

**HOBE SOUND
BIBLE COLLEGE**

P.O. BOX 1065, HOBE SOUND, FL 33475



Toll Free 1-800-881-5534
1-772-546-5534 EXT 1019
Fax 1-772-545-1422
Email: Admission@hsbc.edu

International Application for Admission

Please type or print clearly

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

Male Female

Address: (Street, RR., or Box) () -	City	Country	Email Address
Home Telephone (Include Area Code)	Date of Birth	Place of Birth	Citizenship

If married, Spouse's Full Name: _____

Names and ages of Children: _____

Father or Legal Guardian's Full name: _____ Mother's Full Name: _____

Living? Yes / No Living? Yes / No

Father's Occupation: _____ Mother's Occupation: _____

Church Denomination: _____

Pastor: _____ Phone Number: _____

How did you hear about Hobe Sound Bible College? _____

Who or what influenced you to apply? _____

To what other colleges are you applying? _____

Have you personally accepted Jesus Christ as your savior? (Please attach additional paper if more space is needed) YES or NO?

If yes, give approximate date of conversion / baptism _____ and sanctification _____

Please answer the following questions. Within the past 12 months have you:

Used tobacco? _____ Used alcoholic beverages? _____ Attended movies/theater? _____

Attended dances/ danced? _____ Used non-prescription drugs? _____

Explain any "Yes" answers _____

Do you accept and believe the doctrinal statement in the HSBC catalog? Yes or No

Personal References (List those to whom your forms have been given.)

Name	Address	Country	Phone/Fax/Email
1. _____ Pastor			
2. _____ School Administrator/ Teacher/ Employer			
3. _____ Anyone other than a family member			

Anticipated Enrollment Year: 20 ____

<input type="checkbox"/> Fall	<input type="checkbox"/> First Time Freshman	<input type="checkbox"/> College Dorms
<input type="checkbox"/> Intercession	<input type="checkbox"/> Transfer Student	<input type="checkbox"/> Campus Housing
<input type="checkbox"/> Spring		

Intended Major or Interest: (You must list a degree program in order to apply for a student visa to study in the U.S.)
 I intend to complete the following 2 Year A.A. Ministerial Missions Music Education

Names and relationships of relatives who have attended HSBC: _____

List the high school from which you graduated (or the last high school attended) and every college, university, or professional school attended.						
Name	Location	Attendance	Degree/Diploma	Estimated	In good standing	
	City/ State	Date Mo/Yr	GPA	Yes/ No	Yes/ No	

Date you took, or plan to take the TOEFL Test: _____ Please request your high school and/or college to Month
 ____ Year ____ Test Score ____ forward your transcripts immediately.

If not in good standing at any school, please explain: _____

Have you ever been dismissed or placed on probation by any of the schools listed above? Yes No
 If yes, explain: _____

How do you plan to finance your school expenses? Parent's help Personal Savings Other
 Annual income range of parents in U.S. dollars: below \$15,000 \$15,000 - \$20,000 \$20,000 - \$30,000 over \$30,000
 Brief summary of your work experience: _____

Statement of Rules governing conduct

During his/her enrollment at the College (including vacation periods) each student is expected to conduct himself in a Christian manner. All are required to abstain from the use of alcoholic beverages, tobacco, drugs, and playing cards, as well as dancing and attendance of dances, movies or theaters. Students who, in the opinion of the College, are not willing to cooperate in maintaining the standards of Hobe Sound Bible College with respect to scholarship and life will be requested to withdraw.

I agree to abide by the above regulations and any other which may be in force during my enrollment at Hobe Sound Bible College.

Date: _____ Signature: _____

Hobe sound Bible College does not discriminate on the basis of age, sex, race, color, national or ethnic origin, or against otherwise qualified handicapped persons.



PERSONAL STATEMENT

For application for admission to Hobe Sound Bible College

TO THE APPLICANT: This statement must be filled out completely and signed. Your application is not complete until this statement has been received. Use additional sheets of paper if necessary.

Testimony of my personal salvation: _____

My Christian service activities: _____

My vocational objectives: _____

How I heard of HSBC: _____

Why I decided to apply for admission: _____

A brief note about my immediate background (i.e., salvation of family members, agreement with your attendance here, outstanding or unusual factors in family life or history, etc.):

TRANSFER APPLICANTS - Why I wish to change colleges

DATE

APPLICANT'S SIGNATURE

Please return this form with your application to OFFICE OF ADMISSIONS, P.O. BOX 1065, HOBE SOUND, FL 33475

CHRISTIAN SERVICE RECORD

Do you drive a car? Yes No School bus? Yes No
Have you had formal driver training or CDL? Yes No

What languages other than English do you speak? _____

SECULAR EMPLOYMENT EXPERIENCE

List vocational skills (RN, LPN, mechanic, secretary, printer, etc.) _____

Type of Work

	From		To
Month	Year	Month	Year

CHRISTIAN SERVICE RECORD

Indicate your experience in various types of Christian service (preaching, teaching, witnessing, singing, etc.), in different kinds of opportunities (church, Sunday School, DVBS, camps, evangelistic campaigns, etc.), the extent of your involvement (length of time and whether regularly, frequently, occasionally, etc.) and the age groups to which you ministered (preschool, elementary age, youth, college age, adults).

Type of Service	Kind of Opportunity	Extent of Involvement	Age Group

As you look forward to a life of service, what training do you feel the greatest need of?

What gifts or special abilities do you feel that the Lord has given you for Christian Service?

**HOBE SOUND BIBLE COLLEGE
HEALTH FORM**

Hobe Sound Bible College, P.O. Box 1065, Hobe Sound, FL 33475

Phone (772) 546-5534, Fax (772) 545-1403

HSBC provides first-aid care for minor illnesses and injuries, but does not offer hospital service. Students who have prolonged illness such as epilepsy, asthma, rheumatic fever, diabetes etc. should have their private physician make a direct referral to a physician in the Martin County area.

Name: _____ Date of Birth: _____

Address _____

Name\Address of Parent or Guardian who should be notified in case of illness or emergency

Home Phone (____) _____ Work Phone (____) _____

* * * * *

Medical History:

- | | | |
|---|--|--|
| <input type="checkbox"/> AIDS (answer confidential) | <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Peptic Ulcer |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> ARC(Aids related complex) | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Respiratory Illness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Skin Disorder |
| <input type="checkbox"/> Bleeding Tendencies | <input type="checkbox"/> HIV | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Malaria | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mumps | <input type="checkbox"/> Venereal Disease |

Do you:

Wear glasses\contacts? Yes No Have any allergies? Yes No Food Medicine Other

Currently take any medications? Yes No If so, what? _____

Have a diagnosed learning disability? Yes No If yes, explain _____

Date of last tetanus shot _____

I certify that, to the best of my knowledge, the answers are correct and that I have read the policy statement of Hobe Sound Bible College at the top of this page. I further certify that I have no abnormality, limitation or restriction not mentioned. Should any change in my health status occur, I will notify the college immediately.

Signature _____ Date _____

To be completed by physician

List and date current illnesses: _____

List and date all operations: _____

List and date past major injuries: _____

Describe and date past major illnesses: _____

Is there, or has there been any nervous, emotional or psychiatric abnormalities? If so, give detail

Drug allergies: _____

Current medications: _____

Required immunizations: Specific dates (month, day and year) If immunization information is not completed by physician performing physical, and photostatic copy of the original immunization record or documentation is required.

Td within 10 years: ___/___/___ (Tetanus only is not sufficient.)

MMR: 1st vaccine on or after first birthday ___/___/___
 2nd vaccine ___/___/___

TB Skin test (international only) ___/___/___ () negative () positive (If positive, chest x-ray)

* * * * *

Date: _____ Sex _____ Weight _____ Height _____ Temp _____ Pulse _____

Respiration: _____ Blood Pressure: _____ Visual Activity (L) _____ (R) _____

	Normal	Abnormal	Describe
Eyes/Vision			
Nose/ Throat			
Mouth/ Teeth			
Heart			
Abdomen			
Ears/ Hearing			
Neck			
Lymph Nodes			
Chest/ Lungs			
Extremities			
Neurological			
Skin/Scalp			
Urinalysis			
Spine			

Is this the first time you have examined this patient? Yes No

On the basis of your examination and knowledge, do you feel the applicant is physically and emotionally able to undertake a full college program of study and activities? Yes No

If no, explain: _____

Physician's name: _____ Physician's Signature: _____

Address: _____