



HAWAII BAPTIST COLLEGE

A MINISTRY OF KO'OLAU BAPTIST CHURCH
45-633 KENEKE STREET, KANEOHE, HI
PASTOR SKIP WOODFIN
808-721-7880

*Experience Unique Ministry Preparation
in a Very Special Place*

Checklist

Application Form

Complete the Application for Admission form and return it to Hawaii Baptist College Office as soon as possible prior to the registration date of the semester of which you wish to enroll.

Please also include:

- A small, good quality photo
- \$_____ application fee

High School Transcript and College Transcripts

It is the responsibility of each student to have an official transcript from their High school and any colleges previously attended sent to HCI Office as soon as possible. (You may make as many copies of the letter as needed)

Pastor Reference

Please give this form to your pastor and have him mail the form to the HBC office as soon as possible.

Personal References

Please give these forms to 2-3 Personal references and have them mail the forms to the HBC office as soon as possible.

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ADMISSION APPLICATION

Personal Information

This Application is for: _____ Year ___ Fall Semester ___ Spring Semester

Have you previously applied to this college? Yes No If yes, what semester and year? _____

1. Legal Name: Mr., Mrs., Miss _____
Last name First Name Middle Name

2. Home Address: _____
Street Apt/suite City State Zip code

Home Phone: () _____ Social Security # _____

Cell phone: () _____ Email _____

3. Your present Age _____ Date of Birth _____ () Male () Female

Race _____ Place of Birth _____
City, State and Country

Country of Citizenship _____

4. Marital Status: () Single () Married () Separated () Widowed () Divorced

If married, give spouse's name _____ No. of children _____

Names and ages of children _____

If single, do you plan to marry before enrollment? Yes No If yes, when? _____

To whom? _____

(If married, skip to question #8)

5. Father's Name _____ If deceased, when? _____

Address _____

6. Mother's Name _____ If deceased, when? _____

Address _____

7. If parents are separated, give date of separation _____

With whom are you living? () Mother () Father () Other _____

Give name and address of legal guardian if different than above. _____

8. Are you in accord with the doctrines for which this college stands? _____ If not, please explain

which doctrine(s) with which you disagree. _____

9. What influenced you to apply to HBC? _____

10. Who will finance you educational training? () Yourself () Parents () Other

11. Have you personally accepted Christ as your Lord and Savior? _____ When? _____

Give a brief testimony of salvation to include the basis of your salvation and call to Christian service.

(use additional paper or the back of this page if needed)

12. Name of the Baptist Church you attend _____

Address of church _____

Pastor's Name _____

Are you a member? _____ Since when? _____ Do you attend regularly? _____

13. What are you hoping to achieve by attending Hawaii Baptist College? _____

Medical Information

1. How would you rate your overall health? _____ Excellent _____ Good _____ Fair _____ Poor

2. Are you presently taking any prescription drugs? Yes No If yes, what are names of the drugs and for what purpose?

3. To what extent, if any, do you use or have you used tobacco, alcoholic beverages, or drugs of any kind?

4. Do you have any health conditions which require special attention? Yes No

If yes, please explain _____

5. Have you had a TB Test taken in the last year? Yes No

* All students entering High school or College in Hawaii must have a current TB Test. (State Law)

High School/ College Information

1. Type of School? Public Private Christian Home School Approximate GPA _____

2. Date of graduation or expected graduation date _____

3. High School where you graduated. (Please contact your school and ask them to send HBC a transcript)

Name _____

Address _____

City _____ State _____ Zip _____ Phone (_____) _____ - _____

Year Graduated _____

4. I was homeschooled. (Please include your high school grades or transcript)

a. Curriculum used in High School _____

b. I took the GED test. Date _____

c. I took the SAT/ CAT test. Date _____

5. Colleges you attended. (Please contact these colleges and ask them to send HBC a transcript)

Name _____

Address _____

City _____ State _____ Zip _____ Phone (_____) _____ - _____

Years attended _____

Name _____

Address _____

City _____ State _____ Zip _____ Phone (_____) _____ - _____

Years attended _____

*Please list others on back if needed.

6. Do you have a degree from any other college or university? Yes No
 Name _____ Year _____
7. Do you plan to complete your college training at Hawaii Baptist College? Yes No
8. Have you ever been dismissed from any college or university? Yes No
 College Name _____ Reason _____
9. Do you owe any debt to any college or university? Yes No
 College Name _____ Amount \$ _____

Housing Information

1. Please reserve a room for me in the dormitory for the _____ fall, _____ spring of 20____.
2. I will NOT need a room reserved in the dormitory because:
- () I plan to live with my parents.
- () I plan to live with an immediate member of my family.
- () I will be a married student.
3. Give the address where you will be living during school if other than the dormitory.
-

I HEREBY MAKE APPLICATION for admission to Hawaii Baptist College. If I should be accepted, I agree to give cheerful and ready obedience to and cooperation with the spirit and regulation of the College. I understand that attendance at HBC is a privilege, not a right, and agree to regard it as such.

Signature of Applicant _____ Date: _____

Request for High School/ College Transcript

Date _____

Name of School _____

Address _____

City _____ ST _____ Zip _____

Student Name _____

Address _____

City _____ ST _____ Zip _____

I attended school there during the year(s) of _____.

Dear Registrar,

I plan to attend the *Hawai'i Baptist College* in Kaneohe, HI to continue my education. Could you please send my school transcript to the *Hawai'i Baptist College* address/fax listed below. Thank you so much for your help.

Sincerely,

HAWAII BAPTIST COLLEGE
45-633 KENEKE STREET, KANEOHE, HI
808-721-7880 FAX 808-233-2903
EMAIL KOOLAUBC.ORG

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PASTOR'S REFERENCE

APPLICANT , FILL IN HERE ONLY	Expected Enrollment Date _____		
Name: Mr. Mrs. Miss _____			
Address _____			
Street	City	State	Zip code
Telephone () _____		() Male () Female	Birth date _____

Please give us your opinion of the applicant above. Include information about their character, church participation, and other information you feel is relevant. (If more space is needed you may use the back of this form or attach another page.)

Pastor's name _____			
Church name _____			
Address _____			
Street	City	State	Zip
Telephone () _____	Cell () _____		
Website _____	Email _____		
Signature _____	Date _____		

Please mail this directly to **HAWAII BAPTIST COLLEGE**
Ko'olau Baptist Church 45-633 Keneke Street Kaneohe, HI 96744 or fax it to (808) 233-2903

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PERSONAL REFERENCE

APPLICANT, FILL IN HERE ONLY	Expected Enrollment Date _____			
Name: Mr. Mrs. Miss _____				
Address _____				
Street	City	State	Zip code	
Telephone () _____		() Male	() Female	Birth date _____

Your comments will be confidential and will be used to determine if the applicant is a good candidate for
HAWAII BAPTIST COLLEGE.

Please give us your opinion of the applicant above. Include information about their character, and any other information you feel is relevant. (If more space is needed you may use the back of this form or attach another page.)

My Name: Mr. Mrs. Miss _____			
Address _____			
Street	City	State	Zip code
Signature _____		Date _____	

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