



SUREWORD
BAPTIST COLLEGE

BALTIMORE, MARYLAND

Student Application Packet

Applying for Admission

First-Time Students

1. Complete the application and attach a recent photo.
2. Mail the application to the college along with a \$75 application/registration fee which is non-refundable.
3. If not a member of Calvary Baptist Church in Dundalk, give the pastor's reference form to your pastor and ask him to mail it directly to the college. If your pastor is related to you, then the pastor's reference should be given to an assistant pastor, youth pastor, Christian school principal, deacon chairman, or similar individual.
4. Give the two other reference forms to individuals who are not relatives and ask them to return them directly to the college.
5. Ask the high school which you attended to send a copy of your transcript directly to the Director of Admissions. If, in lieu of a high school diploma, you have received a GED, please have an official copy of the results sent directly to the Director of Admissions, along with your high school transcripts.
6. Complete the form regarding your health and medical history.

Transfer Students

1. Complete all steps for First-Time Students.
2. If you have attended any other colleges, we must receive transcripts from all of the colleges or institutions you have attended. This is required even if you did not wish to transfer credit from other schools to SureWord BC. Other institutions should send the transcript directly to:

Director of Admissions
SureWord Baptist College
7321 Manchester Rd.
Dundalk, MD 21222

Transcript Request Forms may be duplicated or additional forms are available upon request.

3. SureWord Baptist College must be informed if there are any unpaid accounts with any other schools.
4. Notification of your status will be provided in writing upon receipt of the above information.



SUREWORD BAPTIST COLLEGE

BALTIMORE, MARYLAND

Application for Admission

Admissions

SureWord Baptist College
7321 Manchester Rd.
Dundalk, MD 21222
(410) 285-4129

Please type or print in ink. Form should be filled out completely.

Official Use Only

Date Rec'd : _____

Enrollment Fee: _____

Salvation: _____

Pastor's Recc.: _____

Pers. Recc.: _____

H.S. Transcript: _____

Coll. Transcript: _____

Emerg. Permit: _____

Approved: _____

Attach
Current
Photo

General Information

Name: Mr. Mrs. Miss

Male Female

Last First Middle Maiden

Birth Date: ____/____/____ Email Address: _____

Mailing Address: _____
Street City State Zip

Telephone Number:(____)_____ Citizenship: USA Other _____

Marital Status: Single Married (Name of Spouse: _____) Widow (er) Divorced

If you have ever been divorced or had an annulment, please enclose a statement of the circumstances.

Do you have children? Yes No If yes, please list number of children. _____

Admissions Information

Entrance Date: Fall of 20____ Spring of 20____

Applying as a: First Year Student Transfer

Educational Background

High School _____ City, State _____ Dates Attended _____ Date Graduated _____

If you did not graduate from high school, do you have a GED? Yes No *If yes, please send documentation..*

Transfer Students: Do you expect to transfer credits from another college? Yes No

Are you eligible to return to the last college or university you attended? Yes No

If no, please attach a brief explanation.

It is the applicant's responsibility to request that the previously attended institution send an official transcript to SureWord Baptist College. **Students should have their transcripts sent to the SureWord BC Admissions Office, even if they do not expect to transfer credit.**

(In chronological order, list all schools after high school from most recent to earliest.)

College, University, or Other _____ City, State _____ Dates Attended _____ Date Graduated _____

College, University, or Other	City, State	Dates Attended	Date Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Information

Father's Name: _____ Occupation: _____
(Indicate if deceased)

Permanent Address: _____
Street City State Zip

Home Phone: (_____) _____ Business Phone: (_____) _____

Mother's Name: _____ Occupation: _____
(Indicate if deceased)

Permanent Address: _____
Street City State Zip

Home Phone: (_____) _____ Business Phone: (_____) _____

Personal Information

Name and Address of current church membership: _____
Church

_____ *Street City State Zip*

Church Phone: _____ Name of Pastor: _____ Pastor's Phone: _____

Mark appropriate box (es):

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you any significant impairment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been treated for any nervous, mental, or emotional disorder, or been seen by a psychologist? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used or sold illegal or dangerous drugs? If so, when was the last time? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used alcoholic beverages? If so, when was the last time? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used tobacco in any form? If so, when was the last time? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you ever expelled, dropped, or suspended by any school or college? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been arrested for any reason? |

If the answer is yes, please give complete details on a separate piece of paper.

Is there anything else in your background about which we should know? _____

Medical History

Do you have medical insurance? Yes No Name of primary insured: _____

Medical insurance company: _____ Policy #: _____

History of injuries: Give a short account. If none, indicate "none." _____

History of operations: If any, what? When? If none, indicate "none." _____

List any medications you take regularly: _____

Student History

(Check those that you have had)

- | | | |
|---|--|---|
| <input type="checkbox"/> AIDS or HIV positive | <input type="checkbox"/> Headaches (frequent) | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Service with U.S.A. overseas |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Sinus Disease |
| <input type="checkbox"/> Chest Colds (frequent) | <input type="checkbox"/> Kidney or Bladder Disease | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tonsillitis (frequent) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Trouble with Eyes |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Malaria | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Drug Flashbacks | <input type="checkbox"/> Measles | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mumps | <input type="checkbox"/> Weight Loss (over 10 lbs in last year) |
| <input type="checkbox"/> Fainting Attacks | <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Head Colds (frequent) | <input type="checkbox"/> Pneumonia | |

Family History

(Parents, grandparents, brothers and sisters)

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Mental disease | <input type="checkbox"/> Brain Tumors | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Tuberculosis |

Please write a short resume on this page about your salvation experience, your reasons for attending SureWord Baptist College, and your call of service.

I hereby certify that this application is true and complete with no omissions in any area. I also understand that any untrue statement will make me subject to immediate dismissal from SureWord Baptist College. Furthermore, if admitted, I pledge to conduct myself in accordance with the standards outlined in the catalog and the student handbook.

Signed: _____

Date: _____

PASTOR'S RECOMMENDATION

If the pastor is a relative, please use an assistant pastor, youth pastor, or some other Christian leader for this reference.

Mail or eMail to:

info@surewordbaptistcollege.org

Admissions Office/SureWord Baptist College

7321 Manchester Rd, Dundalk, MD 21222

Please type or print in ink. Please fill out completely.

Part I: To be completed by the applicant.

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone Number: (____) _____ Entrance Date: Fall 20__ Spring 20__

Birth Date: ____/____/____ Signed: _____ Date: _____

Part II: To be completed by the pastor or other Christian leader—see above.

The person named above has applied for admission to SureWord Baptist College. We value your comments highly and ask that you give a complete and candid report so that fair consideration may be given to the applicant. Upon completion of this form, please return it to the Admissions Office at the address noted above. **DO NOT GIVE THIS FORM TO THE APPLICANT.** For assistance with this form, please call (410) 285-4129.

CONFIDENTIAL

How long have you known the applicant?

Please describe your relationship with the applicant.

Please give your general impression of the applicant.

Please list strengths of the applicant.

Please assess your perception of the applicant's potential academic potential.

Please describe the spiritual maturity and Christian character of this applicant.

Please rate the applicant on the following characteristics:

	Superior	Very Good	Average	Poor	Unknown
Dependability	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
General Intelligence	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____

Would you recommend that we accept this applicant for admission to SureWord Baptist College?

- With Enthusiasm
 Strongly
 With Reservations
 Not At This Time

Name: _____ Church Name: _____
Last First

Church Address: _____
Street City State Zip

Position/Title: _____

Mailing Address: _____
Street City State Zip

Daytime Telephone Number: (_____) _____

Signed: _____ Date: _____

PERSONAL RECOMMENDATION

Mail to
Admissions Office/SureWord Baptist College
7321 Manchester, Dundalk, MD 21222
Please type or print in ink. Please fill out completely.

Part I: To be completed by the applicant.

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone Number: (____) _____ Entrance Date: Fall 20__ Spring 20__

Birth Date: ____/____/____ Signed: _____ Date: _____

Part II: To be completed by the reference.

The person named above has applied for admission to SureWord Baptist College. We value your comments highly and ask that you give a complete and candid report so that fair consideration may be given to the applicant. Upon completion of this form, please return it to the Admissions Office at the address noted above. **DO NOT GIVE THIS FORM TO THE APPLICANT.** For assistance with this form, please call (410) 285-4129.

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Please rate the applicant on the following characteristics:

	Superior	Very Good	Average	Poor	Unknown
Dependability	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
General Intelligence	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____

Would you recommend that we accept this applicant for admission to Ganado Baptist Bible College?

- With Enthusiasm Strongly With Reservations Not At This Time

Name: _____
 Last *First*

Occupation: _____

Mailing Address: _____
 Street *City* *State* *Zip*

Daytime Telephone Number: (_____) _____

Signed: _____ Date: _____

TRANSCRIPT REQUEST FORM

Please type or print in ink. Please fill out completely.

To the Registrar or Principal:

I have applied to SureWord Baptist College for the:

Fall 20__

Spring 20__

Please send a copy of my:

College Transcript

High School Transcript

To: **Admissions Office
SureWord Baptist College
7321 Manchester Rd.
Dundalk, MD 21222**

Please attach the personal data below to the transcript being sent to SureWord Baptist College.
(Parent's or Guardian's signature is required if the student is under 18 years of age.)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Personal Data

Name: _____
Last First Middle (Maiden)

Mailing Address: _____
Street City State Zip

Birth Date: ____/____/____

Last Term Attended (include year): _____

Schools, Please Note:

If this student is currently a senior, please send transcript which includes the first seven semesters of his high school work. Upon graduation, please send a supplement showing final grades and graduation date.

A transcript for a graduate must include the student's date of graduation in order for the transcript to be considered final.

**This form may be duplicated if you need to request transcripts from more than one school.*



Emergency Permit

Student's Name: _____

In the event that an emergency should arise, I hereby give SureWord Baptist College permission to authorize emergency anesthesia, surgery, and/or procedures deemed necessary.

(This permit is required of every student. For those students under 18 years of age, the person legally responsible must sign for him.)

Date: _____ Signature: _____

Address : _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____