

Name Last Maiden		Preferred Name / Nickname
Address (Please enter Address, City, State, and Zip Code)		Home Phone
Current Mailing Address (If different from above) (Please enter Address, City, State, and Zip Code)		Work Phone
Email Address		
Social Security #	Date of Birth	Home County
		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		# of Children / Names and Ages <input type="checkbox"/> None 1. _____ 2. _____
Housing Plans at MBC <input type="checkbox"/> Commute <input type="checkbox"/> College Dormitory		<input type="checkbox"/> Yes 3. _____ 4. _____
Ethnic Group <input type="checkbox"/> Asian <input type="checkbox"/> Afro-American (Black / Non-Hispanic) <input type="checkbox"/> International <input type="checkbox"/> Other, _____ <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Euro-American (White / Non-Hispanic)		Age _____ When do you desire admission to MBC? <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__
How did you hear about MBC?		
EDUCATIONAL BACKGROUND: Name of High School:		Date of Graduation:
Address of High School city _____ state _____ zip _____		Not a Graduate? Date of GED:
List All Colleges/Schools attended beyond High School:		
NAME	YEAR	MAJOR
GRADUATED		
1)		
2)		
3)		
Employment Record: List last three employers, time worked and nature of work.		
1)		
2)		
3)		
Military Record: Have you ever served in the military YES <input type="checkbox"/> NO <input type="checkbox"/> Honorable Discharge? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you plan to use V.A. Benefits? YES <input type="checkbox"/> NO <input type="checkbox"/>		Citizenship: Are you an American Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/> If "no", give citizenship _____
Religious Life:	Member of what church?	Congregation Name and Address:
What experience have you had in teaching, preaching, personal work, song leading, or other activities of the church?		
How did you hear about us? (check all that apply) <input type="checkbox"/> Church <input type="checkbox"/> Friend <input type="checkbox"/> Alumni <input type="checkbox"/> Preacher <input type="checkbox"/> Youth Minister <input type="checkbox"/> Elder <input type="checkbox"/> Deacon <input type="checkbox"/> Youth Rally <input type="checkbox"/> Internet <input type="checkbox"/> Other _____		
What attracts you most to MBC? (check top two answers) <input type="checkbox"/> Size <input type="checkbox"/> Location <input type="checkbox"/> Atmosphere <input type="checkbox"/> Class Schedule <input type="checkbox"/> Accreditation <input type="checkbox"/> Other _____		
I certify that none of the information requested on this form is false or has been withheld. I understand that giving false information or withholding information may make me ineligible for admission or to continue at Magnolia Bible College.		