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!
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
HOBESOUND BIBLE COLLEGE
P.O. BOX 1065
HOBE SOUND FL 33475
FAX: 772-545-1422
E-mail: admissions@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.
• All first-time freshmen are required to take the SAT or ACT Plus Writing and submit the scores to HSBC. Hobe Sound Bible College has been assigned the following test code numbers: Act-5471 and SAT-5306. The CLEP code number is 5306.

FINANCIAL AID

• Financial aid, grants, loans, off-campus employment, veterans’ benefits and scholarships are available. A tuition discount is available to dormitory residents whose parents are engaged in full-time Christian ministry or education. Write or call the Financial Aid Office for a financial aid packet and information. Or you may e-mail your request to: joannawetherald@hsbc.edu
• Your admissions procedure and your financial aid file must be complete before any awards are made. A complete file includes the completed FAFSA form, completed scholarship applications, full acceptance to HSBC and any other item pertaining to your admissions process.

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.
APPLICATION CHECK LIST

_____1. Application
_____2. Fee ($25.00)
_____3. Wallet size photo
_____4. Personal Statement
_____5. Christian Service Form
_____6. Health Form with immunization records and signed by a physician
_____7. All references
_____8. High School Transcript (after graduation with proof of graduation, class rank, GPA and SAT/ACT score)
_____9. College Transcript (if transferring from another college)
_____10. ACT Plus Writing/SAT score (if not on transcript, please have a copy sent)
_____11. Complete FAFSA form and submit regardless of financial status. This determines the amount of financial aid you are entitled to receive.

TUITION SCHOLARSHIP APPLICATIONS

(Please request scholarship applications from the Admissions Office.)

_____ a. Christian Worker’s Scholarship
_____ b. Independent Study (for homeschoolers)
_____ c. Merit Scholarships
_____ d. Salutatorian Scholarship
_____ e. Valedictorian Scholarship
Bachelor of Arts Programs

Music Education/Sacred Music
Music Education/Performance
Music Education/Teaching
Music Education with Minor in Intercultural Studies
Music Education with Minor in Counseling
Music Education with Minor in TESOL
Music Education 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 Education English
Secondary Education Math

General Christian Studies
List Major & Minor Concentration______________________________

Ministerial Studies
Ministerial Studies with Minor in Counseling
Ministerial Studies with Minor in Intercultural Studies
Ministerial Studies with Minor in TESOL
Ministerial Studies with Minor in Music
Ministerial Studies with Minor Pastoral Ministries
Ministerial Studies 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
APPLICATION FOR ADMISSION

GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Legal Name (Last, First, Middle, Maiden)</th>
<th>Male</th>
<th>Female</th>
<th>Are You A Veteran? □ YES □ NO</th>
<th>Dates of Active Duty:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street, City, State, Zip)</td>
<td></td>
<td></td>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>Home Telephone (Include Area Code)</td>
<td></td>
<td></td>
<td>If Married, Spouse's Full Name</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth (Mo./Day/Year)</th>
<th>Place of Birth</th>
<th>County of Citizenship</th>
<th>Social Security Number</th>
<th>Names and Ages of Children</th>
</tr>
</thead>
</table>

FAMILY

<table>
<thead>
<tr>
<th>Father/Guardian's Full Name</th>
<th>Mother/Guardian's Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell #</td>
<td>Occupation</td>
</tr>
<tr>
<td>Address/Phone (If other than yours)</td>
<td>Address/Phone (If other than yours)</td>
</tr>
</tbody>
</table>

CHRISTIAN EXPERIENCE (Attach additional paper if more space is needed.)

<table>
<thead>
<tr>
<th>Church Name</th>
<th>Denomination</th>
<th>Pastor and Phone Number</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Have You Personally Accepted Jesus Christ As Your Savior? □ YES, when__________ Or □ NO
If NO, describe why the Christian emphasis at HSBC appeals to you.

Have you been sanctified? □ YES, when__________ Or □ NO

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

- Used tobacco? □ YES □ NO
- Used alcoholic beverages? □ YES □ NO
- Used non-prescriptive drugs? □ YES □ NO
- Attended movies or theaters? □ YES □ NO
- Attended dances or danced? □ YES □ NO
- Ever been convicted of a felony, misdemeanor or other crime? □ 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.)

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

1. Pastor (If your pastor is a family member, please have a church officer do your reference)

2. School Administrator/Teacher/Employer

3. Anyone other than a family member

ENROLLMENT INFORMATION

How did you hear about HSBC? Who or what influenced you to apply to HSBC? To what other college are you applying?
**Anticipated Enrollment**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
</table>

**Enrollment Status**

- ☐ First Time Freshman
- ☐ Transfer Student
- ☐ College Dorm
- ☐ Commute from Home
- ☐ Other (Be Specific)

**Housing Plans**

- ☐ Fall Semester
- ☐ Spring Semester

**Intended Major or Interest:** (check one)

- ☐ 2-Year A.A or A.S.
- ☐ 4 Year B.A.
- ☐ Not degree-seeking
- ☐ Undecided

In which degree program do you plan to enroll?

- ☐ A.A. Preprofessional Studies
- ☐ A.S. Secretarial Science
- ☐ B.A. Music Education
- ☐ B.A. Intercultural Studies
- ☐ B.A. Elementary Education
- ☐ B.A. Ministerial
- ☐ A.A. Business/Accounting
- ☐ A.S. Media Ministry
- ☐ A.A. Church Music
- ☐ A.A. Intercultural Studies
- ☐ B.A. Secondary Education
- ☐ B.A. General
- ☐ A.A. Bible
- ☐ A.S. Aviation
- ☐ Christian Studies

**PREVIOUS 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. If you are a GED graduate, write GED in place of high school name. If you are still in high school, indicate the projected graduation date.

<table>
<thead>
<tr>
<th>NAME</th>
<th>LOCATION</th>
<th>ATTENDANCE</th>
<th>DEGREE</th>
<th>IN GOOD STANDING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City/State</td>
<td>Date Mo/Yr FROM TO</td>
<td>OR DIPLOMA &amp; DATE</td>
<td>ESTIMATED GRADE POINT AVERAGE</td>
</tr>
</tbody>
</table>

Please provide an official high school transcript and SAT/ACT Plus Writing scores immediately.

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

- ☐ YES
- ☐ NO

**ACT/SAT TESTING** (SAT or ACT Plus Writing scores are required and need to be submitted to the Admissions office before date of enrollment.)

Date you took (or plan to take) the SAT or ACT Plus Writing: Month_____ Year_____ Which test____

**FINANCIAL INFORMATION**

List current financial obligations (include any student loans, etc.):

<table>
<thead>
<tr>
<th>Amount Owed</th>
<th>To Whom</th>
<th>Monthly Payments</th>
<th>Amount Past Due</th>
</tr>
</thead>
</table>

**Annual income range of parents** (optional-for financial aid purpose)

- ☐ 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/herself in a Christian manner. All are required to abstain from the use of alcoholic beverages, tobacco, and drugs, 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 of Student __________________

Date __________________ Signature of Parent __________________

(if student is less than 18 years of age)

Hobe Sound Bible College does not discriminate on the basis of age, sex, race, color, national or ethnic origin in compliance with USC 2000d.

**OFFICE USE ONLY**

Date Received __________________ Signature of College Official __________________
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?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
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________________________
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.

| Immunization | Date | | | |
|--------------|------|---|---|
| Td within 10 years | | | |
| MMR: 1st vaccine on or after first birthday | | | |
| 2nd vaccine | | | |
| TB skin test (Internationals only) | | | |

Date _____/_____/_____  Sex _________Weight __________Height __________Temperature __________ Pulse __________

Respiration __________ Blood Pressure __________ Visual Activity: L __________ R __________

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<thead>
<tr>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>DESCRIBE</th>
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<tr>
<td>Eyes\Vision</td>
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<td>Nose\Throat</td>
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<td>Mouth\Teeth</td>
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<td>Heart</td>
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<td>Abdomen</td>
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<td>Ears\Hearing</td>
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<td>Neck</td>
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<td>Lymph Nodes</td>
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<td>Chest\Lungs</td>
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<td>Extremities</td>
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<td>Neurological</td>
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<td>Skin\Scalp</td>
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<td>Urinalysis</td>
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<tr>
<td>Spine</td>
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</tbody>
</table>

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 (_______)__________________
APPLICATION'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.

<table>
<thead>
<tr>
<th>APPLICATION'S CHARACTERISTICS</th>
<th>POOR</th>
<th>FAIR</th>
<th>AVERAGE</th>
<th>ABOVE AVERAGE</th>
<th>EXCELLENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPIRITUAL LIFE</td>
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<tr>
<td>INITIATIVE</td>
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<td>INFLUENCE ON/ACCEPTANCE BY OTHERS</td>
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<td>RESPONSIVENESS TO AUTHORITY</td>
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<td>LEADERSHIP ABILITY</td>
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<td>PERSONAL APPEARANCE</td>
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</tbody>
</table>

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

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
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.

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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<tr>
<th>APPLICANT’S CHARACTERISTICS</th>
<th>POOR</th>
<th>FAIR</th>
<th>AVERAGE</th>
<th>ABOVE AVERAGE</th>
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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 ___________________________
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
HOBESOUND 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.