Ability to faithfully assume and carry out duties and obligations.</i>				
?	1	2	3	4	5	6
Unknown	Not responsible		Somewhat Responsible		Responsible	

Adaptability		<i>Ability to adjust to changes in circumstances.</i>				
?	1	2	3	4	5	6
Unknown	Difficult		Moderate Ability		Adapts Well	

Cooperation/Teamwork		<i>Relates well to others in a living or work setting</i>				
?	1	2	3	4	5	6
Unknown	Unable to Cooperate		Reasonably Cooperative		Cooperative	

Communication		<i>Able to express thoughts, feelings, and ideas with others</i>				
?	1	2	3	4	5	6
Unknown	Poor communication		Average		Communicates Well	

Spiritual Maturity		<i>Demonstrates holiness, maturity, and consistency</i>				
?	1	2	3	4	5	6
Unknown	Immature		Growing		Consistent Growth	

Church Involvement						
?	1	2	3	4	5	6
Unknown	Infrequent		Active		Demonstrated Stability	

Emotional Stability						
?	1	2	3	4	5	6
Unknown	Difficult		Average		Demonstrated Stability	

Personal Recommendation						
?	1	2	3	4	5	6
Unknown	Do Not Recommend		Recommended		Highly Recommended	

6. Please state any concerns or recommendations that would assist us in the selection of this applicant.

Reference Form

APPLICANT'S NAME

Legal Full Name: Last: _____ First: _____ Middle: _____

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Address: _____

City: _____ State: _____ Zip: _____

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3. How long has the applicant been an active Christian? _____

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