



# West Coast Baptist College

*Training Laborers for His Harvest*

## Application for Re-Admission

Please fill out as carefully and completely as possible. Please print.

How do you intend to study?:  On Campus  Online  Undecided

Desired Term of Re-entry: Year: \_\_\_\_\_  Spring  Summer (online only)  Fall

### PERSONAL INFORMATION

Legal name: \_\_\_\_\_  
LAST FIRST MIDDLE

Preferred name: \_\_\_\_\_ Gender:  Male  Female Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
IF DIFFERENT THAN ABOVE

Race/nationality: \_\_\_\_\_

Are you a U.S. citizen?  Yes  No If no, list citizenship: \_\_\_\_\_

Do you need a visa?  Yes  No Are you a legal permanent resident of U.S.?  Yes  No

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Do you plan to live in the dorm?  Yes  No (Mandatory to age 25 unless living with your parents)

Marital status:  Single  Married  Engaged  Divorced  Widowed  Remarried

If married, spouse's name: \_\_\_\_\_

Have you ever been divorced?  Yes  No Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

### CHECK THE AREA YOU WISH TO ENROLL IN:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Pastoral            | <input type="checkbox"/> Church Ministries     | <input type="checkbox"/> Evangelism           |
| <input type="checkbox"/> Music Education     | <input type="checkbox"/> Church Music          | <input type="checkbox"/> Missions             |
| <input type="checkbox"/> Master's of Bible   | <input type="checkbox"/> Master's of Education | <input type="checkbox"/> One Year Bible       |
| <input type="checkbox"/> Secretarial         | <input type="checkbox"/> Office Administration | <input type="checkbox"/> Elementary Education |
| <input type="checkbox"/> Secondary Education | <input type="checkbox"/> Visual Arts           | <input type="checkbox"/> Biblical Counseling  |



**SPIRITUAL INFORMATION**

Date of salvation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you a member of a church?  Yes  No

Church name: \_\_\_\_\_

Church phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's name: \_\_\_\_\_

Pastor's email: \_\_\_\_\_

Please briefly explain what God has done in your life since leaving school and why you wish to return: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**FINANCIAL AID INFORMATION**

How do you plan to pay for your college expenses? \_\_\_\_\_

Are you in debt?  Yes  No If so, please explain briefly:

\_\_\_\_\_

Do you intend to apply for scholarships at WCBC?  Yes  No

WCBC offers various institutional scholarships and each of these requires its own application. To learn more about these scholarships and/or to submit a scholarship application, visit [wcbc.edu/financial-aid](http://wcbc.edu/financial-aid).

**CONFIDENTIAL INFORMATION**

If you check "yes" for any, please include a brief explanation. (This information is for planning purposes only.)

I have been expelled, dismissed, or suspended for academic and/or disciplinary reasons.  Yes  No

\_\_\_\_\_

I have used tobacco, alcohol, or non-medical drugs in the past 12 months.  Yes  No

\_\_\_\_\_

I have been convicted of a felony or misdemeanor.  Yes  No

\_\_\_\_\_

I have been convicted or accused of child molestation.  Yes  No

\_\_\_\_\_

**STATEMENT OF INTENT**

In signing this application for admission to West Coast Baptist College, I certify my willingness, if accepted, to cooperate with the purpose and standards of WCBC, abide by all policies of the college, subscribe to its doctrines, and cooperate fully in advancing the cause of Christ and the testimony of West Coast Baptist College. Any falsification on any part of this application can result in cancellation of admission and/or dismissal from West Coast Baptist College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_