

AMERICAN BAPTIST COLLEGE
Office of Admission and Records
1800 Baptist World Center Drive; Nashville, Tennessee 37207
(615) 256-1463 Fax (615) 226-7855
www.abcnash.edu

Please print with ink or type.

*Please provide full and detailed information on all questions and return completed application to the above address.
Deadline for receiving applications for the Fall Semester is July 1st and for the Spring Semester is December 15th.*

ITEMS NEEDED WITH APPLICATION:

- Application Fee – U.S. ☐ \$20.00 International ☐ \$35.00
- (3) Letters of Recommendation (*i.e. Pastor, Business, Teacher, Friend*)
- 300 word essay including your achievements, and/or call to the ministry
- Official Copies of High School, GED or College Transcripts
(*Must be received prior to completion of admission process*)

APPLICATION DATE: _____ **Enrollment for:** ☐ Fall, 20 ____ ☐ Spring, 20 ____ ☐ Summer, 20 ____

PROGRAM OF STUDY: ☐ Certificate (Non-Degree) ☐ Associate of Arts ☐ Bachelor of Arts ☐ Bachelor of Theology
(*Pre-requisite, BA*)

PERSONAL:

NAME: _____
(*Last*) (*First*) (*Middle/Maiden*)

PRESENT MAILING ADDRESS: _____

(*City*) (*State*) (*Zip*)

(*Home Phone*) (*Work Phone*) (*E-mail*)

SOCIAL SECURITY: _____ **DOB:** ____/____/____ **BIRTHPLACE:** _____

CITIZENSHIP: _____ **TYPE OF VISA:** _____ **SEX:** ☐ M ☐ F

MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced **SPOUSES NAME:** _____

ARMED SERVICES: ☐ Yes ☐ No **BRANCH:** _____ **DATES OF SERVICE:** _____

TYPE OF DISCHARGE: _____ **DATE OF DISCHARGE:** _____

OCCUPATION: _____ **PRESENT EMPLOYER:** _____

EMPLOYMENT ADDRESS: _____

Have you ever been convicted of a criminal offense, excluding traffic violations? ☐ Yes ☐ No

If yes, please explain _____

RELIGION

RELIGIOUS PREFERENCE: _____ **DENOMINATION:** _____

NAME OF CHURCH: _____ **PASTOR:** _____

Have you been licensed/ordained to preach? ☐ Licensed ☐ Ordained Are you presently serving as Pastor? ☐ Yes ☐ No

FAMILY

FATHER/GUARDIAN: _____ TELEPHONE () _____

PRESENT ADDRESS: _____
(Address) (City) (State) (Zip)

OCCUPATION: _____ EMPLOYER: _____

MOTHER/GUARDIAN: _____ TELEPHONE () _____

PRESENT ADDRESS: _____
(Address) (City) (State) (Zip)

OCCUPATION: _____ EMPLOYER: _____

EDUCATIONALEntering American Baptist College as: ☐ Freshman ☐ Transfer ☐ OtherHIGH SCHOOL/GED: _____ COMPLETED: _____
(Name) (Date)**COLLEGE(S) ATTENDED:****LOCATION****DEGREE EARNED**

_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSING: (Check One)☐ I wish to live in Campus Housing.☐ I will provide my own housing.**TRANSPORTATION:**Will you have your own transportation? ☐ Yes ☐ No If yes, please give make, model and license number.

Make : _____ Model: _____ License number: _____

INSURANCE:

It is mandatory that all students have health insurance. Any student who does not wish to be covered under the optional insurance program provided by American Baptist College, must provide a copy of an insurance card showing the company, policy number and effective date of coverage.

EMERGENCY NOTIFICATION:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: () _____
(Street) (City) (State) (Zip)**REFERENCES:**

Three (3) reference forms are included with this application for you to forward to persons who can give statements regarding your qualifications for college studies. Request that these persons send the completed forms directly to the Office of Admissions and Records, American Baptist College, 1800 Baptist World Center Drive, Nashville, Tennessee 37207.

STATEMENT: *(Please carefully read the following statement, then sign and date the application).*

If admitted, I promise that I will abide by the rules and regulations of American Baptist College, seek to attain the highest scholastic rating my abilities will allow, live a Christ-like life, and promote the interest of American Baptist College to the fullest extent.

(Signature)_____
(Date)

American Baptist College is an Affirmative Action/Equal Opportunity employer. The College subscribes to and endorses the Civil Rights Act of 1964. No person shall on the grounds of race, color, national origin, age, or handicap, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or activity of the College. Further, American Baptist College, pursuant of Title IX of the Education Amendment of 1972, does not discriminate on the basis of sex, age, or handicap in the education programs or activities of the College, including health related training programs.