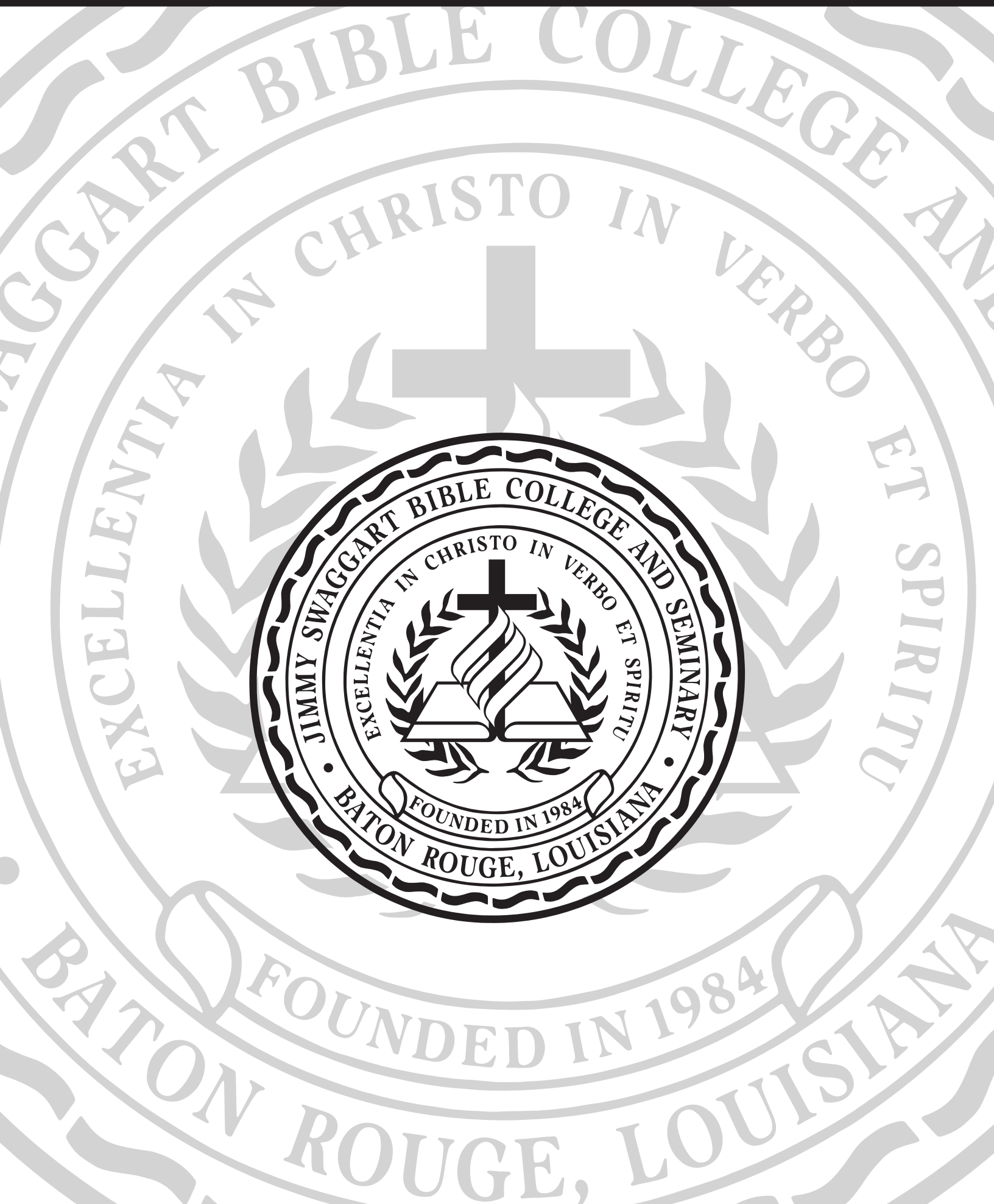


# APPLICATION FOR ADMISSION





# JIMMY SWAGGART BIBLE COLLEGE AND SEMINARY

## APPLICATION INSTRUCTIONS

### WHEN TO APPLY

1. High School Students: Apply for admission after completing your junior year of high school.
2. All Applicants and Transfer Students: Apply several months prior to the term in which you plan to enroll.

### HOW TO APPLY

Check off each item as it is completed; your application cannot be officially acted upon until ALL items have been received.

- 1. Complete the application form after becoming thoroughly familiar with the college brochures. If a question does not apply to you, write N/A in that space. Include your Social Security number on all forms. It is used for proper identification of your file. (This does not apply to international students.)
- 2. Each applicant is to give evidence of adequate financial planning. If a parent/guardian is responsible for college expenses, he/she must indicate such on the Financial Information section of the application.
- 3. Sign the Life-style Covenant. All administrators, faculty, and students must accept the covenant. Be sure you thoroughly agree before signing it. This forms a contract between you and JSBC&S.
- 4. Complete the VERIFIRST – Applicant Consent Form. Please be sure to give all pertinent information and signature, your application will not be able to be processed unless this information is filled out as completely and accurately as possible.
- 5. Enclose a photograph and a copy of your driver's license or ID. A recent head-and-shoulders glossy photo is to be submitted with the application. This is necessary for identification. Write your name on back of the picture.
- 6. Enclose the \$50 application fee (\$80 for couples). It is nonrefundable and nontransferrable. Be sure to write your Social Security number on the check or money order to insure proper handling. Make checks payable to Jimmy Swaggart Bible College & Seminary. DO NOT SEND CASH.
- 7. Complete the Health History form. The Release section must be signed. Please attach a copy of your immunization record(s) to this form and return the form with your application.
- 8. A transcript request form is included in the application packet to assist you in requesting transcripts. *Photocopy the form BEFORE signing it if you need to request transcripts from more than one institution.*  
  
If you have completed the GED, the official scores must be sent to the Admissions Office.
- 9. Reference Forms – Each applicant must have three references submitted directly to the Admissions Office.
  - a. Pastor's Reference – To be completed by your pastor. If your pastor is related, ask another church leader to complete it.
  - b. Academic/Employer Reference – To be completed by a principal, school counselor, or teacher. If you have been out of school more than a year, an employer or supervisor may complete it.
  - c. General Reference – To be completed by a business person who knows you well (not a relative).

NOTE: It is a courtesy on your part to supply a stamped envelope, addressed to the Admissions Office, when you deliver the form to the reference.



JIMMY SWAGGART BIBLE COLLEGE AND SEMINARY  
P.O. Box 262550  
Baton Rouge, Louisiana 70826-2550  
(225) 768-3890

### PLEASE NOTE

Submitting an application does not insure acceptance into the college or seminary. You are urged not to make plans to attend JSBC&S

until an official letter of acceptance has been received.

# JIMMY SWAGGART BIBLE COLLEGE AND SEMINARY

## APPLICATION FOR ADMISSION

### PERSONAL DATA

I am applying for admission to:

- Bible College  
 Seminary

**PLEASE NOTE:**

Submitting an application does not insure acceptance into the college or seminary. You are urged not to make plans to attend JSBC&S until an official letter of acceptance has been received.

Please enclose a recent photograph of yourself (wallet size, full face view).  
 ...

Write your name on the back of the photograph for identification.  
 ...

Photograph **MUST** be submitted with the application, along with a copy of your current driver's license or ID.

**OFFICE USE ONLY**

- |  |  |
|--|--|
| <input type="checkbox"/> APP. FEE (\$50/\$80 U.S.) | <input type="checkbox"/> GED   |
| <input type="checkbox"/> HEALTH FORM               | <input type="checkbox"/> COLLEGE TRANS.  |
| <input type="checkbox"/> HIGH SCHOOL TRANS.        | <input type="checkbox"/> DRIVER'S LICENSE  |
| <input type="checkbox"/> TEST SCORES               |  |
| <input type="checkbox"/> IMMUNIZATION RECORDS      | <input type="checkbox"/> TD <input type="checkbox"/> MMR                           |
| <input type="checkbox"/> BACKGROUND SENT           | <input type="checkbox"/> RTD   |
| <input type="checkbox"/> REFERENCES                | <input type="checkbox"/> P <input type="checkbox"/> A/E <input type="checkbox"/> G |
| <input type="checkbox"/> ACCEPTED                  | <input type="checkbox"/> YES <input type="checkbox"/> NO                           |

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE TYPE OR PRINT ALL ITEMS

NAME     Mr.     Mrs.     Miss     Rev.     Dr.

			-			-			
--	--	--	---	--	--	---	--	--	--

Social Security Number

Last	First	Middle	Maiden
------	-------	--------	--------

By what name are you known? \_\_\_\_\_

**PRESENT ADDRESS**

Street and Number	City or Town	State/Prov.	Zip	( )	Home Telephone
Email Address				Cell or Work Telephone (circle one)	
				( )	

**PERMANENT ADDRESS (if different from present address)**

Street and Number	City or Town	State/Prov.	Zip	( )	Telephone
-------------------	--------------	-------------	-----	-----	-----------

**BIRTH DATE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    **AGE** \_\_\_\_\_    **SEX**  Male  Female

Birthplace \_\_\_\_\_

City	State	Country / Province
------	-------	--------------------

**MARITAL STATUS**     Single     Married     Widowed     Divorced     Separated

If married, name of spouse \_\_\_\_\_  Husband  Wife

Year Born \_\_\_\_\_ Occupation \_\_\_\_\_ Number of children living with you \_\_\_\_\_

**FATHER/GUARDIAN**     Mr.     Rev.     Dr.    LIVING?  Yes  No

Last	First	Middle	Home Telephone	Work Telephone
Address - Street and Number			Zip	Occupation

**MOTHER/GUARDIAN**     Mrs.     Dr.     Other    LIVING?  Yes  No

Last	First	Middle	Home Telephone	Work Telephone
Address - Street and Number			Zip	Occupation

**PERSONAL DATA (continued)**

**WHEN DO YOU PLAN TO ENTER JSBC&S?**  FALL 20 \_\_\_\_  SPRING 20 \_\_\_\_  SUMMER 20 \_\_\_\_

**WHICH PROGRAM DO YOU PLAN TO PURSUE?**

- One-year Certificate  Three-year Degree
- Two-year Degree  Four-year Degree
- One-year Master's Certificate

How did you hear about JSBC&S? \_\_\_\_\_

**WILL YOU BE A**  Full-time student? (12 hours or more)  Part-time Student? (less than 12 hours)  
 Resident? (live on campus)  Commuter? (live off campus)

**TYPE OF RESIDENT**

- U.S. Citizen  Visitor Visa  Student Visa  Immigrant Visa

If foreign student, what country? \_\_\_\_\_ Visa Number \_\_\_\_\_

**NATIONAL ORIGIN (optional by Civil Rights Act 1964)**

- Asian or Pacific  Caucasian  African-American  Hispanic  American Indian  Foreign or Other

**TOEFL (Test of English as a Foreign Language)**

If English is not your native language, have you taken the Test of English as a Foreign Language (TOEFL)?  Yes  No

If no, when will you be taking it? \_\_\_\_\_

**VETERAN**

Are you a veteran of the U.S. Armed Forces?  Yes  No

If yes, are you eligible for benefits?  Yes  No

Regional VA branch where file is kept \_\_\_\_\_

Have you used your VA education benefits previously at another institution?  Yes  No

If yes, what school? \_\_\_\_\_

**ACADEMIC BACKGROUND**

**JSBC APPLICANTS**

Last High School attended \_\_\_\_\_  
Name Location

Last grade completed:  9  10  11  12 Did you graduate?  Yes  No When? \_\_\_\_\_

Diploma by GED?  Yes  No Date of GED \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*(If you graduated by GED, please have the results sent to the college.)*

If you are still attending high school, give date of graduation. \_\_\_\_\_

**AMERICAN COLLEGE TEST (ACT) JSBC ACT NUMBER: 1626**

It is optional for JSBC applicants to take the ACT. Have you taken the ACT?  Yes  No

*(Submitting your ACT scores is optional, it is not a strict requirement for admission into JSBC.)*

**JSBC&S APPLICANTS**

List each college you have attended and attach a separate (8-1/2 x 11) list if more space is needed.

Name of College	Location	Dates Attended	Degree & Major	Date Rec'd/Expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been refused admission to any college or seminary?  Yes  No

If yes, please explain. *(Attach separate sheet if needed.)* \_\_\_\_\_

# JIMMY SWAGGART BIBLE COLLEGE AND SEMINARY

## HEALTH HISTORY

### MEDICAL HISTORY

#### MISCELLANEOUS

Please answer each question and provide details on a separate sheet for any affirmative responses. Social Security Number

Yes No

				-			-				
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1. Are you legally blind?
2. Other than the common cold or influenza, are you presently suffering from any communicable disease? If so, please describe. \_\_\_\_\_
3. Has a physician prescribed any medications for you within the last year? Explain. \_\_\_\_\_
4. Have you had any major diseases or illnesses? Explain. \_\_\_\_\_
5. Have you undergone any major operations? Explain. \_\_\_\_\_
6. Is there any reason why you should be limited in regular aerobic/physical exercise? If yes, explain. \_\_\_\_\_
7. Are there any additional problems which should be called to our attention? If yes, explain. \_\_\_\_\_
8. Do you have a known learning disability? Explain. \_\_\_\_\_
9. Are you allergic to any medication, food, or substance? Explain. \_\_\_\_\_
10. Have you ever been a patient (committed or voluntary) in a mental hospital or sanatorium? If yes, attach a letter (8-1/2 x 11) explaining when, where, why, name of doctor, and complete address of hospital or clinic.

MEASUREMENTS Height \_\_\_\_\_ Ft. in. Current Weight \_\_\_\_\_ lbs. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

### IMMUNIZATION DATA

PLEASE ATTACH A COPY OF YOUR IMMUNIZATION RECORDS(S) TO THIS FORM.

#### IMMUNIZATION REQUIREMENT

TO COMPLY WITH *LOUISIANA LAW*, YOU MUST SUBMIT PROOF OF THE FOLLOWING IMMUNIZATIONS TO WEBC&S PRIOR TO REGISTRATION:

1. Tetanus/Diphtheria A primary series of 3 shots within the last 10 years or a series as a child and a booster within the last 10 years.
2. MMR\* Two immunizations since age 12 months. (Or Physician's proof of immunity by blood test or case of measles.)  
(\* MMR is Measles, Mumps, and Rubella)

(\* Note: STUDENTS BORN BEFORE 1957 ARE EXEMPT FROM THE REQUIREMENT FOR MMR IMMUNIZATION, BUT MUST MEET ALL OF THE OTHER REQUIREMENTS. ALSO, THE TUBERCULIN SKIN TEST IS NO LONGER A REQUIREMENT.

### MEDICAL AUTHORIZATION

THE FOLLOWING STATEMENTS ARE TO BE SIGNED BY A PARENT OR GUARDIAN IF THE UNMARRIED APPLICANT IS UNDER 18 YEARS OF AGE, OR BY THE APPLICANT IF APPLICANT IS 18 OR OVER.

In any instance in which I/we cannot be reached, and where delay would be dangerous to his/her/my health, I hereby authorize the administrators of Jimmy Swaggart Bible College and Seminary to grant permission for emergency operation or medical treatment of an extraordinary nature, which the attending physician considers necessary for

I understand that all health records are considered confidential and are not available for general use. I authorize the Jimmy Swaggart Bible College and Seminary administrators to release necessary health information as they deem it imperative to do so, and I certify the above information to be true and correct.

Signature \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ WORK

Telephone (\_\_\_\_) \_\_\_\_\_ HOME

Date \_\_\_\_\_

Print student's full name. \_\_\_\_\_

## REFERENCES

Reference forms were given to the following people:

Name	Address	Title	Telephone
(Pastor)			( )
(Academic/Employer)			( )
(General)			( )

## FINANCIAL INFORMATION

How do you plan to meet your expenses at JSBC&S? (*Estimate source and amount of income.*) \_\_\_\_\_

Signatures of applicant and parent, guardian, or persons(s) who is/are jointly and severally liable for all student fees and expenses.

_____/_____/_____ Date	_____ Signature of applicant
_____/_____/_____ Date	_____ Signature of parent, guardian, or other person

## PERSONAL STATEMENT

Were you reared in a Christian home?  Yes  No

Have you accepted Jesus Christ as Saviour?  Yes  No If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe briefly your understanding of the way of Salvation as revealed in the Bible: \_\_\_\_\_

Have you been baptized with the Holy Spirit with the evidence of speaking in other tongues?  Yes  No

If so, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ If not, what is your attitude concerning this? \_\_\_\_\_

Describe your personal practice regarding Bible study, prayer, and sharing your faith with others: \_\_\_\_\_

If you are married, is your spouse saved?  Yes  No Is your spouse baptized with the Holy Spirit?  Yes  No

How does your spouse view your plan to attend JSBC&S? \_\_\_\_\_

Why do you want to attend JSBC&S? \_\_\_\_\_

Name and address of church you attend \_\_\_\_\_  
Name

Address City State/Prov. Zip

Name of Pastor \_\_\_\_\_  
( )

Name Telephone Church Affiliation/Denomination

List church involvements in which you have participated: \_\_\_\_\_

Has God called you into full-time Christian service?  Yes  No

Have you ever been convicted of a criminal offense (*other than a minor traffic violation*)?  Yes  No

If yes, attach an explanation. (*Include dates of charges and sentences.*)

Have you ever or do you now use any of the following?

	Date Last Used	Length of Usage
Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Tobacco <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Illegal Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

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**LIFE-STYLE COVENANT**

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- I. We/I covenant to seek the Lord's guidance through daily prayer and Bible study and by faithfully attending daily chapels and weekly Church services.
- II. We/I covenant to be faithful and punctual in attending class sessions and other academic gatherings, constantly seeking to be diligent in developing the full potential of our/my mind.
- III. We/I covenant to practice good health and physical fitness by getting appropriate rest and exercise and by observing a balanced diet.
- IV. We/I covenant to embrace and hold to a life of personal holiness, refraining from sinful practices and observing the college standard of dress and appearance.
- V. We/I covenant to be mindful and diligent in properly handling all business and financial responsibilities.
- VI. We/I covenant to be continually involved in ministry, always looking for and using every opportunity to minister, teach, proclaim, and bless others for Christ.
- VII. We/I covenant to walk in humility towards others and live in submission to those in authority, obeying all college rules and regulations and always manifesting a cooperative and teachable attitude.

---

I understand that attendance at Jimmy Swaggart Bible College & Seminary is a privilege and not a right. By signing and submitting this application, I agree to conform to the standards and regulations established by the administration, both those printed and those that may be adopted from time to time. I have carefully and prayerfully read the Life-style Covenant. By signing below, I am indicating my full support and willingness to live accordingly.

---

---

Signature of Applicant

Date

---

Signature of Spouse (required of married students)

Date

---

Parent/Guardian (required if single student is under 21)

Date

---

---

Mail Application and \$50 Application Fee (\$80 for couples) to:

JSBC&S  
ADMISSIONS OFFICE  
P.O. BOX 262550  
BATON ROUGE, LA 70826-2550

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**TENANT BACKGROUND SCREENING – CONSUMER REPORT – INVESTIGATIVE CONSUMER REPORT  
REQUEST, AUTHORIZATION, CONSENT AND RELEASE  
(PLEASE TYPE OR PRINT)**

---

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX (Jr., Sr. II, etc.)</b>
------------------	-------------------	--------------------	-----------------------------------

I understand that in conjunction with my application to lease a residential apartment from **Bluebonnet Towers Apartments, Bluebonnet Towers Apartments**, will use the services of an outside agency to research and verify the information that I have provided on my application to lease a residential apartment including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to **Bluebonnet Towers Apartments, Bluebonnet Towers Apartments**, uses **VeriFirst, Background Screening, LLC.** a consumer-reporting agency, as an agent to perform Tenant background verifications, and provide Consumer Reports and Investigative Consumer Reports.

**VeriFirst, Background Screening, LLC.** will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize, and consent to the release and disclosure of any and all information including but not limited to the above to **Bluebonnet Towers Apartments, and VeriFirst, Background Screening, LLC.** I further request, authorize and consent to the procurement of a Consumer Report by **Bluebonnet Towers Apartments, and VeriFirst Background Screening, LLC.** as part of the **Bluebonnet Towers Apartments** tenant screening background investigation.

I request, authorize and consent to the procurement of an Investigative Consumer Report by **Bluebonnet Towers Apartments, and VeriFirst Background, Screening, LLC.** as part of the **Bluebonnet Towers Apartments** tenant screening investigation. I understand that the Investigative Consumer Report may contain information about my background, mode of living, character, personal characteristics and general reputation. In accordance with the Fair Credit Reporting Act, 15 U.S.C. §§ 1681-1681u, **Bluebonnet Towers Apartments**, will notify me prior to and after taking adverse action against me such as refusing to rent or lease a dwelling or requiring increased security deposits as a pre-condition to the rental based on information obtained from a consumer report or any other action adverse to the my interests. I understand that if I request from **VeriFirst Background, Inc.** within 60 days, upon notification by my **Bluebonnet Towers Apartments** that Adverse Action has been taken by my **Bluebonnet Towers Apartments**, I will be given a full an accurate disclosure as to the nature and scope of all information provided to **Bluebonnet Towers Apartments**, including the substance of all information in its files on me at the time of my questions, sources of information and the recipients of any reports on me which **VeriFirst, Background, Screening, LLC.** has previously furnished within the last two years preceding my request. I further understand that when requesting a copy of the Investigative Consumer Report and/or the Consumer Report, proper identification will be required and I should direct my request to **VeriFirst Background Screening, LLC., 301 Lacey Street, West Chester, Pa. 19382, (Phone: 888-840-8102).**

Law enforcement agencies and other entities for positive identification purposes require the following information when checking public records. It is confidential and will not be used for any other purposes. I hereby Release, **Bluebonnet Towers Apartments**, and its employees, and/or agents and/or representatives, **VeriFirst Background, Screening LLC.** and its employees, and/or agents and/or representatives and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or the Release of any of the above mentioned information or reports.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License No. State

Other names you have used or are also known as: \_\_\_\_\_

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: \_\_\_\_\_  
Street Apt.# City State Zip Code How Long At Address

Current Phone Number: \_\_\_\_\_

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip Code How Long At Address

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip Code How Long At Address

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip Code How Long At Address

**DISCLAIMER:**

**THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. VERIFIRST, BACKGROUND SCREENING, LLC. MAKES NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. VERIFIRST, BACKGROUND SCREENING, LLC MAKES NO EXPRESS NOR IMPLIED WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS. PLEASE SEEK THE ADVICE OF LEGAL COUNSEL REGARDING YOUR DUTIES AND OBLIGATIONS UNDER THE FAIR CREDIT REPORTING ACT AND OTHER FEDERAL AND/OR STATE LAWS.**

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# JIMMY SWAGGART BIBLE COLLEGE AND SEMINARY

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## REFERENCE FORMS AND TRANSCRIPT REQUEST FORMS

### **To the Applicant:**

This is the end of the Application. The forms following will need to be detached and sent to the appropriate person/institution for references/transcripts, then returned to

Jimmy Swaggart Bible College and Seminary, Admissions Office.

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# JIMMY SWAGGART BIBLE COLLEGE AND SEMINARY

## REFERENCE FORM

### TO BE COMPLETED BY APPLICANT

Desired Date of Enrollment  Fall 20 \_\_\_\_  Spring 20 \_\_\_\_  Summer 20 \_\_\_\_

PLEASE TYPE OR PRINT ALL ITEMS

NAME  Mr.  Mrs.  Miss  Rev.  Dr.

--	--	--	--	--	--	--	--	--	--

Applicant's Social Security Number

Last	First	Middle	Maiden
------	-------	--------	--------

### ADDRESS

Street and Number	City or Town	State/Prov.	Zip	( )	Telephone
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**NOTICE TO THE APPLICANT:** The Family Education Rights and Privacy Act of 1974 (Public Law 93-380, Buckley Amendment) gives students the right to inspect their educational records. This right extends to letters of recommendation except that students may waive their rights to see specific confidential statements and letters of recommendation.

The signing of this waiver is voluntary. It is not a condition for admission. Though the applicant may waive the right to review this reference form, it is hoped that a spirit of openness and candor will exist between the applicant and the person completing this form.

**WAIVER FORM:** I hereby waive my right to examine this confidential recommendation.

\_\_\_\_\_  
Applicant's Signature

### TO THE REFERENCE

Please check the box that indicates your relationship to the applicant.

PASTOR  ACADEMIC/EMPLOYER  GENERAL

The above named student is applying for admission to JSBC&S. You will note above whether or not the applicant has waived his/her right to examine this reference. In any case, the best interests of JSBC&S and

the student will be served if you will provide a frank evaluation.

NOTE: Immediate relatives are not to give references!

1. How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

2. In what capacity? \_\_\_\_\_

3. How would you describe your relationship with the applicant?  Close  Casual  Distant  Intermittent

4. How do you rate this person in the following areas (Please check one under each area):

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	NOT KNOWN
Perseverance .....	_____	_____	_____	_____	_____
Adaptability .....	_____	_____	_____	_____	_____
Punctuality .....	_____	_____	_____	_____	_____
Reliability .....	_____	_____	_____	_____	_____
Cooperativeness .....	_____	_____	_____	_____	_____
Considerateness .....	_____	_____	_____	_____	_____
Confidence .....	_____	_____	_____	_____	_____
Personal Appearance .....	_____	_____	_____	_____	_____
Attitude .....	_____	_____	_____	_____	_____
Emotional Stability .....	_____	_____	_____	_____	_____
Academic Ability .....	_____	_____	_____	_____	_____
Leadership .....	_____	_____	_____	_____	_____
Teachability .....	_____	_____	_____	_____	_____
Spiritual Maturity .....	_____	_____	_____	_____	_____
Knowledge of the Bible .....	_____	_____	_____	_____	_____
Consistency of Testimony .....	_____	_____	_____	_____	_____
Acceptance by Others .....	_____	_____	_____	_____	_____
Financial Responsibility .....	_____	_____	_____	_____	_____
Integrity, Honesty .....	_____	_____	_____	_____	_____

If any of the above are checked "BELOW AVERAGE," please explain. (Attach separate sheet if needed.) \_\_\_\_\_

Detach





# JIMMY SWAGGART BIBLE COLLEGE AND SEMINARY

## REFERENCE FORM

### TO BE COMPLETED BY APPLICANT

Desired Date of Enrollment    Fall 20 \_\_\_\_    Spring 20 \_\_\_\_    Summer 20 \_\_\_\_

PLEASE TYPE OR PRINT ALL ITEMS

NAME    Mr.    Mrs.    Miss    Rev.    Dr.

--	--	--	--	--	--	--	--	--	--

Applicant's Social Security Number

--	--	--	--

Last

First

Middle

Maiden

### ADDRESS

--	--	--	--	--	--

Street and Number

City or Town

State/Prov.

Zip

Telephone

**NOTICE TO THE APPLICANT:** The Family Education Rights and Privacy Act of 1974 (Public Law 93-380, Buckley Amendment) gives students the right to inspect their educational records. This right extends to letters of recommendation except that students may waive their rights to see specific confidential statements and letters of recommendation.

The signing of this waiver is voluntary. It is not a condition for admission. Though the applicant may waive the right to review this reference form, it is hoped that a spirit of openness and candor will exist between the applicant and the person completing this form.

**WAIVER FORM:** I hereby waive my right to examine this confidential recommendation.

\_\_\_\_\_  
Applicant's Signature

### TO THE REFERENCE

Please check the box that indicates your relationship to the applicant.

PASTOR    ACADEMIC/EMPLOYER    GENERAL

The above named student is applying for admission to JSBC&S. You will note above whether or not the applicant has waived his/her right to examine this reference. In any case, the best interests of JSBC&S and

the student will be served if you will provide a frank evaluation.

NOTE: Immediate relatives are not to give references!

1. How long have you known the applicant? \_\_\_\_\_ Years   \_\_\_\_\_ Months

2. In what capacity? \_\_\_\_\_

3. How would you describe your relationship with the applicant?    Close    Casual    Distant    Intermittent

4. How do you rate this person in the following areas (Please check one under each area):

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	NOT KNOWN
Perseverance	_____	_____	_____	_____	_____
Adaptability	_____	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Considerateness	_____	_____	_____	_____	_____
Confidence	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Academic Ability	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Teachability	_____	_____	_____	_____	_____
Spiritual Maturity	_____	_____	_____	_____	_____
Knowledge of the Bible	_____	_____	_____	_____	_____
Consistency of Testimony	_____	_____	_____	_____	_____
Acceptance by Others	_____	_____	_____	_____	_____
Financial Responsibility	_____	_____	_____	_____	_____
Integrity, Honesty	_____	_____	_____	_____	_____

If any of the above are checked "BELOW AVERAGE," please explain. (Attach separate sheet if needed.) \_\_\_\_\_

Detach







# JIMMY SWAGGART BIBLE COLLEGE AND SEMINARY

## REFERENCE FORM

### TO BE COMPLETED BY APPLICANT

Desired Date of Enrollment  Fall 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_  Summer 20 \_\_\_\_\_

PLEASE TYPE OR PRINT ALL ITEMS

NAME  Mr.  Mrs.  Miss  Rev.  Dr.

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Applicant's Social Security Number

Last	First	Middle	Maiden
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### ADDRESS

Street and Number	City or Town	State/Prov.	Zip	( )	Telephone
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**NOTICE TO THE APPLICANT:** The Family Education Rights and Privacy Act of 1974 (Public Law 93-380, Buckley Amendment) gives students the right to inspect their educational records. This right extends to letters of recommendation except that students may waive their rights to see specific confidential statements and letters of recommendation.

The signing of this waiver is voluntary. It is not a condition for admission. Though the applicant may waive the right to review this reference form, it is hoped that a spirit of openness and candor will exist between the applicant and the person completing this form.

**WAIVER FORM:** I hereby waive my right to examine this confidential recommendation.

\_\_\_\_\_  
Applicant's Signature

### TO THE REFERENCE

Please check the box that indicates your relationship to the applicant.

PASTOR  ACADEMIC/EMPLOYER  GENERAL

The above named student is applying for admission to JSBC&S. You will note above whether or not the applicant has waived his/her right to examine this reference. In any case, the best interests of JSBC&S and

the student will be served if you will provide a frank evaluation.

NOTE: Immediate relatives are not to give references!

1. How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

2. In what capacity? \_\_\_\_\_

3. How would you describe your relationship with the applicant?  Close  Casual  Distant  Intermittent

4. How do you rate this person in the following areas (Please check one under each area):

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	NOT KNOWN
Perseverance .....	_____	_____	_____	_____	_____
Adaptability .....	_____	_____	_____	_____	_____
Punctuality .....	_____	_____	_____	_____	_____
Reliability .....	_____	_____	_____	_____	_____
Cooperativeness .....	_____	_____	_____	_____	_____
Considerateness .....	_____	_____	_____	_____	_____
Confidence .....	_____	_____	_____	_____	_____
Personal Appearance .....	_____	_____	_____	_____	_____
Attitude .....	_____	_____	_____	_____	_____
Emotional Stability .....	_____	_____	_____	_____	_____
Academic Ability .....	_____	_____	_____	_____	_____
Leadership .....	_____	_____	_____	_____	_____
Teachability .....	_____	_____	_____	_____	_____
Spiritual Maturity .....	_____	_____	_____	_____	_____
Knowledge of the Bible .....	_____	_____	_____	_____	_____
Consistency of Testimony .....	_____	_____	_____	_____	_____
Acceptance by Others .....	_____	_____	_____	_____	_____
Financial Responsibility .....	_____	_____	_____	_____	_____
Integrity, Honesty .....	_____	_____	_____	_____	_____

If any of the above are checked "BELOW AVERAGE," please explain. (Attach separate sheet if needed.) \_\_\_\_\_

Detach





# JIMMY SWAGGART BIBLE COLLEGE AND SEMINARY

## TRANSCRIPT REQUEST FORMS

### To the Applicant:

Please complete this form and send it either to your high school or college registrar(s).

Have one copy of each transcript sent to the Jimmy Swaggart Bible College & Seminary Office of Admissions.

### To the High School:

I have applied for admission to Jimmy Swaggart Bible College & Seminary. I authorize you to release my high school records. I graduated or last attended in (yr.) \_\_\_\_\_. Please send a transcript to this address:

Director of Admissions, JSBC&S, P.O. Box 262550, Baton Rouge, LA 70826-2550.

Name (print) \_\_\_\_\_  
Last First Middle

Social Security #  -  -

Previous name used on records \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### To Registrar:

I have applied for admission to Jimmy Swaggart Bible College & Seminary. I authorize you to release my college records to Jimmy Swaggart Bible College & Seminary. Please mail a transcript to this address:

Director of Admissions, JSBC&S, P.O. Box 262550, Baton Rouge, LA 70826-2550.

Name (print) \_\_\_\_\_  
Last First Middle

Social Security #  -  -

Previous name used on records \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### To Registrar:

I have applied for admission to Jimmy Swaggart Bible College & Seminary. I authorize you to release my college records to Jimmy Swaggart Bible College & Seminary. Please mail a transcript to this address:

Director of Admissions, JSBC&S, P.O. Box 262550, Baton Rouge, LA 70826-2550.

Name (print) \_\_\_\_\_  
Last First Middle

Social Security #  -  -

Previous name used on records \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

▶ Detach



