



Hobe Sound Bible College

Knowing Christ...Making Him Known

PO Box 1065 Hobe Sound, FL 33475

(772) 546-5534

General Information

Last Name _____ First Name _____ Middle Initial _____
 Date of Birth _____ Social Security # _____ Nationality _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone _____ 2nd Phone (Optional) _____
 Father's Name _____ Address _____ Occupation _____
 Mother's Name _____ Address _____ Occupation _____
 With Whom Do You Live? _____ Relation _____
 # of Siblings _____ # of Brothers _____ # of Sisters _____

Enrollment Information

Anticipated Enrollment Year: _____ Fall or Spring _____
 Enrollment Status: First Time Freshman Transfer Student
 Housing Plans: College Dorm Other Explain (Be Specific) _____

Prior Education

List the High Schools that you have attended, starting with the most recent

Name of School	State	Dates Attended	Diploma

If you did not graduate, do you have a GED? _____ If YES, please have score sent to HSBC

List the Colleges or other institutions that you have attended, starting with the most recent

Name of School	State	Major/ Specialization	Dates Attended	Degree/Certificate

If not in good financial or academic standing at any school, please explain _____

ACT/ACT Testing

SAT or ACT Plus Writing scores are required and need to be submitted to the Admissions office before enrollment date

Date you took SAT or ACT Plus Writing: Month _____ Year _____ Which Test _____

Financial Information

Are you presently employed? Yes No Full Time? Yes No

Do you currently have any financial obligations? Yes No

If YES, give details:

How do you plan to finance your education at Hobe Sound Bible College (Be Specific)

Personal Information

Marital Status_____

If married, spouse’s full name_____

Names and Ages of Children_____

Do you drive a car? Yes No Do you have a CDL? Yes No

Are you a Veteran? Yes No If YES, dates of active duty_____

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 dances? Yes No

If you answered yes to any of the above questions please explain_____

Christian Experience

Have you personally accepted Jesus Christ as your personal savior? Yes No

If NO, explain why the Christian emphasis at HSBC appeals to you:

Have you been entirely sanctified? Yes No

Church Name_____ Denomination_____ Pastor (and phone #)_____

Briefly describe Christian Service that you have been involved in (youth leadership, bus ministry, etc.)

References

Please complete the attached reference forms. One form from each a Pastor, Teacher/Administrator/Employer, and General (NOT Family or Peer) is required.

Testimony

Please include a testimony of your personal salvation.

Statement of Conduct Agreement

During his/her enrollment at HSBC, 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 the attendance of dances, movies or theaters. Students who, in the opinion of the College, are not willing to cooperate in maintaining the standards of HSBC with respect to scholarship and life will be requested to withdraw.

I agree to abide by the above regulations, as well as any other which may be in force during my enrollment at HSBC

Date_____ Signature of Student_____

Date_____ Signature of Parent (is student is under the age of 18) _____

HSBC does not discriminate on the basis of race, color, or ethnicity in compliance with USC 2000d.

HSBC does not guarantee employment to its graduates



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Character Reference

To Be Completed By The Applicant

Name of Applicant _____ Semester Applying For (Fall or Spring) _____ Year _____

Please sign below if you wish to waive your right to access this recommendation under the Family Educational Rights and Privacy Act of 1974

Applicant's Signature _____ Date _____

To Be Completed By The Reference

The person named above is applying for admission to Hobe Sound Bible College and is requesting that you 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.

Name of Reference _____ Address _____

Relationship to Applicant (Please Circle One)

Pastor

Teacher/Administrator/Employer

General (NOT Family or Peer)

How long have you known Applicant _____ How well do you know Applicant _____

1. Please give what information you can about the applicant's family life

2. Please give what information you can about the applicant's spiritual life and church involvement

3. What is the applicant's attitude and response toward authority? Explain

4. What is the applicant's attitude, level of interest, and social behavior toward the opposite sex?

5. Form your observations of the outward life, is the applicant living a consistent Christian life?

6. Does the applicant possess any talents or special abilities?

Personality Rating Section

Please evaluate the applicant on the matters listed below and rate him/her on each point to the best of your knowledge. In rating, consider carefully and be as specific as possible. Circle the phrase that most closely describes the applicant's personality traits.

Personal Spiritual Growth	Consistent growth	Shows good signs of growth	Average growth	Small evidence of spiritual growth	No interest in spiritual Growth	Do Not Know
Self Motivation	Needs no prodding or supervision	Requires little prodding or supervision	Average initiative	Needs considerable amount of direction	Requires constant prodding and supervision	Do Not Know
Purposefulness	Strives for success	Needs reassurance but is self directed	Shows some initiative and purpose	Somewhat vacillating in purpose	Aimless	Do Not Know
Character	Completely trustworthy	Usually trustworthy	Somewhat trustworthy	Somewhat careless	Not straightforward	Do Not Know
Leadership	Inspires others, very successful	Good leadership qualities	Occasionally assumes leadership role	Tries but is not usually successful	Always a follower	Do Not Know
Emotional Stability	Very mature	Well balanced, shows growth toward maturity	Shows maturity in some situations	Usually immature, excitable, too emotional	Easily upset, flighty, touchy	Do Not Know
Influence on Others	Excellent and wholesome	Consistently good	Varying good to passive	Passive to poor	Detrimental	Do Not Know
Involvement in Church Activities	Enthusiastically involved, takes leadership role	Wants to be involved	Occasionally involved	Becomes involved when asked	Not involved	Do Not Know
Responsibility	Capable of handling much responsibility	Reliable and conscientious towards responsibility	Usually dependable	Shows some signs of dependability	Irresponsible	Do Not Know
Personal Appearance	Very neat	Usually neat	Average	Careless about personal appearance	Somewhat repulsive	Do Not Know
Written Expression	Writes with force and clarity	Communicates clearly	Basic writing skills	Weak; frequent mechanical errors	Very poor at writing	Do Not Know
Verbal Expression	Speaks with force and clarity	Enunciates well; communicates clearly	Basic speaking skills	Poor pronunciation; frequent errors	Quiet and backward	Do Not Know
Scholarship	Eager to advance learning; excellent study habits	Surpasses assigned levels	Completes assignments satisfactorily	Partially completes assignments	Does not complete assigned work; reluctant to learn	Do Not Know
Self-Confidence	Confident in areas of developed skills	Self-assured in some situations	Developing self-confidence	Over confident	Needs constant correction	Do Not Know
				Lacks self-confidence	Constantly seeks reassurance	
Analytical Thinking	Excels in critical thinking skills	Insightful	Will likely be able to handle college level studies	Does not comprehend advanced concepts	Poor	Do Not Know
Recommendation for Admittance	Enthusiastic recommendation	Good recommendation	Yes, but with some reservation	With strong reservation	Do not recommend	Do Not Wish to Comment



Thank you for your help and cooperation

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Relationship to Applicant (Please Circle One)

Pastor

Teacher/Administrator/Employer

General (NOT Family or Peer)

How long have you known Applicant _____ How well do you know Applicant _____

1. Please give what information you can about the applicant's family life

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Degree Programs

Are you interested in...

2 Year Degree

4 Year Degree

Undecided

-
- | | |
|---|---|
| <input type="checkbox"/> Aviation (AA) | <input type="checkbox"/> Counseling (BA) |
| <input type="checkbox"/> Bible (AA) | <input type="checkbox"/> Elementary Education (BA) |
| <input type="checkbox"/> Business/Accounting (AS) | <input type="checkbox"/> General Christian Studies (BA) |
| <input type="checkbox"/> Counseling (AA) | <input type="checkbox"/> Intercultural Studies (BA) |
| <input type="checkbox"/> Intercultural Studies (AA) | <input type="checkbox"/> Ministerial (BA) |
| <input type="checkbox"/> Media Ministry (AA) | <input type="checkbox"/> Music (BA) |
| <input type="checkbox"/> Music (AA) | <input type="checkbox"/> Secondary Education (BA) |
| <input type="checkbox"/> Secretarial Science (AA) | |
| <input type="checkbox"/> TESOL (Teaching English to Speakers of Other Languages) (AA) | |
-

Financial Aid

Hobe Sound Bible College accepts federal financial aid.

Please visit www.fafsa.ed.gov for more information.

The HSBC FAFSA School Code is: 015463



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Transcript Request Form

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 Be Completed By The Applicant

I have applied to Hobe Sound Bible College for **Fall / Spring** of 20__

Last Name _____ First Name _____ Middle/Maiden _____

Address _____ City _____ State _____ ZIP _____

Social Security # _____ Graduation Date _____ Date of Birth _____

If you are verifying graduation by means of a G.E.D Diploma, please have diploma sent to HSBC. If you are home schooled, the transcript must be from a recognized homeschool organization or cooperative school district.

To High School/College

Please send a copy of the student's transcript to:



HSBC Admissions Office

PO Box 1065

Hobe Sound, FL, 33475

Thank you for your cooperation...

-HSBC Admissions Department



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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: (check all that apply)

- | | | | | | |
|----------------------------|--------------------------|-----------------|--------------------------|---------------------|--------------------------|
| 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



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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) *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)

HEPATITIS B and MENINGOCOCCAL MENINGITIS – The State of Florida requires any individual enrolled in a post-secondary educational institution to either provide documentation of having received vaccinations against Hepatitis B and Meningococcal Meningitis or to decline the vaccinations. Any applicant wishing to decline these vaccines must read the information about them (available at www.immunize.org/vis) and sign the waiver(s) below.

I have read the information and decline to receive the Hepatitis B vaccine.

Applicant's Signature (Parent/Legal Guardian must also sign if applicant is under 18)

I have read the information and decline to receive the Meningococcal Meningitis vaccine.

Applicant's Signature (Parent/Legal Guardian must also sign if applicant is under 18)

Please provide a photo copy of all childhood immunizations received.

Those applicants (parents/legal guardians if under 18) who have a religious preference for refraining from immunizations must ask for a separate form to sign.

Those applicants (parents/legal guardians if under 18) who have a medical reason for refraining from immunizations must submit ask for a separate form to sign.