

www.eastcoastbiblecollege.org
 Phone: (252) 223-5313
 Fax: (252) 223-5313

APPLICATION FOR ADMISSION

Undergraduate Programs
 Please print in pen or type all information.

Personal Information

Student name _____
Last First Initial

Address _____

City/State/Zip _____

Phone number (_____) _____ S.S.# _____

Date of Birth ____/____/____

Citizenship: USA Canada Other _____

Current marital status: Single Single Parent* Engaged Married Widowed Separated* Divorced* Remarried*

(Include a note of explanation if the categories marked with an asterisk apply to you or your spouse.)

Spouse's Name (if applicable) _____
Last First Initial

I am applying for: Spring semester 20____ Fall Semester 20____

I intend to pursue: 1 year Certificate Diploma (2 years) Associate Degree Bachelor Degree

Parent/Guardian Information

Father's Name(s) _____ Address : _____ _____ City/State/Zip : _____ Phone number (_____) _____ Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Canada <input type="checkbox"/> Other _____ Current marital status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried	Mother's Name(s) _____ Address : _____ _____ City/State/Zip : _____ Phone number (_____) _____ Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Canada <input type="checkbox"/> Other _____ Current marital status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried
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EDUCATIONAL INFORMATION

High school attending or graduated from _____

City/State/Zip _____

Are you being homeschooled? Yes No

Have you taken the ACT? Yes No Have you taken the SAT I? Yes No

You must have an official copy of your test results on file in the Admissions Office to be consider for admission into East Coast Bible College .

Please list all postsecondary schools you have attended.

If you have attended more than two schools, submit additional school information on a separate sheet.

College _____ Dates attended _____

College _____ Dates attended _____

Have you ever been denied enrollment, suspended or dismissed from any school? _____

If so, please explain on a separate sheet.

Do you have any outstanding college debts? _____

You must have an official copy of your transcript on file in the Admissions Office before credits can be evaluated for possible transfer.

If not a USA citizen: Do you have a student visa? Yes No

Have you ever been arrested for any reason? Yes No

If so, please explain on a separate sheet.

Have you ever been under the supervision of a parole officer or court? Yes No

If so, please explain on a separate sheet.

CHRISTIAN LIFE INFORMATION

Have you trusted Jesus Christ as your Savior? Yes No When? _____

On a separate sheet of paper describe your salvation experience and, if applicable, your call to fulltime Christian service.

Do you attend church regularly? Yes No

Are you a church member? Yes No Name of Church: _____

Denomination: _____

Are your parents in full-time Christian service? Yes No If so, please list:

Name of ministry _____

Ministry address _____

City/State/Zip _____

Phone (_____) _____ E-mail _____

ACCEPTANCE AGREEMENT

Your signature below indicates your understanding and submission to the following conditions: Attendance at East Coast Bible College is a privilege and is granted only to those who maintain a Christ-honoring testimony and desired standards of scholarship. East Coast Bible College reserves the right to determine which students it shall admit and the right to dismiss any student at any time who in the judgment of the administration does not maintain such a testimony and standards. Behavior which indicates a disregard for the spirit and standards of the college will necessitate appropriate disciplinary action. East Coast Bible College also reserves the right to be involved in the oversight of the students' living and working circumstances. I certify that the information given on this application and all related application forms is complete and accurate. I understand that knowingly providing false information or failure to provide true information may result in dismissal from the college. I also understand that I am financially responsible for the payment of this account.

Applicant's signature _____ Date _____

Please include the \$35 application fee, and mail or fax this form to:

**Director of Admissions
East Coast Bible College
PO Box 1119
Newport, NC 28570**

FAX: (252) 223 5313