

APPLICATION FOR ADMISSION

Student Information

Today's Date _____

Social Security Number _____ - _____ - _____

Full Name _____

Date of Birth _____

Address _____

Age _____ Gender: Male Female

City / State / Zip _____

Marital Status:

Email _____

Single Married

Home Phone (_____) _____

Separated Divorced Engaged

Work Phone (_____) _____

Ethnic Background (for statistical purposes only):

American Indian Black Non-Resident Alien

Asian / Pacific Isle Hispanic White Non-Hispanic

Other

Family Information

Father's Name _____

Mother's Name _____

Address _____

Address _____

City / State / Zip _____

City / State / Zip _____

Email _____

Email _____

Home Phone (_____) _____

Home Phone (_____) _____

Work Phone (_____) _____

Work Phone (_____) _____

Parents' Marital Status:

Married Separated Divorced Widow(er)

Alternate Emergency Contact (other than parents):

Name _____

Home Phone (_____) _____

Work Phone (_____) _____

Church Information

Home Church Name _____

Pastor's Name _____

Address _____

Phone (_____) _____

City / State / Zip _____

School Information

List the High Schools, Colleges, or Universities attended.

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

TRANSCRIPTS

The student must request transcripts from the above institutions to be mailed to:

HCC Registrar's Office

500 New Creation Road

Newark, MO 63458

PLAN OF STUDY AT HEARTLAND CHRISTIAN COLLEGE:

- Full-time (complete Associates in Biblical Studies within two years)
 Part-time (complete Associates in Biblical Studies over a period of years)

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 or Guardian's Signature (if student is under 18)

Please enclose the following with your application:

1. \$50 Application Fee (waived if application process is completed one week prior to deadline of July 15, November 15 or April 1).
2. Reference Questionnaire from your pastor or leader.
3. Student Health Summary form, completed and signed by a physician.
4. A brief statement expressing your reason for attending HCC.
5. Financial Plan of Action Worksheet – completed and signed.