



## Application for Admission

Associate Degree in Biblical Studies

1-Yr Certificate in Biblical Studies

### Student Information

What year do you plan to enroll? \_\_\_\_\_  Fall  Spring  Summer

Gender:  Male  Female

Legal Name \_\_\_\_\_  
Last First Middle Maiden Preferred

Date of Birth \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_  
M Day Year

Social Security Number (if available) \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City State Zip

Country \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Engaged

If married, name of spouse \_\_\_\_\_  
Last First Middle

### Racial/Ethnic Information:

Are you a U.S. citizen?  Yes  No

Are you a legal U.S. resident (green card holder)?  Yes  No

American Indian  Black or African American  Hispanic

Non-Resident Alien  Asian/Pacific Islander  White Non-Hispanic  Other

**Family Information/Emergency Contact**

Father's Name/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Country

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Country

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

**Church Information**

Home Church Name \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Country

Religious Background (for statistical purposes only)

- Assembly of God     Baptist     Methodist     Non-Denominational  
 Evangelical     Catholic     Pentecostal     Other \_\_\_\_\_

**School Information**

High School graduated from \_\_\_\_\_ Year of graduation \_\_\_\_\_

- Have you taken the ACT?     Yes     No    Composite Score \_\_\_\_\_  
Have you taken the SAT?     Yes     No    Composite Score \_\_\_\_\_  
Have you taken the GED?     Yes     No    Year Received \_\_\_\_\_  
Have you taken the TOEFL?     Yes     No    Composite Score \_\_\_\_\_  
Have you ever attended a College/University?     Yes     No  
Are you a transfer student?     Yes     No

If yes, contact the HCC Office for transfer information

- Have you previously applied to HCC?     Yes     No    If yes, what term? \_\_\_\_\_  
Have you previously attended HCC?     Yes     No    If yes, when? \_\_\_\_\_

**Additional Information**

Have you ever been convicted of a felony?       Yes       No

Do you have any learning or physical disability that you would like us be aware of?       Yes       No

If yes to either of the above, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I confirm that all information on this application is true to the best of my knowledge.**

\_\_\_\_\_  
Student Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent of Guardian's Signature (if student is under 18)