



# SOUTHEASTERN BAPTIST COLLEGE

APPLICATION FOR ADMISSION

**Send Application To**

Director of Admissions  
4229 Highway 15 North  
Laurel, MS 39440  
(601) 426-6346

# SOUTHEASTERN BAPTIST COLLEGE

## Application for Admission

### Admission Procedure

#### APPLICATION

Please complete and sign the application and return it with the \$25.00 application fee and photograph to: Admissions Office, Southeastern Baptist College, 4229 Hwy. 15 N., Laurel, MS 39440

#### TRANSCRIPTS

High school transcripts (or GED) are required for ALL APPLICANTS. You may use the attached form to request an official transcript of your credits to be sent directly to the Admissions Office.

Transfer students must also have an official transcript sent to the Admissions Office from each college or university attended.

#### TEST SCORES

If you are coming to Southeastern directly from high school, please request that your American College Test (ACT) scores be submitted to the Office of Admissions.

#### CAMPUS TOURS

Prospective students are encouraged to visit our campus and become acquainted with members of the student body, faculty, and administration. Contact the Admissions Office for arrangements.

#### FINANCIAL AID

Federal Pell grant, endowment, and campus-based scholarships and grants are available to qualified students. Check the college catalog or contact the financial aid office at the college for more information.

#### REFERENCE FORMS

Please have your pastor complete the enclosed Reference Form and return it to the college. Have two other people who know you to complete the other forms and return them to the college.

Southeastern Baptist College does not discriminate on the basis of race, creed, sex, or national origin.

Please print or type

1. Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

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

Social Security No. \_\_\_\_\_ Citizenship \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Marital Status (*circle one*)    Single    Married    Separated    Divorced    Widowed

Race (See List Below) \_\_\_\_\_

1. Asian or Pacific Islander: (Any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands. This includes China, Japan, Korea, Philippines, Samoa, India, and Vietnam)
2. Black, non-Hispanic
3. Hispanic: (Any person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race)
4. White, non-Hispanic
5. Other

Military Service Status: \_\_\_\_\_ Veteran    \_\_\_\_\_ Non-veteran

PARENT OR GUARDIAN (if a minor) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Occupation: Father \_\_\_\_\_ Mother \_\_\_\_\_

II. Date you plan to enter SBC: \_\_\_ Fall Semester 20\_\_\_ Spring Session 20\_\_\_ Summer Semester 20\_\_\_

STATUS

\_\_\_ Freshman \_\_\_ Part-time \_\_\_ Dorm resident

\_\_\_ Transfer \_\_\_ Full-time \_\_\_ Commuter

What is your educational goal? \_\_\_\_\_

How did you become interested in Southeastern Baptist College? \_\_\_\_\_

How long do you plan to attend SBC? \_\_\_\_\_

III. CHURCH AFFILIATION (Denomination) \_\_\_\_\_

Name of Church \_\_\_\_\_

Address \_\_\_\_\_

Pastor \_\_\_\_\_

IV. MAJOR AREA OF STUDY: (Please Check)

BACHELOR DEGREE

\_\_\_ Church Ministries

ASSOCIATE DEGREE

\_\_\_ Bible  
\_\_\_ Business  
\_\_\_ General Education

CERTIFICATE/DIPLOMA

\_\_\_ Bible  
\_\_\_ Christian Enrichment  
\_\_\_ Continuing Education  
\_\_\_ Undecided

V. HIGH SCHOOL \_\_\_\_\_

Name

City

State

Date of Graduation

Please list ALL high schools and colleges you have attended:

Name

City & State

Degree/Diploma

Year Attended

(From - To)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been suspended from a college or university? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If YES, give date and explanation): \_\_\_\_\_

I have had all necessary transcripts sent to Southeastern Baptist College. \_\_\_\_\_ Yes \_\_\_\_\_ No

I have taken the American College Test (ACT) \_\_\_\_\_ Yes \_\_\_\_\_ No Composite Score, if known \_\_\_\_\_

I have requested that a copy of my scores be sent to Southeastern Baptist College. \_\_\_\_\_ Yes \_\_\_\_\_ No

**If no, please have them sent immediately.**

Please list any honors and extracurricular activities (organizations, hobbies, etc.) in which you participate:

VI. CHRISTIAN EXPERIENCE: Do you know Jesus Christ as your personal Savior?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please share your personal testimony: \_\_\_\_\_

Are you a minister? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, are you \_\_\_\_\_ Licensed? \_\_\_\_\_ Ordained?

Are you presently serving in a church? \_\_\_\_\_ Yes \_\_\_\_\_ No Position? \_\_\_\_\_

Name of Church/Location \_\_\_\_\_

PLEASE ENCLOSE A \$25 PROCESSING FEE WITH THIS APPLICATION. THIS FEE IS NON-REFUNDABLE.

I hereby apply for admission to Southeastern Baptist College and certify that the information contained on this application is correct and complete. I understand that Southeastern is a Christian college and I agree to abide by the rules of conduct as stated in the college bulletin.

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

**If accepted for enrollment, I/we authorize personnel at Southeastern Baptist College to provide medical care for me or my child in the event of an emergency.**

\_\_\_\_\_  
Parent/guardian date student date

**REQUEST FOR OFFICIAL TRANSCRIPT**

*(Please Print)*

Please send an official copy of my transcript/test records to:

**Director of Admissions**  
Southeastern Baptist College  
4229 Highway 15 North  
Laurel, MS 39440

\_\_\_\_\_  
(Name and address of high school/college from which you are requesting transcript)

Name as listed on record \_\_\_\_\_ SS# \_\_\_\_\_

Date of attendance \_\_\_\_\_ Graduation Date \_\_\_\_\_

Signed \_\_\_\_\_ Current Address \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

**SOUTHEASTERN BAPTIST COLLEGE**  
**Pastor's Reference Form**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

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

TO THE APPLICANT: Complete the information above and give this form to your pastor with a request for him to complete it and send it directly to the college.

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those making recommendations will be more candid if it is known that the recommendations will remain confidential. It is your option to waive your right of access to this recommendation or to decline to do so. Please mark your choice below and sign your name before giving this form to your pastor.

I waive my right to review this recommendation.

I do not waive my right to review this recommendation.

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

\_\_\_\_\_  
 Date

TO THE PASTOR: The student named above has applied for admission to Southeastern Baptist College. Based on your knowledge of the applicant, please give a personal evaluation by completing this form.

|                                      | Exceptional | Very Good | Average | Poor  |
|--------------------------------------|-------------|-----------|---------|-------|
| 1. Emotional maturity                | _____       | _____     | _____   | _____ |
| 2. Spiritual maturity                | _____       | _____     | _____   | _____ |
| 3. Relationship to peers             | _____       | _____     | _____   | _____ |
| 4. Leadership ability                | _____       | _____     | _____   | _____ |
| 5. Attitude toward authority figures | _____       | _____     | _____   | _____ |
| 6. Church attendance                 | _____       | _____     | _____   | _____ |
| 7. Church participation              | _____       | _____     | _____   | _____ |

Would you recommend that we accept this applicant as a student?

Yes     No     Questionable

Please provide any additional information that you think would be helpful to Southeastern in educating and training this individual (personally, socially, intellectually, and spiritually).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Pastor

Church \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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|--|
| <b>Southeastern Baptist College</b><br>4229 Highway 15 North<br>Laurel, MS 39440 |
|--|

**SOUTHEASTERN BAPTIST COLLEGE**  
**Personal Reference Form**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

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

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\_\_\_\_\_  
 Date

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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature

Address \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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|--|
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

Address \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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|--|
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|--|