



## Application for Admission

- Associate Degree in Biblical Studies       1-Yr Certificate in Biblical Studies

### Student Information

First Name _____	Middle Name _____	Last Name _____	Today's Date _____
Date of Birth _____		Age _____	
Address _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City / State / Zip _____		Marital Status: <input type="checkbox"/> Single	
E-mail _____		<input type="checkbox"/> Married	
Home Phone (____) _____		<input type="checkbox"/> Separated	
Work Phone (____) _____		<input type="checkbox"/> Divorced	
Cell Phone (____) _____		<input type="checkbox"/> Engaged	

Ethnic Background (for statistical purposes only):

- American Indian       African American       Hispanic  
 Non-Resident Alien       Asian / Pacific Isle       White Non-Hispanic       Other

### Family Information

\* For traditional students

Father's Name _____	Mother's Name _____
Address _____	Address _____
City / State / Zip _____	City / State / Zip _____
E-mail _____	E-mail _____
Home Phone (____) _____	Home Phone (____) _____
Work Phone (____) _____	Work Phone (____) _____

Parent's Marital Status

Married     Separated     Divorced     Widow(er)

Alternate Emergency Contact (other than parents):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

**Church Information**

Home Church Name \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Religious Background (for statistical purposes only)

Assembly of God     Baptist     Methodist     Evangelical  
 Non-Denominational     Catholic     Pentecostal     Other \_\_\_\_\_

**School Information**

List the High Schools, Colleges, or Universities attended

Name / Location	Dates Attended	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Transcripts**

*The student must request transcript for the above institutions to be mailed to:*

HCC Registrar's Office  
500 New Creation Road  
Newark, MO 63458

**Release of Responsibility**

I accept financial responsibility while attending Heartland Christian College. I further agree to hold HCC, its instructors and administration, CNS Ministries and its staff, harmless in the event of illness or injury.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent of Guardian's Signature (if student is under 18)

**Please enclose the following with your application:**

1. \$50 Application Fee (waived if application materials are received by deadline. See cover letter)
2. Student Health Summary completed
3. A brief statement of your personal testimony
4. Copy of ACT scores (if applicable)

**Please have the following mailed to:**

**HCC Registrar's Office  
500 New Creation Road  
Newark, MO 63458**

1. Reference Questionnaire
2. High School/College Transcripts