



BLUE RIDGE BIBLE COLLEGE

THE SCHOOL OF THE PROPHETS

APPLICATION FOR ADMISSION

Desired Entrance Date: _____

PERSONAL INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Gender: _____

Date of Birth: _____

Race/Ethnicity: _____

Email: _____

Phone: _____

Mailing Address: _____

Country of Citizenship: _____

Are you applying as an international student for a SEVIS Student Visa? _____

Home Church: _____

Pastor's Name: _____

Pastor's Phone # _____

Pastor's Email: _____

*An email will be sent to your pastor requesting a personal reference.

BACKGROUND INFORMATION

*Please answer each question with a short essay.

What level of education have you completed?

Please list any schools/colleges you have attended

How did you hear about Blue Ridge Bible College?

How would BRBC help you achieve your goals in ministry, education, or career?

Please describe your salvation experience and how BRBC would benefit your relationship with the Lord.

Please list/describe any criminal/arrest records, not including traffic violations or tickets. (if none, type "none")

Do you have a recent history of drug/alcohol use?

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

Please supply two emails for adult, non-family members who can provide character background information about you:

Character reference #1 contact email: _____

Character reference #2 contact email: _____

FINANCIAL INFORMATION

Do you expect to have any difficulties making monthly tuition payment?

Will you have a part-time job while attending school?

Will you have a relative or sponsor helping with your tuition payments?

Will you be applying for an on-campus work scholarship?

Please describe any additional financial information:

Will you live in our on-campus dorms or commute from home?

****NOTICE:** By submitting this application for enrollment, you affirm that the above information on your form is correct and agree to the following terms and conditions:

I AGREE that the information on this application is true and correct to the best of my knowledge. I understand that this information will be used by Blue Ridge Chapel, Inc., Blue Ridge Bible College to evaluate me as a potential student for enrollment. If accepted, I agree to follow all rules and regulations expected of me both written and verbal. I agree to conduct myself in a way that brings honor to the name of Jesus, myself, the college and my home church both on and off campus while I am enrolled as a student. I understand that any breach of these terms and conditions can result in my immediate dismissal from Blue Ridge Bible College.

I _____ agree to these TERMS & Conditions.

IF UNDER 18, PARENT OR LEGAL GUARDIAN'S NAME IS REQUIRED.

Parents name: _____

Parents contact info: _____

MEDICAL INFORMATION

Insurance Provider: _____

Policy Number : _____

Name of Parent/Guardian or closest living relative: _____

Phone Number of Parent/Guardian or closest living relative: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Do you have any physical/mental limitations that would affect your campus life?

Do you have any known allergies?

Do you have any special diet requirements or food allergies?

Do you have any allergies to common pain medications?

List any prescription medication that you are currently taking and dosage.

MEDICAL WAIVER:

I grant permission to Blue Ridge Bible College to administer general first aid treatment to myself for any minor injuries and illnesses. I also grant BRBC, in the case of severe illness or injury, to summon any and all professional emergency personnel to attend, transport, and administer medical diagnosis, treatment or hospitalization to myself if deemed necessary by a medical professional. I am also aware that any medical expenses are of my own responsibility and do not hold Blue Ridge Chapel, inc. or its subsidiary ministries, employees, or volunteers responsible for medical expenses I may incur.

I _____ agree to the Medical Waiver.

IF UNDER 18, PARENT OR LEGAL GUARDIAN'S NAME IS REQUIRED.

Parents name: _____

Parents contact info: _____

INSTRUCTIONS:

Download, print and complete the Application for Admission. After submitting this application, a member of our admissions staff will contact you with more information. While we process your application, please complete the steps below. When all required documents have been received and evaluated, we will send you an acceptance letter in the mail. Please submit the following:

- Include a copy of your driver's license or photo ID (a passport is needed for international students)
- Include a check or money order for the \$25.00 application fee.
- Contact your pastor for a Pastor's Recommendation letter.
- Contact (2) non family members for Personal Recommendation letters.
- A copy of most recent immunization shot record or physical examination by a licensed physician is strongly suggested but not required.

***Please email scanned documents to:

info@blueridgebiblecollege.org

***Please mail documents to:

Admissions
Blue Ridge Bible College
445 Blue Ridge Court
Rocky Mount, VA 24151