

# HAWAII BAPTIST COLLEGE

A MINISTRY OF KO'OLAU BAPTIST CHURCH  
45-633 KENEKE STREET, KANEOHE, HI  
PASTOR SKIP WOODFIN  
808-721-7880

*Experience Unique Ministry Preparation  
in a Very Special Place*

## ☐ Application Form

Complete the Application for Admission form and return it to Hawaii Baptist College Office as soon as possible prior to the registration date of the semester you wish to enroll in.  
Please also include: A small, good quality photo of yourself.

## ☐ High School Transcript and College Transcripts

It is the responsibility of each student to have an official transcript from their High school and any colleges previously attended sent to HBI Office prior to admission.

## ☐ Pastor and Personal References

Please give these forms to your pastor and choose 2-3 Personal references and have them mail the forms to the HBI office as soon as possible.

## ☐ Medical Record Questionnaire

Please complete the Medical/Health Questionnaire and return it as soon as possible. A TB test is required for all students entering High school and College in Hawaii.

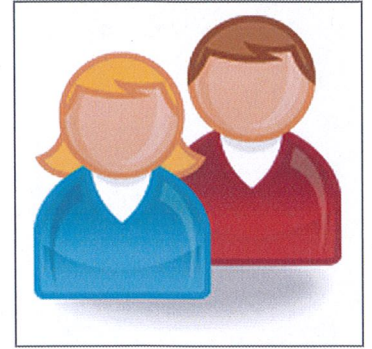
## ☐ Registration Form

Please complete the registration form and return it to Hawaii Baptist College as soon as possible.

## ☐ Degree Plan

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## ADMISSION APPLICATION

This Application is for: \_\_\_\_\_ Year \_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester

Attach your Photo Here

Have you previously applied to this college? Yes No If yes, what semester and year? \_\_\_\_\_

1. Legal Name: Mr., Mrs., Miss \_\_\_\_\_  
Last Name First Name Middle Name

2. Home Address: \_\_\_\_\_  
Street Apt/suite City State Zip code

Home Phone: ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_

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

3. Your present Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ ( ) Male ( ) Female

Race \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City, State and Country

Country of Citizenship \_\_\_\_\_

4. Marital Status: ( ) Single ( ) Married ( ) Separated ( ) Widowed ( ) Divorced

If married, give spouse's name \_\_\_\_\_ No. of children \_\_\_\_\_

Names and ages of children \_\_\_\_\_

If single, do you plan to marry before enrollment? Yes No If yes, when? \_\_\_\_\_

To whom? \_\_\_\_\_

5. Are you a High School Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ or have you received a GED? ( ) Year \_\_\_\_\_

Name of School \_\_\_\_\_

City State Country Phone number  
( ) I was homeschooled and used \_\_\_\_\_ curriculum.

If not, how far did you go in school? \_\_\_\_\_

Why didn't you finish? \_\_\_\_\_

\_\_\_\_\_

6. List all colleges and schools that you attended beyond High school.

Name

Dates

Degrees or Credits Received

\_\_\_\_\_

\_\_\_\_\_

(It is the students responsibility to provide all transcripts from both High school and colleges attended to the office of HBC before the registration date.)

7. Have you ever been dismissed from school or placed on probation. Yes No

Please explain: \_\_\_\_\_

\_\_\_\_\_

8. Do you intend to enroll as a full time student? (min. 12 semester hrs) Yes No

9. Father's Name \_\_\_\_\_ If deceased, when? \_\_\_\_\_

Address \_\_\_\_\_

10. Mother's Name \_\_\_\_\_ If deceased, when? \_\_\_\_\_

Address \_\_\_\_\_

11. If parents are separated, give date of separation \_\_\_\_\_

With whom are you living? ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Give name and address of legal guardian if different than above. \_\_\_\_\_

\_\_\_\_\_

12. Do you have any health conditions which require special attention? Yes No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

13. To what extent, if any, do you use or have you used tobacco, alcoholic beverages, or drugs of any kind?

\_\_\_\_\_

14. Are you in accord with the doctrines for which this college stands? \_\_\_\_\_ If not, please explain

which doctrine(s). \_\_\_\_\_

\_\_\_\_\_

15. What influenced you to apply to HBI? \_\_\_\_\_

\_\_\_\_\_

16. Who will finance your educational training? ( ) Yourself ( ) Parents ( ) Other

17. Have you personally accepted Christ as your Lord and Savior? \_\_\_\_\_ When? \_\_\_\_\_

Give a brief testimony of salvation to include the basis of your salvation and call to Christian service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(use additional paper if needed)

18. Name of the Baptist Church you attend \_\_\_\_\_

Address of church \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Are you a member? \_\_\_\_\_ Since when? \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_

19. What are you hoping to achieve by attending Hawaii Baptist College? \_\_\_\_\_  
\_\_\_\_\_

20. Housing Information:

Please reserve a room for me in the dormitory for the fall \_\_\_\_\_, spring \_\_\_\_\_ of 20\_\_\_\_.

I will NOT need a room reserved in the dormitory because:

( ) I plan to live with my parents.

( ) I plan to live with an immediate member of my family.

( ) I will be a married student.

Give the address where you will be living during school if other than the dormitory.

\_\_\_\_\_  
I HEREBY MAKE APPLICATION for admission to Hawaii Baptist College. If I should be accepted, I agree to give cheerful and ready obedience to and cooperation with the spirit and regulation of the College. I understand that attendance at HBI is a privilege, not a right, and agree to regard it as such.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_



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## PASTOR'S REFERENCE

APPLICANT , FILL IN HERE ONLY		Expected Enrollment Date _____	
Name: Mr. Mrs. Miss _____			
Address _____			
Street	City	State	Zip code
Telephone (    ) _____ (    ) Male (    ) Female Birth date _____			

Please give us your opinion of the applicant above. Include information about their character, church participation, and other information you feel is relevant. (If more space is needed you may use the back of this form or attach another page.)

_____
_____
_____
_____
_____
_____

Pastor's name _____			
Church name _____			
Address _____			
Street	City	State	Zip
Telephone (    ) _____		Cell (    ) _____	
Website _____		Email _____	
Signature _____		Date _____	

Please mail this directly to **HAWAII BAPTIST COLLEGE**  
Ko'olau Baptist Church 45-633 Keneke Street Kaneohe, HI 96744



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## PERSONAL REFERENCE

APPLICANT, FILL IN HERE ONLY		Expected Enrollment Date _____	
Name: Mr. Mrs. Miss _____			
Address _____			
Street	City	State	Zip code
Telephone (    ) _____ (    ) Male (    ) Female Birth date _____			

*Your comments will be confidential and will be used to determine if the applicant is a good candidate for*  
**HAWAII BAPTIST COLLEGE.**

Please give us your opinion of the applicant above. Include information about their character, and any other information you feel is relevant. (If more space is needed you may use the back of this form or attach another page.)

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My Name: Mr. Mrs. Miss _____	
Address _____	
Street	City State Zip code
Signature _____ Date _____	

Please mail this directly to **HAWAII BAPTIST COLLEGE**  
Ko'olau Baptist Church 45-633 Keneke Street Kaneohe, HI 96744

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## MEDICAL RECORD INFORMATION

1. Legal Name: Mr., Mrs., Miss \_\_\_\_\_  
Last name First Name Middle Name
2. Home Address: \_\_\_\_\_  
Street Apt/suite City State Zip code  
Home Phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_
3. Your present Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ ( ) Male ( ) Female
4. How would you rate your overall health? \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor
5. Are you presently taking any prescription drugs? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, what are names of the drugs and for what purpose?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Emergency Contact Name #1 \_\_\_\_\_  
Phone # \_\_\_\_\_ Relationship \_\_\_\_\_
7. Emergency Contact Name #2 \_\_\_\_\_  
Phone # \_\_\_\_\_ Relationship \_\_\_\_\_
8. Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_
9. Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_
10. Allergies or Special Health Considerations we need to know about.  
\_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and /or hospital procedures as may be performed or prescribed by the attending physician and /or paramedics for me and waive my right to informed consent of treatment. This waiver applies only in the event that I cannot make the decision on my own.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## HIGH SCHOOL AND COLLEGE EDUCATION INFORMATION

1. Legal Name: Mr., Mrs., Miss \_\_\_\_\_  
Last name First Name Middle Name
2. Home Address: \_\_\_\_\_  
Street Apt/suite City State Zip code
- Home Phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_
3. Your present Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ ( ) Male ( ) Female
4. Type of School? ☐ Public ☐ Private ☐ Christian ☐ Home School Approximate GPA \_\_\_\_\_
5. Date of graduation or expected graduation date \_\_\_\_\_
6. High School where you graduated. (Please contact your school and ask them to send HBI a transcript)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Year Graduated \_\_\_\_\_
7. I was homeschooled. (Please include your high school grades or transcript)  
a. Curriculum used in High School \_\_\_\_\_  
b. I took the GED test. Date \_\_\_\_\_  
c. I took the SAT/ CAT test. Date \_\_\_\_\_
8. Colleges you attended. (Please contact these colleges and ask them to send HBI a transcript)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Years attended \_\_\_\_\_
- Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Years attended \_\_\_\_\_
- \*Please list others on back if needed.
9. Do you have a degree from any other college or university? Yes No  
Name \_\_\_\_\_ Year \_\_\_\_\_



10. Do you plan to complete your college training at Hawaii Baptist College?      Yes      No

11. Have you ever been dismissed from any college or university?      Yes      No

College Name \_\_\_\_\_ Reason \_\_\_\_\_

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12. Do you owe any debt to any college or university?      Yes      No

College Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

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## REGISTRATION FORM

Hawaii Baptist College strives to maintain and provide a quality education with a low cost to the student. Funds received solely from the students will not fund all the expenses that will incur but we believe God will provide the necessary funds needed to meet our obligations through other supporter that believe in what we are doing and want to partner with us. However, it is imperative that students do meet their financial obligations as promptly as possible.

I am registering for **Fall** **Spring** **Semester 20** \_\_\_\_.

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip code

Total Amount Enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Please check all that you are submitting below to the left and total amounts submitted to the right.

### Tuition

### Total due

\_\_\_\_\_ The Tuition at HBC is on a **love offering basis**. You can give through an offering envelope as the Lord leads you. \$ \_\_\_\_\_

### Classes Enrolled In

_____	Sem. Hrs.	_____	Sem. Hrs.
_____	Sem. Hrs.	_____	Sem. Hrs.
_____	Sem. Hrs.	_____	Sem. Hrs.
_____	Sem. Hrs.	_____	Sem. Hrs.

### Application and Registration Fee

There is no application or registration fee.

### Computer and Printer Fee

\_\_\_\_\_ There will be a fee of **\$20.00** per semester per student. \$ \_\_\_\_\_

### Dormitory Reservation Fee

\_\_\_\_\_ A fee of **\$25.00** is required of all dormitory students. This fee is refundable if the application is not accepted. \$ \_\_\_\_\_

### Room and board Fee

\_\_\_\_\_ Dormitory rent is **\$ 325.00 per month**. The dormitory room key deposit is **\$5.00** which is refundable when the key is returned.  
(# of Months \_\_\_\_\_ x 325.00 + 5.00 = \$ \_\_\_\_\_)

\*Additional cost for Books will be charged. Students wishing to remain between semesters must pay \$325.00 per month at prorated rates.

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## 1st Year

### Fall Semester

### Spring Semester

Bible Survey/Bible Doctrine FBI	3	Bible Survey/Bible Doctrine FBI	3
English Grammar	2	English composition	2
Into to Evangelism	1	Advanced Evangelism	1
Into to Missions	1	Marriage and the Home	2
Bible Study Methods	3	Congregation/S.S. Song leading	2
Genesis	3	Poetical Books	2
Christian Discipleship	3	Pentateuch (Exodus-Duet.)	3
Hours per semester	16	Hours per semester	15

## Sophomore Year

### Fall Semester

### Spring Semester

Bible Survey/Bible Doctrine FBI	3	Bible Survey/Bible Doctrine FBI	3
Consumer Math	3	Homiletics II (men)	2
Life of Christ I	3	Life of Christ II	3
Life of Paul I	2	Life of Paul II	2
Homiletics I (men)	2	Youth Ministry	2
Child Development (ladies)	2	Rudiments of Music	2
Into to Christian Education	2	Missions History	1
Practical Ministry (The church Service)	1	Introduction to Computers	2
		Home Economics (ladies)	2
Total Hours per semester	16	Total Hours per semester	17



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## Junior Year

Fall Semester		Spring Semester	
Bible Survey/Bible Doctrine FBI	3	Bible Survey/Bible Doctrine FBI	3
U.S. History	2	U.S. History	2
Ecclesiology	3	O.T. Prophetic Books I	3
Church Administration (men)	3	I&II Corinthians, Galatians, and I&II Thessalonians	2
Office Management/ Secretarial (ladies)	3	S.S. Administration	2
Psalms	2	N.T. Bible History II	3
O.T. Bible History I	3	Baptist History and Distinctives	2
Introduction to Musical Instruments	1		
Total Hours per semester	17	Total Hours per semester	17

## Senior Year

Fall Semester		Spring Semester	
Greek	3	Apologetics	3
Pastoral Theology (men)	2	Daniel/ Revelation	2
Women in Ministry (ladies)	2	Theology II	3
General Epistles	2	Missionary Ministry	1
Biblical Counseling I	2	Homiletics III (men)	1
O.T. Prophetic Books	3	Christian Ethics (ladies)	1
Children's Ministry	1	Bible Prophecy	2
Theology I	3	Government	1
		Bible Elective	3
Total Hours per semester	16	Total Hours per semester	16