

Applying to enroll in the Spring Semester of year: _____
 Fall Semester

Office Use Only

Date	Paid	Initial



APPLICATION FOR ADMISSION

PERSONAL INFORMATION

Legal Name: FIRST _____ MIDDLE _____

LAST _____

Preferred Name: IF DIFFERENT FROM ABOVE _____

S. I. N. Number: _____

Birth date: _____ Email: _____

Mailing Address: _____

City: _____ Prov: _____ Post: _____

Home Phone: _____ Contact Phone: _____

Are you a Canadian Citizen? Yes No Other: _____

Ethnicity & Nationality: _____

Have you previously attended College? IF YES, WHERE? _____

Do you need room and board provided by PWBC? Yes No

Marital Status: single married engaged

divorced widowed remarried

If Married, Spouse's name: _____

Number of Children: _____ Ages: _____

How did you hear about PW Baptist College? _____

PARENTAL INFORMATION THIS SECTION FOR SINGLE STUDENTS ONLY

Father's name: FIRST _____ MIDDLE _____

DECEASED LAST _____

Mailing Address: _____

City: _____ Prov: _____ Post: _____

Email: _____

Phone: _____ Occupation: _____

Mother's name: FIRST _____ MIDDLE _____

DECEASED LAST _____

Mailing Address: _____

City: _____ Prov: _____ Post: _____

Email: _____

Phone: _____ Occupation: _____

Are your parents in favour of you attending PWBC? _____

If you are not currently living with your parents, please explain why?

ACADEMIC INFORMATION

Name of High School: _____

Phone Number of High School: _____

Type of School: _____

Date of graduation or Equivalent (month & year): _____

List of schools you have attended since High School:

Check all that apply: I have a degree from another college or university.

I have been dismissed from another college.

I am financially indebted to another college.

** Please provide a transcript from all applicable Colleges & High Schools*



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Check the program(s) you wish to enroll in:

- Pastoral One Year Bible Program
- Music Christian Education
- Missions/Evangelism

STATEMENT OF INTENT

In signing this application for admission to Pacific West Baptist College, I certify my willingness (if accepted) to cooperate with the purpose and standards of PWBC, abide by all policies of the college, subscribe to its doctrines and cooperate fully in advancing the cause of Christ and the testimony of Pacific West Baptist College. Any falsification on any part of this application can result in cancellation of admission and/or dismissal from Pacific West Baptist College.

Student's Signature: _____ Date: _____

SPIRITUAL INFORMATION

Date of salvation: ___/___/___ Are you a member of a church? Yes No

Name of Church: _____

Address: _____

City: _____ Prov: _____ Post: _____

Pastor's name: _____

Phone: (____) _____ Email: _____

Briefly give your salvation testimony in the space below or on a separate sheet:

CONFIDENTIAL INFORMATION

If you check any, please include a brief explanation on a separate sheet (This information is for planning purposes only)

- Check all that apply:
- I have been expelled, dismissed, or suspended for academic and/or disciplinary reasons.
 - I have used tobacco, alcohol, or non-medical drugs (including marijuana) in the past 24 months.
 - I have been convicted of a Summary Offense or Indictable Offense
 - I have been convicted or accused of child molestation

FINANCIAL INFORMATION

How do you plan to pay for your college expenses?

Are you in debt? Yes No If yes, please explain briefly: _____

Are you applying for financial assistance from PWBC? Yes No

If yes, please explain your situation and needs: _____

SCOLARSHIPS AND DISCOUNTS

- I am in full or part-time ministry
- My Parents are in full-time ministry
- I would like a job at Grace Baptist Church or PWBC if available
- I would like to pay "up front" for a discounted fee



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REFERENCES

First personal Reference: _____

Home phone: (____)_____ Cell phone: (____)_____

Second personal Reference: _____

Home phone: (____)_____ Cell phone: (____)_____

**Please give a reference form to each of these people, and one to your pastor (forms are provided in this package), along with a pre-address and stamped envelope, so that they can mail the form directly to the college.*

MEDICAL INFORMATION

Care Card Number: _____

Family Physician: _____ Phone: (____) _____

Your Height: _____ Your Weight: _____

Name of insurance Company: _____

Address: _____

City: _____ Prov: _____ Post: _____

Policy of Group Number: _____

If you check any, please include a brief explanation on a separate sheet. Please specify below if any checked.

- Check all that apply:
- I have had my schooling or job interrupted because of physical health or emotional disorders.
 - I have physical, mental, or psychological limitations which may require some adjustments to a typical student activity schedule.
 - I am currently taking medication prescribed by a physician.
 - I have been hospitalized in the past 24 months.

Immunization record (please list name, month and year):

- Received childhood immunizations, but no longer have documentation. Hospitalizations—include diagnosis and dates:

Surgeries—include type of operations and dates: _____

Injuries—List any major injuries: _____

List any allergies: _____

List any present medication, doses, and reason for taking: _____

List any physical limitations: _____

List any known learning disabilities: _____

I have had...

- | | | |
|--|---|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Depression | <input type="checkbox"/> Frequent colds |
| <input type="checkbox"/> Convulsions or epilepsy | <input type="checkbox"/> Fainting attacks | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Eye trouble | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Kidney infections | <input type="checkbox"/> Scarlet Fever | |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Venereal disease | |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Arthritis | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | |



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Your signature below signifies that this medical information is true and complete to the best of your knowledge.

Student's Signature: _____ Date: _____

Parent's Signature (if under 18): _____ Date: _____

CONSENT AND RELEASE

This section is to be filled out and signed by your parent or legal guardian if you are younger than 18 years of age and are single otherwise. By the applicant I, PARENT OR LEGAL GUARDIAN, of ADDRESS do appoint the staff at Pacific West Baptist College and Grace Baptist Church in Surrey, British Columbia to make emergency decisions for my child CHILD'S NAME and to arrange medical services for my child, including admission to the hospital if my child has medical conditions which may be relevant to a physician in the event of such an emergency, I have listed them above.

I understand and hereby agree to assume all financial obligations which are incurred in connection with such emergency medical decisions. I do hereby agree to hold Grace Baptist Church, Pacific West Baptist College, and their agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages, even injury resulting in death, which I now have or which my child now has or may have in the future in connection with such emergency medical decisions.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the federal and provincial law, and that if my portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof, and I sign this release as my own free act. This is a legally binding agreement which I have read and understood.

_____/_____/____ () _____
PARENT OR LEGAL GUARDIAN MM DD YYYY PHONE NUMBER

The personal information you provide to us is collected pursuant to section 26 of the Freedom of Information and Protection of Privacy Act, R.S.B.C. 1996, c.165. The personal information is collected for recruitment purposes and other related PWBC purposes that may include the following:

1. Providing information and advice on your course and program needs
2. Informing you of upcoming recruitment events
3. Providing ongoing service and assistance to understand your post-secondary educational needs
4. Statistical purposes

Your personal information will only be accessible by authorized PWBC employees and representatives, or as otherwise permitted by law. PWBC will not disclose your personal information to an outside third party. Your personal information is kept secure and is not available to the public.

Although PWBC makes every effort to maintain the security of your personal information, PWBC cannot guarantee against, and is not responsible for, unauthorized access or fraudulent use of your personal information.

PWBC reserves the right to amend this statement at any time without notice. For further information about the collection of personal information, please contact us.



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