

## Application for Admission

2025 / 2026

Academic Information			
Select the program you plan to enroll in			
☐ Continuing Education ☐ Certificate ☐ Unders	graduate 🗆 Master		
Select semesters you intend to enroll in $\Box$ Fall $\Box$ Spring $\Box$ Summer			
Personal Information			
Legal name: (last) (first)	(mi)		
Preferred name: Gender:	□ Male □ Female		
Birth date: / / Birth place:			
U.S. Citizen? $\square$ Yes $\square$ No If no, list citizenship			
Legal U.S. Resident? $\square$ Yes $\square$ No If no, require	evisa? 🗆 Yes 🗆 No		
Mailing address: City:	State: Zip:		
Email address:	Phone: ( )		
Previously attended DBBC?     Yes   No   If yes, we have the previously attended DBBC?	what yr/sem?		
Marital Status ☐ single ☐ married ☐ engaged ☐ d	ivorced widow remarried		
Number of children: Ages			
If your parents are living, what is their attitude toward your involvement in Christian			
Education?			
Are (were) your parents believers in Christ?			
Emergency Contact (name/phone):			
Education Information			
Name of high school:			
Phone number of high school: ( )			
Are you still in high school and desire to start early college courses for credit?			
Type of school: Public Private Christian Home School			
List all post high schools attended / yrs attended / degrees achieved / honours			
Medical Information			
List any disability, medications, or health issues that require special attention for			
attending in-class room instructions:			
Financial Information			
Do you require special tuition payment plans?	□ Yes □ No		
Do you plan to apply for scholarship?	□ Yes □ No		
Scholarship options are limited and require its own application. To learn more about these scholarships and/or to submit a scholarship application, please discuss with your assigned Admissions Officer.			
i anu, or to subinit a scholarship application, please discuss with you	i assigned Admissions Officer.		

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Spiritual Information				
Date of Salvation: / /	Have you been Baptized?			
Briefly Provide Salvation Testimony:				
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Church Name you Attend:	Cl 1 '1	Member?		
Church Phone: ( )	Church email:			
Adress:				
City: State:	Zip:			
Pastor's Name:	Pastor's email:			
On a separate sheet of paper, describe reason for wanting to attend DBBC:				
Confidential Information				
If you check "yes", to any of the following, please provide an explanation of why, on a separate sheet of paper. This information is for planning purposes only.				
Have you been expelled or suspended for acade reasons?	emic/discipline	□ Yes	□ No	
Have you used tobacco, alcohol, or non-medica months	al drugs in past 12	□ Yes	□ No	
Have you been convicted of a felony or misden	neanor?	□ Yes	□ No	
Have you been convicted or accused of child m	olestation?	□ Yes	$\square$ No	
Acknowledgement:				
In signing this application for admission to Desert Baptist Bible College, I certify my				
willingness to abide by all policies of the college and cooperate fully in advancing the cause of				
Christ and the testimony of DBBC. Any falsification on any part of this application can result in cancellation of admission and/or dismissal from Desert Baptist Bible College.				
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Signature:	Date	2:		

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