

GANADO BAPTIST BIBLE COLLEGE



Application Packet

Applying for Admission

First-Time Students

1. Complete the application and attach a recent photo.
2. Mail the application to the college along with a \$25 application/registration fee which is non-refundable.
3. Give the pastor's reference form to your pastor and ask him to mail it directly to the college. If your pastor is related to you, then the pastor's reference should be given to an assistant pastor, youth pastor, Christian school principle, deacon chairman, or similar individual.
4. Give the two other reference forms to individuals who are not relatives and ask them to return them directly to the college.
5. Ask the high school which you attended to send a copy of your transcript directly to the Director of Admissions. If, in lieu of a high school diploma, you have received a GED, please have an official copy of the results sent directly to the Director of Admissions, along with your high school transcripts.
6. Complete the form regarding your health and medical history.

Transfer Students

1. Complete all steps for First-Time Students.
2. If you have attended any other colleges, we must receive transcripts from all of the colleges or institutions you have attended. This is required even if you did not wish to transfer credit from other schools to GBBC. Other institutions should send the transcript directly to:

Director of Admissions
Ganado Baptist Bible College
P.O. Box 458
Ganado, AZ 86505

Transcript Request Forms may be duplicated or additional forms are available upon request.

3. Ganado Baptist Bible College must be informed if there are any unpaid accounts with any other schools.
4. Notification of your status will be provided in writing upon receipt of the above information.

GANADO BAPTIST BIBLE COLLEGE

Attach
Current
Photo

Application for Admission

Admissions
Ganado Baptist Bible College
P.O. Box 458
Ganado, AZ 86505
(928) 755-3714

*Please type or print in ink. Form should
be filled out completely.*

Official Use Only

Date Rec'd : _____

General Info.: _____

Salvation: _____

Pastor's Recc.: _____

Pers. Recc.: _____

H.S. Transcript: _____

Coll. Transcript: _____

Emerg. Permit: _____

Approved: _____

General Information

Name: ☐ Mr. ☐ Mrs. ☐ Miss

☐ Male ☐ Female

Last First Middle Maiden

Birth Date: ____/____/____

Mailing Address: _____
Street City State Zip

Telephone Number: (____) _____ Citizenship: ☐ USA ☐ Other _____

Marital Status: ☐ Single ☐ Married (Name of Spouse: _____) ☐ Widow (er) ☐ Divorced

If you have ever been divorced or had an annulment, please enclose a statement of the circumstances.

Do you have children? ☐ Yes ☐ No If yes, please list number of children. _____

Admissions Information

Entrance Date: Fall of 20____ Spring 20____ Summer School 20____

Applying as a: ☐ First Year Student ☐ Transfer ☐ Non-degreed student ☐ Auditor

Will you be using the Apartments? ☐ Yes ☐ No

Will you be driving from 60 miles or further to school? ☐ Yes ☐ No

Educational Background

High School _____ City, State _____ Dates Attended _____ Date Graduated _____

If you did not graduate from high school, do you have a GED? ☐ Yes ☐ No *If yes, please send documentation..*

Transfer Students: Do you expect to transfer credits from another college? ☐ Yes ☐ No

Are you eligible to return to the last college or university you attended? ☐ Yes ☐ No *If no, please attach a brief explanation.*

It is the applicant's responsibility to request that the previously attended institution send an official transcript to Ganado Baptist Bible College. **Students should have their transcripts sent to the GBBC Admissions Office, even if they do not expect to transfer credit.**

(In chronological order, list all schools after high school from latest to earliest.)

College, University, or Other _____ City, State _____ Dates Attended _____ Date Graduated _____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Information

Father's Name: _____ Occupation: _____
(Indicate if deceased)

Permanent Address: _____
Street City State Zip

Home Phone: (_____) _____ Business Phone: (_____) _____

Mother's Name: _____ Occupation: _____
(Indicate if deceased)

Permanent Address: _____
Street City State Zip

Home Phone: (_____) _____ Business Phone: (_____) _____

Personal Information

Name and Address of current church membership: _____
Church

Street City State Zip

Church Phone: _____ Name of Pastor: _____ Pastor's Phone: _____

Will you be applying for a discount at GBBC? If yes, please mark appropriate box:

☐ Pastor 25% ☐ Staff 10% ☐ Long Distance 10% ☐ Spouse 50%

Mark appropriate box (es):

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you any significant impairment?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been treated for any nervous, mental, or emotional disorder, or been seen by a psychologist?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever used or sold illegal or dangerous drugs? If so, when was the last time? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever used alcoholic beverages? If so, when was the last time? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever used tobacco in any form? If so, when was the last time? _____
<input type="checkbox"/>	<input type="checkbox"/>	Were you ever expelled, dropped, or suspended by any school or college?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been arrested for any reason?

If the answer is yes, please give complete details on a separate piece of paper.

Is there anything else in your background about which we should know? _____

Medical History

Do you have medical insurance? ☐ Yes ☐ No Name of primary insured: _____

Medical insurance company: _____ Policy #: _____

History of injuries: Give a short account. If none, indicate "none." _____

History of operations: If any, what? When? If none, indicate "none." _____

List any medications you take regularly: _____

Student History

(Check those that you have had)

<input type="checkbox"/> AIDS or HIV positive	<input type="checkbox"/> Headaches (frequent)	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Anemia	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Service with U.S.A. overseas
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Sinus Disease
<input type="checkbox"/> Chest Colds (frequent)	<input type="checkbox"/> Kidney or Bladder Disease	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Tonsillitis (frequent)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Trouble with Eyes
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Malaria	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Drug Flashbacks	<input type="checkbox"/> Measles	<input type="checkbox"/> Typhoid Fever
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Mumps	<input type="checkbox"/> Weight Loss (over 10 lbs in last year)
<input type="checkbox"/> Fainting Attacks	<input type="checkbox"/> Pleurisy	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Head Colds (frequent)	<input type="checkbox"/> Pneumonia	

Family History

(Parents, grandparents, brothers and sisters)

<input type="checkbox"/> Allergy	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Leukemia	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Mental disease	<input type="checkbox"/> Brain Tumors	<input type="checkbox"/> Cancer
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Venereal Disease	<input type="checkbox"/> Tuberculosis

Please write a short resume on this page about your salvation experience,
your reasons for attending Ganado Baptist Bible College, and your call of service.

I hereby certify that this application is true and complete with no omissions in any area. I also understand that any untrue statement will make me subject to immediate dismissal from Ganado Baptist Bible College. Furthermore, if admitted, I pledge to conduct myself in accordance with the standards outlined in the catalog and the student handbook.

Signed: _____

Date: _____

*Admissions Office
Ganado Baptist Bible College, P.O. Box 458, Ganado, AZ 86505*

PASTOR'S RECOMMENDATION

*If the pastor is a relative, please use an assistant pastor, youth pastor,
Or some other Christian leader for this reference.*

Mail to
Admissions Office/Ganado Baptist Bible College
P.O. Box 458, Ganado, AZ 86505

Please type or print in ink. Please fill out completely.

Part I: To be completed by the applicant.

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone Number: (____) _____ Entrance Date: Fall 20__ Summer 20__ Spring 20__

Birth Date: ____/____/____ Signed: _____ Date: _____

Part II: To be completed by the pastor or other Christian leader—see above.

The person named above has applied for admission to Ganado Baptist Bible College. We value your comments highly and ask that you give a complete and candid report so that fair consideration may be given to the applicant. Upon completion of this form, please return it to the Admissions Office at the address noted above.

DO NOT GIVE THIS FORM TO THE APPLICANT. For assistance with this form, please call (928) 299-1707.

Confidential

How long have you known the applicant?

Please describe your relationship with the applicant.

Please give your general impression of the applicant.

Please list strengths of the applicant.

Please assess your perception of the applicant's potential academic potential.

Please describe the spiritual maturity and Christian character of this applicant.

Please rate the applicant on the following characteristics:

	Superior	Very Good	Average	Poor	Unknown
Dependability	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
General Intelligence	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____

Would you recommend that we accept this applicant for admission to Ganado Baptist Bible College?

☐ With Enthusiasm ☐ Strongly ☐ With Reservations ☐ Not At This Time

Name: _____ Church Name: _____
Last First

Church Address: _____
Street City State Zip

Position/Title: _____

Mailing Address: _____
Street City State Zip

Daytime Telephone Number: (_____) _____

Signed: _____ Date: _____

PERSONAL RECOMMENDATION

Mail to
Admissions Office/Ganado Baptist Bible College
P.O. Box 458, Ganado, AZ 86505

Please type or print in ink. Please fill out completely.

Part I: To be completed by the applicant.

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone Number: (____) _____ Entrance Date: Fall 20__ Summer 20__ Spring 20__

Birth Date: ____/____/____ Signed: _____ Date: _____

Part II: To be completed by the reference.

The person named above has applied for admission to Ganado Baptist Bible College. We value your comments highly and ask that you give a complete and candid report so that fair consideration may be given to the applicant. Upon completion of this form, please return it to the Admissions Office at the address noted above. **DO NOT GIVE THIS FORM TO THE APPLICANT.** For assistance with this form, please call (928) 299-1707.

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Please rate the applicant on the following characteristics:

	Superior	Very Good	Average	Poor	Unknown
Dependability	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
General Intelligence	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____

Would you recommend that we accept this applicant for admission to Ganado Baptist Bible College?

☐ With Enthusiasm ☐ Strongly ☐ With Reservations ☐ Not At This Time

Name: _____
Last *First*

Occupation: _____

Mailing Address: _____
Street *City* *State* *Zip*

Daytime Telephone Number: (_____) _____

Signed: _____ Date: _____

TRANSCRIPT REQUEST FORM

Please type or print in ink. Please fill out completely.

To the Registrar or Principal:

I have applied to Ganado Baptist Bible College for the:

☐ Fall 20__ ☐ Spring 20__ ☐ Summer 20__

Please send a copy of my:

☐ College Transcript ☐ High School Transcript

To: **Admissions Office**
Ganado Baptist Bible College
P.O. Box 458
Ganado, AZ 86505

Please include A.C.T., S.A.T., I.Q., or any other standardized test scores, if available. Questions? Call 928-299-1707

Please attach the personal data below to the transcript being sent to Ganado Baptist Bible College.
(Parent's or Guardian's signature is required if the student is under 18 years of age.)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Personal Data

Name: _____
Last First Middle Maiden

Mailing Address: _____
Street City State Zip

Birth Date: ____/____/____

Last Term Attended (include year): _____

Schools, Please Note:

If this student is currently a senior, please send transcript which includes the first seven semesters of his high school work. Upon graduation, please send a supplement showing final grades and graduation date.

A transcript for a graduate must include the student's date of graduation in order for the transcript to be considered final.

**This form may be duplicated if you need to request transcripts from more than one school.*

GANADO BAPTIST BIBLE COLLEGE

Emergency Permit

Student's Name: _____

In the event that an emergency should arise, I hereby give Ganado Baptist Bible College permission to authorize emergency anesthesia, surgery, and/or procedures deemed necessary.

(This permit is required of every student. For those students under 18 years of age, the person legally responsible must sign for him.)

Date: _____

Signature

Address

City

State

Zip

Area Code

Phone Number

GANADO BAPTIST BIBLE COLLEGE

Emergency Permit

Student's Name: _____

In the event that an emergency should arise, I hereby give Ganado Baptist Bible College permission to authorize emergency anesthesia, surgery, and/or procedures deemed necessary.

(This permit is required of every student. For those students under 18 years of age, the person legally responsible must sign for him.)

Date: _____

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Address

City

State

Zip

Area Code

Phone Number