

Application for Admission

Biographical Information

Full Name: (Last)	(First)		_(M.I.)	
Social Security Number:		Date of Birth:		
Age: Sex:Occupation or	Trade:			
Address:				
City:	State:	Zip: _		
Home Phone: ()	Work Phone: ()		
Email Address:	Cell Phone: ()		
Place of Birth:	Citizenship:			
If not an U.S. citizen, are you a permanent	resident of the U.S.?			
What is your Visa or Immigration Status?				
Document type and number:	Please in	clude copies of y	our documents.	
Marital Status:	ried Divorced	☐ Engaged	☐Re-married	
If married, name of spouse:	How long	g have you been r	narried?	
Children? {Name(s) & Age(s)}:				
Medical Information				
For emergency purposes, please list addres	s and phone number of	a relative or frier	nd living nearest you.	
Name:	Phone number:			
Address:				
Are you in good health?	If no, please exp	lain:		

Do you have any physical or learning disabilities that require special accommodations?			
Are there any current medical problems (i.e. medication, pacemaker, communicable diseases, etc.) that MBC should be aware of?			
Insurance Company:			
Hospital of choice:			
Have you ever been convicted of a felony? If yes, please explain.			
Are you currently involved in alcohol or drug abuse, domestic violence, or sexual immorality? If yes, please explain			
Spiritual Life Information			
Briefly describe when and how you became a Christian.			

Are you a frequent Church attendee? If no, please explain:
Are you a frequent church attenuce if no, picase explain
Why do you desire to attend MBC and how do you see it enhancing your present spiritual life?
Have you read and signed the MBC Statement of Faith?
Do you adhere to any doctrinal stances that are in direct conflict with Biblical Christianity? (i.e. I do not
believe in the trinity) If yes, please explain:
Academic Information
Which semester are you applying for? (i.e. Spring/Fall Year)
Will you be taking classes for Credit or Audit?
Are you a candidate for a Bachelor's or Associate's Degree?
Have you previously attended MBC or applied at another CCBC campus?
If so, which one?
Please list all schools attended from high school to the present.
School Dates of Attendance Degree/Diploma

Personal Profile

Using the Personal Profile Form provided, briefly answer the following questions.

- A). What do you consider to be your personal strengths and weaknesses?
- B). What are some of your talents and hobbies?
- C). What are your spiritual gifts? Please describe and discuss them.

Please include a photo with your application.

References

Note: Students who are auditing classes need only one reference.

Please list three people you will have fill out and return the enclosed reference forms. One should be from a Pastor or leader within your church. The other two should be from persons who you have known for at least two years. A relative should not be used as a reference.

Name	Relationship	Phone #
Financial and Personal	Responsibility	
• I certify that all the above	yment of tuition for the semester is due a re information is correct and accurate. operate in observing all regulations and u	
Signed:		Date:
Contact Information		

Mailing and Location: Maranatha Chapel Attn: Maranatha Bible College 10752 Coastwood Road San Diego, CA 92127

Phone: 858-613-7800 Ext. 131 Fax: 858-613-7824

Maranatha Bible College 10752 Coastwood Road, San Diego, CA 92127

Personal Profile Form

A) What do you consider to be your personal strengths and weakness?		
What are some of your talents and hobbies?		

C) What are your spiritual gifts? Please describe and discuss them.