



BLUE RIDGE BIBLE COLLEGE

THE SCHOOL OF THE PROPHETS

APPLICATION FOR ADMISSION

Please attach
a \$25.00
non-refundable
application fee
and a current
picture of yourself.

Desired Entrance Date

First Name Middle Name Last Name Suffix (Jr., Sr., etc.)

Street Address City State Zip

Date of Birth Social Security # Male/Female

Home Phone Email

Home Church Pastor

Pastor's Phone # # of Yrs Attended

Parent's Names Parent's Address

Parent's Home Phone Parents' Occupation(s)

Have you ever been convicted of a crime other than a minor traffic violation? yes date _____ no

Are there currently any criminal charges pending against you? yes date _____ no

Have you ever been denied admission to or been dismissed from any educational institution for any reason? yes date _____ no

If the answer to any of the above questions is yes, please explain using a blank sheet.

Have you accepted Christ as your personal Savior? yes date _____ no

Have you been baptized in water? yes date _____ no

Have you received the Baptism of the Holy Spirit? yes date _____ no

Are you a citizen of the United States? yes date _____ no

If accepted, will you be looking for part-time work? yes date _____ no

 If so, what type? _____

EDUCATIONAL HISTORY

High School &/or College Dates Attended	Location	Degree Conferred	Grade Point Average

WORK HISTORY

Name of Business	Address	Dates Employed	Supervisor	Job Title

FINANCIAL INFORMATION

1) What financial obligations do you currently have that will compete with your ability to meet your financial obligation for school expenses, i.e., credit card debt, car payment, other loans, etc.? Please list the amount of all indebtedness.

2) Do you understand that payment for classes, room, board, etc. is due before each semester?

please circle one yes no

3) Do you anticipate any difficulty meeting your financial obligations to Blue Ridge School of the Prophets if accepted?

please circle one yes no

4) If accepted as a student, are you willing to submit cheerfully to the leadership and the regulations of the Bible College?

please circle one yes no

[Tear out application along perforated line] ↗

Health records, as with all other materials submitted in application to Blue Ridge School of the Prophets, are considered confidential, and are not available for general use. The applicant (and his or her parents or guardian if under 18 years of age) is to sign below that they have read this statement and authorize the administrators to release necessary health information if they feel it is imperative to do so.

Parent/Guardian Signature _____ Date _____

Applicant's Signature _____ Date _____

HEALTH INFORMATION

A recent history and physical examination by a physician is required of each applicant.

Do you have any physical or emotional limitations that might impair your performance at school? If yes, please explain.

Do you have any health related conditions or diseases that could be detrimental to the health of other students? If yes, please explain.

Do you have any allergies to food or have any special diet needs? If yes, please explain.

Have you ever used illegal drugs? If yes, please explain, stating when last used, etc.

The attached Pastor's recommendation as well as ***two*** other personal recommendations must be completed and mailed directly to the school ***by the person providing the reference*** before the application can be considered complete. Personal recommendations must be completed by persons age 25 or older who are not related to the applicant. This applicant responsibility is an important part of the acceptance process and should be initiated as quickly as is practical.

Signature of Applicant _____ Date _____

[Tear out application along perforated line] ✂

STUDENT'S ESSAY

To be attached with the application

Applicant's Name _____
(If necessary, you may use additional paper to answer these questions.)

1. Please give a summary of your Christian experience.

2. Describe your goals for the next 5 years.

3. How did you become acquainted with Blue Ridge School of the Prophets?

4. Have you ever visited the campus? When?

5. Describe why you want to attend Blue Ridge School of the Prophets?

6. Please provide several examples of projects or assignments which required you to be self-motivated or a self-starter.

7. What additional information would be helpful in evaluating your suitability for the school?

Applicant's Signature

Date

Please send the original of the student application and the student essay to:
Blue Ridge School of the Prophets - 445 Blue Ridge Court
Rocky Mount, Virginia 24151-6029.

The Pastor's Recommendation and the Personal Recommendations must be sent directly to the school, not back to the applicant. The School of the Prophets does not discriminate on the basis of age, race, sex or national origin.

[Tear out application along perforated line] ↗

Blue Ridge School of the Prophets

MEDICAL ASSESSMENT AND IMMUNIZATION INFORMATION

INSTRUCTIONS: A complete medical/health history (Part I) and immunization record (Part II) is required of each applicant. Each question must be answered. A recent physical examination (Part III) by a medical doctor is strongly suggested, but not required. (A physical exam given within the past 2 years would be acceptable.)

PART I - HISTORY: (to be completed by applicant)

<i>First Name</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Sex</i>
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<i>Home Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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<i>In Emergency notify</i>	<i>Phone Number</i>
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<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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<i>Family Physician</i>	<i>Phone Number</i>
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<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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<i>Height</i>	<i>Weight</i>	<i>Color of Hair</i>	<i>Color of Eyes</i>
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<p>PERSONAL HISTORY - Mark [X] any of the following which apply now or in the past.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <table style="width: 100%; border: none;"> <tr><td style="width: 50%;"><input type="checkbox"/> <input type="checkbox"/> Asthma</td><td style="width: 50%;"><input type="checkbox"/> <input type="checkbox"/> Thyroid disturbance</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> Hay Fever</td><td><input type="checkbox"/> <input type="checkbox"/> Convulsions</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> Frequent Colds</td><td><input type="checkbox"/> <input type="checkbox"/> Palpitations of heart</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> Persistent Cough</td><td><input type="checkbox"/> <input type="checkbox"/> Shortness of breath</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> Spitting of blood</td><td><input type="checkbox"/> <input type="checkbox"/> Swelling of feet</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> Night Sweats</td><td><input type="checkbox"/> <input type="checkbox"/> Back trouble</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> Eye trouble</td><td><input type="checkbox"/> <input type="checkbox"/> Frequent headaches</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> Ear Trouble</td><td><input type="checkbox"/> <input type="checkbox"/> Insomnia</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> Nasal Obstruction</td><td><input type="checkbox"/> <input type="checkbox"/> Nervousness</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> Fainting or dizzy spells</td><td><input type="checkbox"/> <input type="checkbox"/> Frequent urination</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> Skin trouble</td><td><input type="checkbox"/> <input type="checkbox"/> Joint trouble</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> Constipation</td><td><input type="checkbox"/> <input type="checkbox"/> Indigestion</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> Diarrhea</td><td><input type="checkbox"/> <input type="checkbox"/> Unplanned weight loss</td></tr> <tr><td><input type="checkbox"/> <input type="checkbox"/> Blood in stool</td><td><input type="checkbox"/> <input type="checkbox"/> Other disturbance</td></tr> <tr><td></td><td><input type="checkbox"/> <input type="checkbox"/> Eating disorder</td></tr> </table> </td> <td style="width: 50%; 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Are you allergic to any antibiotics of other medications? yes no Specify?

Are you now under treatment? yes no If yes, for what? _____

Do you take medicine regularly? yes no If yes, what? _____

Have you ever had a nervous breakdown? yes no

Have you ever been treated for an emotional disorder? yes no

If yes to any of the above, when? _____ How long? _____

What institution? _____

Diagnosis _____ Prognosis _____

PART II - IMMUNIZATION RECORD (to be filled in by physician, parent, or self - if age 21 or older)

DATE GIVEN	REQUIRED VACCINE	SIGNATURE OR STAMP	NEXT DOSE DUE
	DTaP		
	DTaP		
	DTaP		
	DTaP		
	DTaP		
	Td		
	IPV/OPV		
	IPV/OPV		
	IPV/OPV		
	IPV/OPV		
	IPV/OPV		
	MMR #1		
	MMR #2		
	Varicella		
	Hep B #1		
	Hep B #2		
	Hep B #3		
	TB Skin Test		
	Result of Test		
DATE GIVEN	ADDITIONAL VACCINES	SIGNATURE OR STAMP	NEXT DOSE DUE

PLEASE NOTE: The American College Health Association recommends meningococcal vaccination and Hepatitis B vaccination for all incoming students.

[Tear out application along perforated line] ↗

PART III - PHYSICAL EXAMINATION (to be filled in by physician)

As noted in instructions, a recent physical examination by a medical doctor is strongly suggested, but not required. (A physical exam given within the past 2 years would be acceptable.)

Your cooperation is asked in making this examination accurate and complete. Please advise the prospective student of any remedial or preventative health care necessary in view of their possible entrance as a student.

Height _____ Weight _____

Vital Signs: Temp _____ Pulse _____ Resp _____ Blood Pressure _____

HEENT: _____

Neck: _____

Chest: _____

Heart: _____

Abdomen: _____

Ext: _____

Skin: _____

Nutrition: Excellent Good Fair Poor

Is there any thyroid or glandular difficulty? _____

If yes, please explain.

Do you consider that the applicant's health is adequate for intensive school work?

Remarks:

Doctor's Signature _____ Date _____

Address _____ Phone _____

[Tear out application along perforated line] ↗

PASTOR'S RECOMMENDATION

To the Applicant: This form must be completed by your home church Pastor and mailed directly to the school by your Pastor.

Applicant's Full Name (please print) _____ Address _____

City _____ State _____ Zip _____

Pastor's Name _____ Church Name _____

Address _____ City _____ State _____ Zip _____

Church Phone # _____ Pastor's Home Phone # _____

To the Pastor: The person above is applying to Blue Ridge School of the Prophets in Rocky Mount, Virginia, and has requested your recommendation. Your recommendation is a necessary part of our admissions process as we believe that the relationship between the student and his/her Pastor is critical to the successful completion of their training.

- 1) How long have you known the applicant? _____ In what capacity? _____
- 2) To your knowledge, has the applicant made a meaningful commitment to Jesus Christ?
please circle one yes no don't know

Comments:

3) Please evaluate the applicant's qualifications by checking the following boxes below:

	Superior	Above Average	Average	Below Average	Not Observed
Reliability					
Maturity					
Emotional Stability					
Spiritual Commitment					
Judgement					
Oral Expression					
Interpersonal Relationships					
Empathy					
Leadership					
Personal Appearance					
Work Habits					
Study Habits					
Integrity					

PASTOR'S RECOMMENDATION, CONTINUED

4) In light of Blue Ridge School of the Prophet's commitment to teaching the authority of the Name of Jesus, the importance of the five-fold ministry, the Gifts of the Spirit, and the integrity of God's servants, how do you feel this applicant will benefit from and submit to the leadership of the school?

5) Do you recommend this applicant to Blue Ridge School of the Prophets?

Please circle one: highly recommend recommend
 recommend with reservations do not recommend

Comments:

Signature

Date

No action can be taken on this student's application until this recommendation is received by the school.
Thank you for taking the time to give this your thoughtful consideration.
Do not return the completed form to the applicant.
Please mail directly to:

Blue Ridge School of the Prophets
445 Blue Ridge Court
Rocky Mount, Virginia 24151-6029

[Tear out application along perforated line] ↗

PERSONAL RECOMMENDATION #1

To the Applicant: This form must be completed by an unrelated adult, age 25 or older, who knows you well and must be mailed directly to the school by the person making the recommendation.

Applicant's Full Name (please print) _____ Address _____

City _____ State _____ Zip _____

Reference's Name _____ Are you age 25 years or older? yes no

Address _____ City _____ State _____ Zip _____

Reference's Home Phone # _____ Reference's Work Phone # _____

To the Reference: The person above is applying to Blue Ridge School of the Prophets in Rocky Mount, Virginia, and has requested your personal recommendation. Your recommendation is a necessary part of our admissions process as we believe that the following characteristics are a meaningful part of a successful experience in the school. Please note: This form is not to be shared with the applicant, but mailed directly to the school office.

- 1) How long have you known the applicant? _____ In what capacity? _____
- 2) To your knowledge, has the applicant made a meaningful commitment to Jesus Christ?
 please circle one yes no don't know

Comments:

3) Please evaluate the applicant's qualifications by checking the following boxes below:

	Superior	Above Average	Average	Below Average	Not Observed
Reliability					
Maturity					
Emotional Stability					
Spiritual Commitment					
Judgement					
Oral Expression					
Interpersonal Relationships					
Empathy					
Leadership					
Personal Appearance					
Work Habits					
Study Habits					
Integrity					

PERSONAL RECOMMENDATION, CONTINUED

4) In light of Blue Ridge School of the Prophet's commitment to teaching the authority of the Name of Jesus, the importance of the five-fold ministry, the Gifts of the Spirit, and the integrity of God's servants, how do you feel this applicant will benefit from and submit to the leadership of the school?

5) Do you recommend this applicant to Blue Ridge School of the Prophets?

Please circle one:

highly recommend	recommend
recommend with reservations	do not recommend

Comments:

Signature

Date

No action can be taken on this student's application until this recommendation is received by the school.

Thank you for taking the time to give this your thoughtful consideration.

Do not return the completed form to the applicant.

Please mail directly to:

Blue Ridge School of the Prophets

445 Blue Ridge Court

Rocky Mount, Virginia 24151-6029

[Tear out application along perforated line] ↗

PERSONAL RECOMMENDATION #2

To the Applicant: This form must be completed by an unrelated adult, age 25 or older, who knows you well and must be mailed directly to the school by the person making the recommendation.

Applicant's Full Name (please print) _____ Address _____

City _____ State _____ Zip _____

yes no

Reference's Name _____ Are you age 25 years or older? _____

Address _____ City _____ State _____ Zip _____

Reference's Home Phone # _____ Reference's Work Phone # _____

To the Reference: The person above is applying to Blue Ridge School of the Prophets in Rocky Mount, Virginia, and has requested your personal recommendation. Your recommendation is a necessary part of our admissions process as we believe that the following characteristics are a meaningful part of a successful experience in the school. Please note: This form is not to be shared with the applicant, but mailed directly to the school office.

- 1) How long have you known the applicant? _____ In what capacity? _____
- 2) To your knowledge, has the applicant made a meaningful commitment to Jesus Christ?
please circle one yes no don't know

Comments:

3) Please evaluate the applicant's qualifications by checking the following boxes below:

	Superior	Above Average	Average	Below Average	Not Observed
Reliability					
Maturity					
Emotional Stability					
Spiritual Commitment					
Judgement					
Oral Expression					
Interpersonal Relationships					
Empathy					
Leadership					
Personal Appearance					
Work Habits					
Study Habits					
Integrity					

PERSONAL RECOMMENDATION, CONTINUED

4) In light of Blue Ridge School of the Prophet's commitment to teaching the authority of the Name of Jesus, the importance of the five-fold ministry, the Gifts of the Spirit, and the integrity of God's servants, how do you feel this applicant will benefit from and submit to the leadership of the school?

5) Do you recommend this applicant to Blue Ridge School of the Prophets?

Please circle one:

highly recommend	recommend
recommend with reservations	do not recommend

Comments:

Signature

Date

No action can be taken on this student's application until this recommendation is received by the school.
 Thank you for taking the time to give this your thoughtful consideration.
 Do not return the completed form to the applicant.
 Please mail directly to:

Blue Ridge School of the Prophets
 445 Blue Ridge Court
 Rocky Mount, Virginia 24151-6029