

# APPLICATION FOR ADMISSION



## TRI-STATE BAPTIST COLLEGE

6001 GOODMAN ROAD  
WALLS, MISSISSIPPI 38680  
(662)781-7777  
tristatebaptistcollege@mail.com



**PLEASE PRINT LEGIBLY OR TYPE**

Date Application Package Mailed: \_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Sex: Male Female  
LAST FIRST M.I. (circle one)

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

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

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Are you an U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what country? \_\_\_\_\_

Do you expect to live in the dorm? Yes \_\_\_\_\_ No \_\_\_\_\_ Last four digits SSN: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Annulled \_\_\_\_\_

Names and Ages of Children: \_\_\_\_\_  
\_\_\_\_\_

Name of Father or Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

Name of Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

Names and Ages of Siblings: \_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

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

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**ACADEMIC RECORD:** Attach additional sheets as necessary.

High School Graduate? Date: \_\_\_\_\_ No: \_\_\_\_\_ GED: \_\_\_\_\_ Other: \_\_\_\_\_

High School's Name: \_\_\_\_\_

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

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

College(s) Attended: \_\_\_\_\_ Dates: \_\_\_\_\_

College Degree(s) Conferred: \_\_\_\_\_

How did you hear about Tri-State Baptist College? \_\_\_\_\_

Why do you wish to attend Tri-State Baptist College? \_\_\_\_\_

Desired Academic Emphasis:    Preaching    Education    Music    Missions    2 yr. Secretarial    2 yr. Bible  
(circle one or more)

**SPIRITUAL TESTIMONY:** Written essay required. See APPLICATION INSTRUCTIONS, item 2.D.

How long have you been saved? \_\_\_\_\_

Local Church of which you are a member: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Youth Pastor: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Do you plan to be a full-time Christian Worker?    Yes \_\_\_\_\_    No \_\_\_\_\_    Undecided \_\_\_\_\_

**PERSONAL REFERENCES:** In addition to your Pastor already identified above, list a minimum of two personal references to whom you have provided one blank PERSONAL REFERENCE FORM with a stamped envelope, addressed to Tri-State Baptist College. See APPLICATION INSTRUCTIONS, items 4. And 5.

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Name 3: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL EMERGENCY:** In the event of medical emergency, we/I hereby give Tri-State Baptist College permission to authorize emergency anesthesia and/or life-saving procedures, as needed.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(To be signed by the person legally responsible for this student if under the age of twenty-one.)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_