



HARVEST DEAF BIBLE COLLEGE

(formerly BIMl Deaf Bible College)

1314 Old Three Notch Road
Ringgold, GA 30736
TTY/VOICE: (706) 375-7107
FAX: (706) 375-7093

attach
recent
photograph

MISSION: Train Christian men and women for deaf Christian ministries on United States or foreign mission fields.

APPLICATION FOR ADMISSION

(ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

PLEASE READ VERY CAREFULLY THE FOLLOWING ENTRANCE REQUIREMENTS TO BE CONSIDERED FOR ADMISSION TO THE HARVEST DEAF BIBLE COLLEGE:

1. Please print or type on the application.
2. Include a non-refundable application fee of \$35.00 (money order only) with this application form.
3. Your file will not be reviewed for admission until everything has been received.
4. You will be notified within 2 months of submitted application of any missing requirements before the Harvest Deaf Bible College can consider your application.
5. You will be notified of your enrollment status within 2 months after your file is complete.
6. Have official transcripts of your high school (or GED) and all colleges that you have attended sent directly to us from them, not through you.
7. Give an evaluation form (enclosed) to three or four references and have them mail it directly to us, not through you. Please be sure to list their names and addresses on the application form when asked so we know who you gave them to so we can advise you from whom we have not yet received an application form so you can follow up with them.
8. Read the "Doctrinal Position" in the college catalog.
9. All information in this application will be kept confidential.

Name: _____

Social Security Number: _____ - _____ - _____

PERSONAL INFORMATION

Birthdate: _____ Age: _____ Circle sex: Male Female

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

United States Citizen? Yes No If no, which country? _____

Email address: _____

Circle marital status: Single Married Divorced Widowed Remarried

If married: Name of spouse: _____

Anniversary: _____ Number of Children: _____

HEALTH

How is your general health? Good Fair Poor

Do you have any physical limitations or medicine we should know about? Yes No

If yes, please explain: _____

FAMILY

Father's Name: _____ Living? Yes No

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Mother's Name: _____ Living? Yes No

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

CHURCH

Name of home church: _____

Church address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Are you a member of this church? Yes No If yes, how long church member? _____

Do you attend faithfully every week? Yes No If no, explain: _____

List church activities in which you participate? _____

EDUCATION

Beginning with the most recent, list all the schools (high school, colleges, universities) you attended.

Please request a transcript from each to be sent directly to us.

Name of School	City, State	Degree Program or Major	Years	Graduated?
				Yes No
				Yes No
				Yes No
				Yes No

Do you consider your transcripts to be a true indication of your educational knowledge? Yes No

If no, please explain. _____

Have you ever been expelled, dropped, or suspended by any of the schools listed above? Yes No

If yes, please explain. _____

ENROLLMENT

Circle the semester and write the year you plan to enter: Fall Spring Year _____

Circle the degree of interest: Th.G. Pastoral Ministries Th.G. Christian Ministries B.A. Bible
 Ministerial Interpreting Undecided

FINANCES

Circle how do you plan to support yourself: Personal savings Off-campus work Social Security Other

If other, please explain: _____

Circle your current debt situation (How much do you owe?): No debt Some debt Heavily in debt

PERSONAL STATEMENT

Write a short testimony of how/when you accepted Jesus Christ as your Savior. _____

Why do you want to attend the Harvest Deaf Bible College? _____

When/How did you learn American Sign Language? _____

PERSONAL BACKGROUND

Please honestly answer any of the following questions for which you have been involved within the past two years (if you need more room to explain, attach a separate piece of paper):

Question:	Yes	No	If yes, give last time of activity
Do you smoke?			
Do you drink alcohol?			
Do you use illegal drugs?			
Do you watch pornography?			
Are you involved in homosexuality?			
Are you involved in adultery or fornication?			
Have you ever had an abortion?			
Have you ever molested children?			
Have you been married before?			If yes, how many times?
Are you on parole?			If yes, explain:
Do you have a police record?			If yes, explain:

REFERENCES

Please list their names and addresses. Enclosed are four "Personal Reference Questionnaire" forms.

PLEASE GIVE EACH ONE OF THE FOLLOWING REFERENCES THIS PERSONAL REFERENCE QUESTIONNAIRE FORM TO FILL OUT AND THEN HAVE THEM MAIL IT DIRECTLY TO US, NOT THROUGH YOU (The Harvest Deaf Bible College's address is on bottom of the questionnaire form).

Pastor's name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Deaf leader's name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Teacher or Employer's name: _____

School or Business name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Personal friend's name (not relative): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Please remember to give the questionnaire form to each of the above references so we can consider your application.

SIGNATURE OF APPLICANT

Read the following statements then sign the application.

I declare that the information given on this application is true, complete, and accurate.

I agree with the Harvest Deaf Bible College's "Doctrinal Position" as set forth in the catalog.

I waive my right to view the confidential evaluations of my personal references.

I agree to co-operate with the Harvest Deaf Bible College in the enforcement of the rules and meet the terms of agreement involving expenses as outlined in the catalog.

I understand that I am financially responsible for the full payment of my college account. I also understand that if I leave before the end of the semester for any reason, whether voluntarily or at the request of the Harvest Deaf Bible College, I will owe the tuition, fees, and room and board as stated by the official policy for withdrawal in the college catalog. I will not expect my transcript or the college records to be released until payment is made in full.

In the event of a serious personal nature involving me, I will respect the decision of the Harvest Deaf Bible College and their wisdom in handling the serious situation. I will do all I can to help in the serious situation in a positive manner for all involved.

Applicant's signature

Date

**SIGNATURE OF PARENT OR LEGAL GUARDIAN
(if the applicant is under 21 years of age)**

If the applicant is under 21 years of age, the Parent or Legal Guardian is to read the following statements then sign the application.

As parent (or legal guardian) of the above applicant, I agree to co-operate with the Harvest Deaf Bible College in the enforcement of the rules and meet the terms of agreement involving expenses as outlined in the catalog.

I understand if the above applicant is enrolled in the Harvest Deaf Bible College that I am financially responsible for the full payment of the applicant's college account. I also understand that if the applicant leaves before the end of the semester for any reason, whether voluntarily or at the request of the Harvest Deaf Bible College, I will owe the tuition, fees, and room and board as stated by the official policy for withdrawal in the college catalog. I will not expect the applicant's transcript or the college records to be released until payment is made in full.

I understand that the Harvest Deaf Bible College will not be responsible for any medical bills incurred by the student.

In the event of a serious personal nature involving the applicant, I will respect the decision of the Harvest Deaf Bible College and their wisdom in handling the serious situation. I will do all I can to help in the serious situation in a positive manner for all involved.

Parent's or Legal Guardian's signature (if applicant is under 21 years of age)

Date

Mail this application with a \$35.00 money order for the non-refundable application fee to:

Harvest Deaf Bible College
Office of Registrar
1314 Old Three Notch Road
Ringgold, GA 30736