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!
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.
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
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)  LIVING?  TELEPHONE (If other than yours)
☐ YES  ☐ NO  ☐ YES  ☐ NO

FATHER’S OCCUPATION  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  ☐ YES  ☐ NO  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. )

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1. Pastor

2. School Administrator/Teacher /Employer

3. Anyone other than a family member

ANTICIPATED ENROLLMENT YEAR: 20

- [ ] Fall Semester
- [ ] Intercession
- [ ] Spring Semester

ENROLLMENT STATUS:

- [ ] First Time Freshman
- [ ] Transfer Student

HOUSING PLANS:

- [ ] College Dorm
- [ ] 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.

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<tr>
<th>NAME</th>
<th>LOCATION City/State</th>
<th>ATTENDANCE DATE Mo./Yr. FROM</th>
<th>DEGREE OR DIPLOMA &amp; DATE</th>
<th>ESTIMATED GRADE POINT AVERAGE</th>
<th>IN GOOD STANDING YES/NO</th>
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Date you took, or plan to take the TOEFL Test:

Month_________ Year____ Test Score _______ Please request your high school and/or college to forward your 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 ________________________________________________

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.

C:/Users/Kristel/Admissions/Application forms and materials/Online Application docs/HSBC International Application form.doc
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
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

Month    Year

To

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?

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________
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)  Ear Trouble  Peptic Ulcer
Allergies  Epilepsy  Pneumonia
ARC(Aids related complex)  Fainting Spells  Rheumatic Fever
Arthritis  Heart Trouble  Respiratory Illness
Asthma  Hepatitis  Skin Disorder
Bleeding Tendencies  HIV  Tonsillitis
Bronchitis  Malaria  Tuberculosis
Chicken Pox  Measles  Typhoid Fever
Diabetes  Mumps  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____________________________
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 _______

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

APPLICANT'S NAME

Seeking admission for  □ Fall  □ Spring 20__________

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.

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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

___________________________________________________

APPLICANT'S NAME

Seeking admission for  □ Fall  □ Spring 20__________

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

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- 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.

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

APPLICANT'S NAME

Seeking admission for  □ Fall  □ Spring 20_______

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.

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• 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 __________________________________________________________________________________________________

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<td>PERSONAL APPEARANCE</td>
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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 ___________________________
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.