HAWAII BAPTIST COLLEGE

A ministry of Ko'olau Baptist Church

45-633 Keneke Street, Kaneohe, HI
808-721-7880 | Fax: 808-233-2903
info@hbc.koolaubc.org

Admission Application

Admissions Application — Hawaii Baptist College

SECTION 1 — Personal Information (Applicant fills out this section)

This application is for: ☐ Fall Semester ☐ Spring Semester Year: _____

Previously applied to this college? ☐ Yes ☐ No If yes, semester and year: _____

FULL NAME (MR. / MRS. / MISS) * LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS

CITY STATE ZIP CODE TELEPHONE

CELL PHONE EMAIL

SOCIAL SECURITY # BIRTH DATE

AGE PLACE OF BIRTH (CITY, STATE, COUNTRY) COUNTRY OF CITIZENSHIP

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced

IF MARRIED, SPOUSE'S NAME NAMES AND AGES OF CHILDREN

If single, do you plan to marry before enrollment? ☐ Yes ☐ No If yes, when / to whom: _____

FATHER'S NAME IF DECEASED, WHEN?

FATHER'S ADDRESS

MOTHER'S NAME IF DECEASED, WHEN?

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IF PARENTS ARE SEPARATED, DATE OF SEPARATION

Living with: ☐ Mother ☐ Father ☐ Other

LEGAL GUARDIAN NAME AND ADDRESS (IF DIFFERENT THAN ABOVE)

SECTION 2 — Faith & Church Background

1. Are you in accord with the doctrines for which this college stands?
   ☐ Yes ☐ No If no, please explain below:

2. What influenced you to apply to HBC?

3. Who will finance your educational training?
   ☐ Yourself ☐ Parents ☐ Other

4. Have you personally accepted Christ as your Lord and Savior?
   ☐ Yes ☐ No When? _____

Give a brief testimony of salvation below, including the basis of your salvation and your call to Christian service. You may attach an additional page if needed.

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5. Church Information:

NAME OF THE BAPTIST CHURCH YOU ATTEND

CHURCH ADDRESS

PASTOR'S NAME

Are you a member? ☐ Yes ☐ No

MEMBER SINCE WHEN?

Do you attend regularly? ☐ Yes ☐ No

6. What are you hoping to achieve by attending Hawaii Baptist College?

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SECTION 3 — Medical Information

1. How would you rate your overall health?
   ☐ Excellent ☐ Good ☐ Fair ☐ Poor

2. Are you presently taking any prescription drugs?
   ☐ Yes ☐ No If yes, list names and purpose below:

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

4. Do you have any health conditions which require special attention?
   ☐ Yes ☐ No If yes, please explain below:

5. Have you had a TB Test taken in the last year?
   ☐ Yes ☐ No

   (Required by state law for all students entering college in Hawaii.)

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SECTION 4 — High School / College Information

1. Type of School:

☐ Public ☐ Private ☐ Christian ☐ Home School GPA: _____

DATE OF GRADUATION (OR EXPECTED)

_____

High School where you graduated

(Please ask your school to send HBC a transcript.)

SCHOOL NAME _____ YEAR GRADUATED _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

If homeschooled

(Please include your high school grades and any transcripts.)

a. Curriculum used: _____

b. I took the GED test. Date: _____

c. I took the SAT/ACT test. Date: _____

Colleges attended

(Please ask each college to send HBC a transcript. List others on an attached page if needed.)

COLLEGE NAME _____ YEARS ATTENDED _____

COLLEGE ADDRESS _____

2ND COLLEGE NAME (IF APPLICABLE) _____ YEARS ATTENDED _____

COLLEGE ADDRESS _____

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2. Do you have a degree from any other college or university?
   ☐ Yes ☐ No

COLLEGE / UNIVERSITY NAME _____ YEAR EARNED _____

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

4. Have you ever been dismissed from any college or university?
   ☐ Yes ☐ No If yes, complete below:

COLLEGE / UNIVERSITY NAME _____ REASON _____

5. Do you owe any debt to any college or university?
   ☐ Yes ☐ No If yes, complete below:

COLLEGE / UNIVERSITY NAME _____ AMOUNT OWED _____

SECTION 5 — Housing Information

1. Please reserve a room for me in the dormitory for the:
   ☐ Fall ☐ Spring Year: _____

2. 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.

3. Address where you will be living during school (if not the dormitory):

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

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SECTION 6 — Applicant Statement & Signature

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 regulations of the College. I understand that attendance at HBC is a privilege, not a right, and agree to regard it as such.

Signature of Applicant *

Date *