

Application for Admission

HOBE SOUND BIBLE COLLEGE

*The mission of
Hobe Sound Bible College
is to provide a
Christ-centered,
Bible-based education
in the Wesleyan tradition
which prepares
servant-leaders who think
biblically, live Spirit-filled lives,
fulfill the Great Commission,
and glorify God in all they do.*

*We look forward to having you at
HSBC and South Florida!*

Hobe Sound Bible College • P.O. Box 1065 • Hobe Sound, Florida 33475
772-546-5534 or 1-800-881-5534
Fax: 772-545-1422
Email: sarahhawn@hsbc.edu



APPLICATION CHECK LIST



- ____ 1. Application
- ____ 2. Fee (\$25.00)
- ____ 3. Personal Statement
- ____ 4. Medical Report (completed and signed by a medical doctor)
- ____ 5. Immunization record (on medical form)
- ____ 6. Wallet size photo
- ____ 7. High School Transcript (after graduation with proof of graduation, class rank, and GPA)
- ____ 8. College Transcript (if transferring from another college)
- ____ 9. Christian Service form
- ____ 10. TOEFL Scores where English is not the applicant's first spoken language
- ____ 11. All references

APPLICATION INSTRUCTIONS

If you have previously attended Hobe Sound Bible College, you must complete a readmission application.

GENERAL APPLICATION INFORMATION

Please read the catalog (available online at www.hsbc.edu) before making application. Note the statements of purpose, objectives, and the section describing student life. Approved Christian character, devotion to the will of God, ability and desire to do serious study, and willingness to accept the authority and guidance of the Bible College are among the conditions of acceptance.

The filing of this application does not assure the applicant of acceptance.

APPLICATION AND FEE

Enclose the *NON-REFUNDABLE* application fee of \$25. Make the check or money order payable to Hobe Sound Bible College.

Use the checklist provided to be sure you have completed all the parts of the application. Mail the completed application forms and fee to:

OFFICE OF ADMISSIONS
HOBE SOUND BIBLE COLLEGE
P.O. BOX 1065
HOBE SOUND FL 33475
FAX: 772-545-1422
E-mail: sarahhawn@hsbc.edu

The application and fee are valid only for the semester or term for which they are submitted. If you wish to defer your application and fee to a later semester, notify the Admissions Office, in writing, before the opening date of the semester or term indicating which semester you wish to enter. Otherwise, a new application and fee will be required.

REFERENCE FORMS

Complete the top of the reference forms and distribute them to each of the persons you list on your application form as personal references. Encourage each one to mail the completed forms within a week. If your father is your pastor, give the form to another church leader who has known you for at least a year.

ACADEMIC INFORMATION

- Please request transcripts from each school previously attended. Special programs such as CLEP should be included.
- Transfer students from accredited colleges or universities need not submit high school transcripts. All other applicants must request that an official copy of their high school transcripts be sent directly to Hobe Sound Bible College.
- GED graduates must send a photocopy of their GED certificates and score reports.
- Homeschoolers must submit an official transcript from a reputable homeschool organization documenting the completion of all academic work necessary for a high school diploma. If this is not possible, the student will be required to take the GED test.
- International students where English is not the first language need to take the TOEFL test. Students can register to take this test at <http://www.ets.org/toefl>.

FINANCIAL AID

- We have limited financial aid for international students. For more information please contact the Financial Aid Director, Joanna Wetherald, at joannawetherald@hsbc.edu or 772-546-5534 ext. 1017.

HOUSING

- All single students under the age of 25 who do not commute from their parents' home are required to live in college dormitories and eat in the cafeteria on campus, unless specifically exempted by the administration of the college. (Requests for exemption may be enclosed with the application for admission.)
- On-campus housing for married students is available on a first-request basis. Applications should be requested from the Admissions Office.

Hobe Sound Bible College is in compliance with all applicable federal regulations pertaining to non-discrimination on the basis of sex, race, color, religion, national or ethnic origin, or handicap.

HOBE SOUND BIBLE COLLEGE

DEGREE PROGRAMS

Bachelor of Arts Programs

Christian Music Education/Sacred Music
Christian Music Education/Performance
Christian Music Education/Teaching
Christian Music with Minor in Intercultural Studies
Christian Music with Minor in Counseling
Christian Music with Minor in TESOL
Christian Music with Minor in Ministerial

Elementary Education
Elementary Education with Minor in Counseling
Elementary Education with Minor in Intercultural Studies
Elementary Education with Minor in TESOL
Elementary Education with Minor in Music
Secondary Education (List Major _____)
Secondary English
Secondary Math

General Christian Studies
List Major & Minor Concentration _____

Ministerial Studies
Ministerial with Minor in Counseling
Ministerial with Minor in Intercultural Studies
Ministerial with Minor in TESOL
Ministerial with Minor in Music
Ministerial with Minor Pastoral Ministries
Ministerial with Minor in Teacher Education

Intercultural Studies
Intercultural Studies with Minor in Aviation
Intercultural Studies with Minor in Ministerial
Intercultural Studies with Minor in Counseling
Intercultural Studies with Minor in TESOL
Intercultural Studies with Minor in Teacher Education
Intercultural Studies with Minor in Music

Associate Degree Programs & Certificates

AS in Media Ministry
AS in Secretarial Science
AS in Aviation
AA in Pre-Professional Studies
AA in Pre-Professional Studies/Business/Acct
AA in Bible
AA in Intercultural Studies

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:
sarahhawn@hsbc.edu

INTERNATIONAL APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT CLEARLY

LAST NAME

FIRST NAME

MIDDLE NAME

SEX MALE FEMALE

ADDRESS (Street, R.R., or Box)

CITY

COUNTRY

EMAIL ADDRESS

HOME TELEPHONE (PLEASE INCLUDE AREA CODE)

DATE OF BIRTH
(Month/Day/Year)

PLACE OF BIRTH

CITIZENSHIP (Check One)

USA

Other (Name Country)

()

IF MARRIED, SPOUSE'S FULL NAME

NAMES AND AGES OF CHILDREN:

FATHER OR LEGAL GUARDIAN'S FULL NAME

MOTHER'S FULL NAME

LIVING?

TELEPHONE (If other than yours)

YES NO

()

FATHER'S OCCUPATION

LIVING?

YES NO

TELEPHONE (If other than yours)

()

MOTHER'S OCCUPATION

CHURCH DENOMINATION

PASTOR

()

Telephone

HOW DID YOU HEAR ABOUT HOBE SOUND BIBLE COLLEGE?

WHO OR WHAT INFLUENCED YOU TO APPLY TO HSBC?

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 NO If YES, give approximate date of conversion/Baptism _____ and sanctification _____
If NO, describe why the Christian emphasis at HSBC appeals to you.

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

Used tobacco YES NO Used alcoholic beverages YES NO Attended movies or theaters YES NO
Attended dances or danced? YES NO Used non-prescriptive drugs? YES NO

Explain any "Yes" answers.

Do you accept and believe the doctrinal statement in the HSBC catalog? YES 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:	ENROLLMENT STATUS:	HOUSING PLANS:
20_____ <input type="checkbox"/> Fall Semester <input type="checkbox"/> Intercession <input type="checkbox"/> Spring Semester	<input type="checkbox"/> First Time Freshman <input type="checkbox"/> Transfer Student	<input type="checkbox"/> College Dorm <input type="checkbox"/> Campus Housing

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 City/State	ATTENDANCE DATE Mo./Yr.		DEGREE OR DIPLOMA & DATE	ESTIMATED GRADE POINT AVERAGE	IN GOOD STANDING YES/NO
		FROM	TO			

Date you took, or plan to take the TOEFL Test: _____ Please request your high school and/or college to forward your
 Month _____ Year _____ Test Score _____ transcript/s 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? Parents' 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 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 _____



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) 545-1422

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:

- | | | | | | |
|----------------------------|--------------------------|-----------------|--------------------------|---------------------|--------------------------|
| 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 | <input type="checkbox"/> |

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 abnormality? If so, give detail. _____

Drug allergies _____

Current medications _____

REQUIRED IMMUNIZATIONS: Specific dates (month, date, and year) *If immunization information is not completed by physician performing physical, a photostatic copy of the original immunization records 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 (*Internationals only*) ____/____/____ () negative () positive (If positive, chest x-ray)

* * * * *

Date ____/____/____ Sex _____ Weight _____ Height _____ Temperature _____ 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 _____ Phone (____) _____



REFERENCE FORM

School Administrator/Teacher/Employer

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

_____ Seeking admission for Fall Spring 20_____

APPLICANT'S NAME

TO THE APPLICANT: Complete the items above and give a form to each indicated person. Read the application instructions for further details. The applicant should provide a stamped envelope addressed to the director of admissions for the person filing the reference.

I WILLINGLY WAIVE MY RIGHT OF ACCESS TO SEE THIS REFERENCE FORM, KNOWING THAT THIS WAIVER IS NOT REQUIRED AS A CONDITION FOR ADMISSION.

APPLICANT'S SIGNATURE

The person named above is applying for admission to Hobe Sound Bible College and is asking you to furnish a reference. HSBC is a Christian institution with definite Christian goals, and our desire is to admit students who will profit the most from their enrollment here. Please be frank, fair, and accurate in your remarks and estimates.

- How long have you known the applicant? _____ How well? slightly casually well very well
- In what relationship? _____ Do you consider the applicant to be a sincere Christian? Yes No

PLEASE INDICATE YOUR OBSERVATIONS IN THE FOLLOWING AREAS

- Evidence of financial responsibility _____
- Traits of character or conduct not in keeping with a Christian testimony _____
- Relationship with the opposite sex _____
- Ability to get along with others _____
- Family background _____

PLEASE RATE APPLICANT BY CHECKING ONE BLANK ON EACH LINE.

APPLICANT'S CHARACTERISTICS	POOR	FAIR	AVERAGE	ABOVE AVERAGE	EXCELLENT
SPIRITUAL LIFE					
INITIATIVE					
DEPENDABILITY/TRUSTWORTHINESS					
INFLUENCE ON/ACCEPTANCE BY OTHERS					
RESPONSIVENESS TO AUTHORITY					
LEADERSHIP ABILITY					
EMOTIONAL STABILITY					
PERSONAL APPEARANCE					

I recommend the applicant Strongly Acceptable With Reservations Do Not Recommend

Additional comments may be written on the back of this form. If you desire to discuss this reference with a member of the Admissions Committee, please check here and indicate preferred evening hours when we may phone you.

Printed and Signed Signature _____ Date _____

Phone () _____ Occupation _____



REFERENCE FORM

General (Anyone other than a family member)

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

Seeking admission for Fall Spring 20_____

APPLICANT'S NAME _____

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Printed and Signed Signature _____

Date _____

Phone () _____

Occupation _____



REFERENCE FORM

Pastor

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

Seeking admission for Fall Spring 20_____

APPLICANT'S NAME _____

TO THE APPLICANT: Complete the items above and give a form to each indicated person. Read the application instructions for further details. The applicant should provide a stamped envelope addressed to the director of admissions for the person filing the reference.

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INITIATIVE					
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Printed and Signed Signature _____ Date _____

Phone () _____ Occupation _____

HOBE SOUND BIBLE COLLEGE

PO BOX 1065, HOBE SOUND, FL 33475

772-546-5534

REQUEST FOR HIGH SCHOOL OR COLLEGE TRANSCRIPT

Memorandum to Applicant

It is your responsibility to provide Hobe Sound Bible College with a copy of your high school transcript or transcripts from all previous colleges attended. If you are in high school now, please request that your Guidance Department send a copy of your transcript as soon as possible. A final copy of your transcript should also be sent after graduation. In order to accomplish this, please fill in the blanks below and **mail to the principal or Guidance Office of your high school or the registrar of your college.**

To: _____
Name of principal or registrar

Name of high school or college

City and state where school is located

PLEASE SEND A COPY OF MY TRANSCRIPT TO:

Admissions Office
HOBE SOUND BIBLE COLLEGE
PO Box 1065
Hobe Sound, FL 33475

Student's Signature

Maiden Name, if different

Years attended

Current Address

Date

NOTE: IF YOU ARE VERIFYING GRADUATION BY MEANS OF G.E.D. DIPLOMA, PLEASE SUBMIT A PHOTO COPY OF THE DIPLOMA. IF YOU ARE HOME SCHOOLED, THE TRANSCRIPT MUST BE FROM A RECOGNIZED HOMESCHOOL ORGANIZATION OR COOPERATIVE SCHOOL DISTRICT.