MANAHATH EDUCATIONAL CENTER

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Home of

BRECKBILL BIBLE COLLEGE

Application For Admission

Application Instructions

- 1. Complete this application and send it to the admissions office with a non-refundable \$15.00 application fee.
- 2. Ask your high school to send a transcript of all the work you have completed. Similar transcripts should be sent for any post high school education you have had.
- 3. Make arrangements to take the ACT or SAT college entrance exams, send your results to the admissions office.
- 4. A visit to campus is suggested; personal interviews may be arranged in advance.
- 5. Complete the medical form and distribute the reference forms.

| Applicant Information | | | | | | | |
|---|------------------|-----------------------|----------------------------|----------------|------------------|--|--|
| | | | | Birth | | | |
| Full Name: | | And and a second | aboth | Date | | | |
| | Last | First | analli | М.І. | | | |
| Address: | Street Address | | - Surer | | Apartment/Unit # | | |
| | | | NY. | | | | |
| | City | | | State | ZIP Code | | |
| Phone: | | M | Email | | | | |
| Cell: | | _Social Security No.: | ľX. | Marital Status | : | | |
| Spouses Name: Are you the member | | | | | | | |
| of a church? | Yes No | If so give na | ame and location: | | | | |
| | Denomination | | | | | | |
| PARENTS I Father's Nar | NFORMATION me | | | | | | |
| Address | | | | Telephone: | | | |
| Occupation | | School or College | School or College attended | | | | |
| Mother's Na | me | | | | | | |
| Address: | | | | Telephone: | | | |
| Occupation | | School or College | attended | | | | |
| Name of Gu If other than Address: | | Telephone: | | | | | |

| Education | | | | | | | |
|--|--|-----------------------------|----------|----------|----------|---------|--|
| High Schoo | l: | Address: | | | | | |
| From: | To: E | Did you graduate? | YES | NO □ | Diploma: | | |
| List high school honors, offices and extracurricular activities | | | | | | | |
| College: | | Address: | | | | | |
| From: | To: E | Did you graduate? | YES □ | | Degree: | | |
| Other: List college | honors, offices and extracurric | Address: ular activities | | | | | |
| Have you ever been placed on disciplinary probation Reason: Suspended or expelled? If yes give reason Which School: | | | | | | | |
| When do you plan to enroll at BBC? What is your professional or vocational goal? Do you plan to graduate from BBC? | | | | | | | |
| | | Refere | nces | | _ | | |
| Please list three references. 1. Your pastor 2 A school official of the last school attended 3. One other personal acquaintance. | | | | | | | |
| Full Name: | | () | | | Relatio | onship: | |
| Address: | | T | | | | Phone: | |
| Full Name: | | | | | Relatio | onship: | |
| i un Name. | | | | | | Phone: | |
| Address: | | | | | | | |
| Full Name: | | | | | Relatio | onship: | |
| | | | | | I | Phone: | |
| Address: | | | | | | | |
| | If under 21 give the name ar responsible for your educat | | son fin | ancially | | Phone: | |
| Name Address: | | | | | | ÷ | |
| | | | | | | | |

Do you expect to need financial aid assistance?

Health Information

1. Has your schooling ever been interrupted because of physical health or emotional disorders? If yes please explain

2. Do you have any physical, mental or psychological limitations, which might require some adjustment to a typical student activity schedule?

List any present medical problems.

3. Are you presently taking any medication prescribed by a physician? If yes please list the medications that you take, the frequency with which you take them and the conditions for which you take them.

4. Have you been hospitalized in the last two years? If yes please explain.

5. Have you ever-used marijuana, narcotics, other illegal non-prescription drugs, alcohol or tobacco in any form? If yes please explain on a separate sheet of paper.

6. Do you have a known disability? If yes, explain.

7. Are you allergic to any medication, food, or substance? If yes, explain.

INSURANCE DATA

Company:

Policyholder:

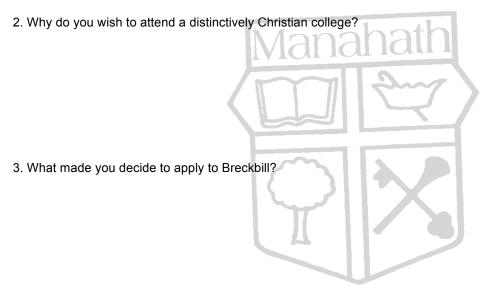
S.S. #:

Group/policy

| Emergency (Name: | Contact Information | |
|----------------------|---------------------|--|
| Company: | Phone: | |
| Address: | Email: | |
| | | |

Relationship_____

1. Discuss your personal relationship to Jesus Christ and your commitment to the visible body of Christ, the Church. Include your testimony of salvation, attach additional paper if needed.



4. In what types of Christian Activity have you been engaged?

Signature

I certify that my answers are true and complete to the best of my knowledge.

Manahath Educational Center as a theological institution meets the requirements of the Virginia statutes for exemption from licensure by the Higher Education Council of the Commonwealth of Virginia.

Signature:

Date: