

MINISTRY OF RECONCILIATION SCHOOL OF THE BIBLE

APPLICATION INSTRUCTIONS

WHEN TO APPLY

1. High School Students: Apply for admission after completing your junior year of high school.
2. Transfer Students and Other Applicants: Apply four to six months prior to the term in which you plan to enroll.

HOW TO APPLY

Please check off each item as it is completed; your application cannot be officially acted upon until ALL items have been received.

- ☐ 1. Complete the application form after becoming thoroughly familiar with the college bulletin. If a question does not apply to you, write N/A in that space. Include your social security number on all forms. It is used for proper identification of your file. If you do not have one, it can be obtained by contacting the nearest Social Security Administration. (This does not apply to international students.)
- ☐ 2. Recommendation Forms-Each applicant must have three references submitted directly to the Admissions Office.
 - a. Pastor's Reference-To be completed by your pastor. If your pastor is related, ask another church leader to complete it.
 - b. Academic Reference-To be completed by a principal, school counselor, or teacher. If you have been out of school more than a year, an employer or supervisor may complete it.
 - c. General Reference-To be completed by a business person who knows you well (not a relative).

*Note: It is a courtesy on your part to supply a stamped envelope, addressed to the Admissions Office, when you deliver the form to the reference.

- ☐ 3. Sign the Life-Style Covenant. All administrators, faculty, and students must accept the covenant. Be sure you thoroughly agree before signing it. This forms a contract between you and **Ministry of Reconciliation School of the Bible**.
- ☐ 4. Enclose a photograph. A recent head-and-shoulders glossy photo is to be submitted with the application. This is necessary for identification. The application is not complete without it. Please do not send pieces of pictures, or ones with other individuals included.
- ☐ 5. Enclose the \$20 application fee. It is nonrefundable and nontransferable. Be sure to write your Social Security number on the check or money order to insure proper handling. Make checks payable to Ministry of Reconciliation. **DO NOT SEND CASH.**

PLEASE NOTE

Submitting an application does not insure acceptance into the college. You are urged not to make plans to attend **Ministry of Reconciliation School of the Bible** until an official letter of acceptance has been received.

MINISTRY OF RECONCILIATION SCHOOL OF THE BIBLE

APPLICATION FOR ADMISSION

PERSONAL DATA

PLEASE TYPE OF PRINT ALL ITEMS

□□□□ - □□ - □□□□

Social Security Number

NAME ☐ Mr. ☐ Mrs. ☐ Miss ☐ Rev. ☐ Dr.

_____/_____/_____/_____
Last First Middle Maiden

By what name are you known? _____

PERMANENT ADDRESS (if different from present address)

Street Number and Name Apt. Number

_____/_____/_____/_____
City State Country Zip Code

BIRTH DATE

AGE

SEX

MARITAL STATUS

_____/_____/_____
Month Day Year

☐ F ☐ M

☐ Single ☐ Widowed ☐ Separated
☐ Married ☐ Divorced ☐ Remarried

Birth place _____/_____/_____
City State Country

If married, name of spouse _____ Year he/she was born _____ Occupation _____ ☐ Husband ☐ Wife

CHILDREN LIVING WITH YOU

Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

FATHER/GUARDIAN

☐ Mr. ☐ Rev. ☐ Dr.

Is he living? ☐ Yes ☐ No

_____/_____/_____/_____
Last First Middle

(____)-____-_____
Work Phone Number

(____)-____-_____
Home Phone Number

_____/_____/_____/_____/_____
Street Number and Name (Apt. Number-if applicable) City State Country Zip Code

Occupation

MOTHER/GUARDIAN☐ Mrs. ☐ Ms. ☐ Rev. ☐ Dr.Is she living? ☐ Yes ☐ No_____
Last First Middle(____) - ____ - ____
Work Phone Number(____) - ____ - ____
Home Phone Number_____
Street Number and Name (Apt. Number-if applicable) City State Country Zip Code_____
Occupation**WHEN DO YOU PLAN TO ENTER MINISTRY OF RECONCILIATION SCHOOL OF THE BIBLE?**☐
FALL, 20__☐
SPRING, 20__☐
SUMMER, 20__**WHICH PROGRAM DO YOU PLAN TO PURSUE?**☐ One-year diploma☐ Two-year degree☐ Four-year degree**WILL YOU BE A**☐ Full-time student? (12 hours or more)☐ Part-time student? (less than 12 hours)**TYPE OF RESIDENT**☐ U.S. Citizen☐ Visitor Visa☐ Student Visa☐ Immigrant VisaIf U.S. Citizen,
What State?If Louisiana Resident,
What Parish?If Foreign Student,
What Country?_____
Name of State_____
Name of Parish_____
Name of Country or Province**VETERAN**☐ Yes ☐ No

If Yes, please complete the following:

Branch _____

Veteran File Number _____ (If eligible to use benefits for schooling)

☐ Full Time ☐ ¼ Time ☐ ½ TimeCertified Term through _____
TermHave you received less than an honorable discharge? ☐ Yes ☐ No

If Yes, attach a letter (8 ½ x 11) giving dates, type of discharge status.

NATIONAL ORIGIN (Requested by Civil Rights Act-1964)☐ Asian or Pacific☐ Caucasian☐ Afro-American☐ Latino☐ American Indian☐ Other**ACADEMIC BACKGROUND**

Scholastic Data

Last high school attended _____

Name

Location

Did you graduate? ____ If so, when? _____

Diploma by GED ____ If so, date of GED _____

If you graduated by GED, have the results sent to the college.

If you did not graduate, what is the last grade level you completed?

☐ Below 9th grade ☐ 9th ☐ 10th ☐ 11th ☐ 12th

If still attending high school, give expected date of graduation. _____

If English is not your native language, have you taken the Test of English as a Foreign Language (TOEFL)? ____ Yes ____ No

If No, when will you be taking it? _____
Month _____ Year _____

Have you ever taken either the Scholastic Aptitude Test (SAT) or the American College Test (ACT)? If so, which one? _____
If yes, have the results sent to the college.

If you have been out of school for one semester or more, state how you have spent your time.

Have you ever been denied acceptance by another school? ____ Yes ____ No

If yes, explain. _____

List each college you have attended
(Or other post-high school institutions)

1.	_____ Name of School	_____ From	_____ To	_____ Degree Earned
	_____ Address	_____ City	_____ State	_____ Zip
2.	_____ Name of School	_____ From	_____ To	_____ Degree Earned
	_____ Address	_____ City	_____ State	_____ Zip
3.	_____ Name of School	_____ From	_____ To	_____ Degree Earned
	_____ Address	_____ City	_____ State	_____ Zip

Attach a separate (8 1/2 x 11) list if more space is needed.

IF YOU HAVE ATTENDED ANOTHER COLLEGE, ARE YOU ELIGIBLE TO RE-ENTER THERE? ☐ Yes ☐ No
If No, please explain. _____

HAVE YOU EVER BEEN DISMISSED OR PLACED ON ACADEMIC OR DISCIPLINARY PROBATION? ☐ Yes ☐ No
If Yes, please explain. _____

ARE YOU CURRENTLY ON PROBATION? ☐ Yes ☐ No

REFERENCES

PASTOR (Reference form was given to the following person.)

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

ACADEMIC (Reference form was given to the following person.)

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

GENERAL (Reference form was given to the following person.)

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

EMPLOYMENT EXPERIENCES

(Begin with most recent and work back.)

Name & Address of Employer	From	To	Duties Performed

PERSONAL STATEMENT

Were you reared in a Christian home? ☐ Yes ☐ No

Have you personally trusted Jesus Christ as Savior and Lord? ☐ Yes ☐ No If Yes, when? _____

Describe briefly your understanding of the way of salvation as revealed in the Bible.

Have you been baptized in the Holy Spirit with the evidence of speaking in other tongues? ☐ Yes ☐ No If Yes, when? _____

If No, what is your current attitude concerning this? _____

Describe your personal practice regarding Bible study, prayer, and sharing your faith with others.

If you are married or engaged, is your spouse or fiancé (e) saved and baptized in the Holy Spirit? ☐ Yes ☐ No

How does your spouse/fiancé (e) view your plan to attend Ministry of Reconciliation School of the Bible? _____

Why do you want to attend this school of the bible? _____

What church do you attend?

_____ Name

Are you a member? ☐ Yes ☐ No

_____ Address

Denomination _____

_____ City

_____ State

_____ Zip Code

Pastor _____

(_____) _____
Phone

List church involvements in which you have participated. _____

How would you rate your commitment to some type of full-time Christian service?

☐ Definite ☐ Highly Probable ☐ Uncertain ☐ Doubtful, But Willing

Have you ever been arrested (other than a minor traffic violation)? ☐ Yes ☐ No

If Yes, attach a letter (8 1/2 x 11) explaining. Please include dates of all charges and sentences.

Have you ever used ☐ alcohol, ☐ tobacco, ☐ illegal drugs? How long since each was last used? _____

Do you have any lingering effects? _____

I understand that attendance at **Ministry of Reconciliation School of the Bible** is a privilege and not a right. By signing and submitting this application, I agree to conform to the standards and regulations established by the administration, both those printed and those that may be adopted from time to time.

Applicant's Signature _____

_____ Date

Signature of Spouse (required of married applicants) _____

_____ Date

Parent/Guardian (required if single student is under legal age) _____

_____ Date

MINISTRY OF RECONCILIATION SCHOOL OF THE BIBLE

ACADEMIC REFERENCE FORM

TO BE COMPLETED BY APPLICANT

Desired date of enrollment

☐ Fall 20__

☐ Spring 20__

☐ Summer 20__

☐ Intense Training Class (Short course
in between semesters)

TO THE REFERENCE

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Social Security Number

_____/_____/_____
Last First Middle

I understand that this confidential statement is being submitted directly the Admissions Office with the understanding that its contents will not be shared with me. I willingly waive my right to see the confidential statement submitted on this form, knowing that this waiver is not required as a condition for admission.

Signature

Date

Address

City

State

Zip Code

We would greatly appreciate your answering the following questions with the utmost frankness. This information will be used in helping us decide whether or not the applicant will satisfactorily fit into our educational program. If the applicant is accepted, the information will assist us in helping the student in his/her college adjustment and personal development. Please feel free to attach an additional letter of comment.

1. How long have you known the applicant? ____ Years ____ Months

2. In what capacity? _____

3. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Reality, dependability						
Maturity, ability to cope with life situations						
Emotional stability, reaction to stress, mood stability						
Motivation, depth of commitment						
Ability to analyze a problem						
Oral expression, clarity, coherence						
Cooperation, attitude toward supervision						
Sensitivity to the needs of others						
Conscientiousness, resourcefulness, initiative						
Leadership, creative thought, self-confidence						
Personal appearance, cleanliness, grooming						
Integrity, honesty, moral character						
Academic ability, educational goals						
Acceptance by others, interpersonal relationships						

4. Does applicant have personality traits which impair his/her relationship with others?

☐ Yes

☐ No

Explain (if Yes) _____

MINISTRY OF RECONCILIATION SCHOOL OF THE BIBLE

PASTOR'S REFERENCE FORM

TO BE COMPLETED BY APPLICANT

Desired date of enrollment

☐ Fall 20__

☐ Spring 20__

☐ Summer 20__

☐ Intense Training Class (Short course
in between semesters)

TO THE REFERENCE

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Social Security Number

_____/_____/_____
Last First Middle

I understand that this confidential statement is being submitted directly the Admissions Office with the understanding that its contents will not be shared with me. I willingly waive my right to see the confidential statement submitted on this form, knowing that this waiver is not required as a condition for admission.

Signature Date

_____/_____/_____
Address City State Zip Code

Please give this form to your pastor. If your pastor is your father, or if your church has no pastor at this time, a deacon or other church leader should complete this form.

We would greatly appreciate your answering the following questions with the utmost frankness. This information will be used in helping us decide whether or not the applicant will satisfactorily fit into our educational program. If the applicant is accepted, the information will assist us in helping the student in his/her college adjustment and personal development. Please feel free to attach an additional letter of comment.

1. How well do you know the applicant?

☐ Casually ☐ Well ☐ Very Well

2. How long have you known the applicant? _____ Years _____ Months

3. What is your feeling about the applicant's Christian experience? (Include his conversion, growth, and consecration.)

4. In what areas of Christian service has the applicant been involved? _____

5. Has the applicant been married and divorced or separated? ☐ Yes ☐ No ☐ Don't know

6. If applicant is married, is spouse in full agreement with decision to apply to Ministry of Reconciliation School of the Bible?

☐ Yes ☐ No ☐ Don't know

7. PLEASE INDICATE YOUR OBSERVATIONS IN THE FOLLOWING AREAS.

Evidence of financial responsibility _____

Conduct irregularities _____

Relationship with the opposite sex _____

Ability to get along with others _____

Health problems, physical disability, speech defects _____

Family background _____

Applicant's weakest points _____

Applicant's strongest points _____

Use of tobacco, alcohol, or habit-forming drugs _____

8. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Reality, dependability						
Maturity, ability to cope with life situations						
Emotional stability, reaction to stress, mood stability						
Motivation, depth of commitment						
Ability to analyze a problem						
Oral expression, clarity, coherence						
Cooperation, attitude toward supervision						
Sensitivity to the needs of others						
Conscientiousness, resourcefulness, initiative						
Leadership, creative thought, self-confidence						
Personal appearance, cleanliness, grooming						
Integrity, honesty, moral character						
Academic ability, educational goals						
Acceptance by others, interpersonal relationships						

RECOMMENDATION TO SCHOOL OF THE BIBLE

I recommend the applicant for admission to Ministry of Reconciliation School of the Bible

☐ Unreservedly ☐ With reservations ☐ DO NOT recommend

Name _____

Phone (____) _____

Name of Organization _____

Position _____

Address _____

City _____ State _____ Zip _____

Signature _____

Date _____

Thank you for the time and effort you have given. Your comments will receive full consideration.

MINISTRY OF RECONCILIATION SCHOOL OF THE BIBLE

GENERAL REFERENCE FORM

TO BE COMPLETED BY APPLICANT

Desired date of enrollment

☐ Fall 20__

☐ Spring 20__

☐ Summer 20__

☐ Intense Training Class (Short course
in between semesters)

TO THE REFERENCE

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Social Security Number

Last

First

Middle

I understand that this confidential statement is being submitted directly the Admissions Office with the understanding that its contents will not be shared with me. I willingly waive my right to see the confidential statement submitted on this form, knowing that this waiver is not required as a condition for admission.

Signature

Date

Address

City

State

Zip Code

We would greatly appreciate your answering the following questions with the utmost frankness. This information will be used in helping us decide whether or not the applicant will satisfactorily fit into our educational program. If the applicant is accepted, the information will assist us in helping the student in his/her college adjustment and personal development. Please feel free to attach an additional letter of comment.

- How long have you known the applicant? _____ Years _____ Months
- Has your relationship been ☐ Close? ☐ Casual? ☐ Well? ☐ Very Well?
- What has been the nature of your acquaintance?
☐ Church Leader ☐ Employer ☐ Supervisor ☐ Co-worker ☐ Friend of the family
☐ Personal Friend ☐ Other _____
- Please check the terms which best describe the applicant's day-to-day attitude toward others.
☐ Warmhearted ☐ Passive ☐ Respectful ☐ Critical ☐ Sympathetic ☐ Enthusiastic ☐ Tolerant ☐ Contemptuous
- Is the applicant prompt in paying his/her debts? ☐ Yes ☐ No ☐ I don't know
- To your knowledge, has the applicant made a personal commitment to Jesus Christ? ☐ Yes ☐ No ☐ I don't know
- The applicant's spiritual influence on others is ☐ Positive ☐ Neutral ☐ Negative
- Have you noted physical weaknesses or emotional problems that would hinder the applicant in an intensive academic environment?
☐ Yes ☐ No If Yes, please explain. _____
- From your knowledge of applicant's general character, past record, and present behavior, check any of the following which apply.
☐ Uses tobacco ☐ Gambles ☐ Drinks alcoholic beverages ☐ Uses illegal drugs ☐ Has been involved in community disturbances
☐ Has been arrested for other than minor traffic violations ☐ Has been married and divorced or separated
☐ Has a reputation for involvement in behavior indicating moral weaknesses

10. Please describe home and/or marriage factors which might affect the applicant's success at college. _____

11. Does applicant have personality traits that impair his/her relationship with others? ☐ Yes ☐ No

If Yes, explain. _____

12. Please state any additional strengths or weaknesses of this applicant that may be pertinent in the evaluation of his/her application.

13. How do you rate the applicant in the following areas?

14. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Reality, dependability						
Maturity, ability to cope with life situations						
Emotional stability, reaction to stress, mood stability						
Motivation, depth of commitment						
Ability to analyze a problem						
Oral expression, clarity, coherence						
Cooperation, attitude toward supervision						
Sensitivity to the needs of others						
Conscientiousness, resourcefulness, initiative						
Leadership, creative thought, self-confidence						
Personal appearance, cleanliness, grooming						
Integrity, honesty, moral character						
Academic ability, educational goals						
Acceptance by others, interpersonal relationships						

RECOMMENDATION TO SCHOOL OF THE BIBLE

I recommend the applicant for admission to Ministry of Reconciliation School of the Bible

☐ Unreservedly ☐ With reservations ☐ DO NOT recommend

Name _____

Phone (____) _____

Name of Organization _____

Position _____

Address _____

City _____ State _____ Zip _____

Signature _____

Date _____

Please accept our thanks for the time and effort you have given. Your comments will receive full consideration.

MINISTRY OF RECONCILIATION SCHOOL OF THE BIBLE

THE LIFE-STYLE COVENANT

TO BE READ BY THE APPLICANT

- I. We/I covenant to seek the Lord's guidance through daily personal prayer and Bible study and by faithfully attending daily chapels and weekly church services.
- II. We/I covenant to be faithful and punctual in attending class sessions and other academic gatherings, constantly seeking to be diligent in developing the full potential of our/my mind.
- III. We/I covenant to practice good health and physical fitness by getting appropriate rest and exercise and by observing a balanced diet.
- IV. We/I covenant to embrace and hold to a life of personal holiness, refraining from sinful practices and observing the college standard of dress and appearance.
- V. We/I covenant to be mindful and diligent in properly handling all business and financial responsibilities.
- VI. We/I covenant to be continually involved in ministry, always looking for and using every opportunity to minister, teach, proclaim, and bless others for Christ.
- VII. We/I covenant to walk in humility toward others, and live in submission to those in authority, obeying all college rules and regulations and always manifesting a cooperative and teachable attitude.

SIGNATURE

I have carefully and prayerfully read the Life-Style Covenant. By signing below, I am indicating my full support and willingness to live accordingly.

Signature _____

Date _____

Print Full Name _____