

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: _____