

Oklahoma Baptist College & Institute

5517 NW 23rd Street | Oklahoma City, OK 73127 | (405) 943-3334 | office@oklahomabaptistcollege.com

Application for Admission

Accreditation Status

Oklahoma Baptist College and Institute is not accredited under rules promulgated and adopted by the Oklahoma State Regents for Higher Education or by any national or regional accrediting agency which is recognized by the State of Oklahoma or the Secretary of the U.S. Department of Education. We believe that institutions such as we are, which train young men and young ladies for the ministry of Jesus Christ, should not be under the direct authority or control of the state. OBC&I does not grant college degrees; therefore, transfer of courses from Oklahoma Baptist College and Institute to other institutions is at the discretion of the receiving institution.

Attach a recent
photograph
of yourself

Instructions:

- Fill out this application and all forms neatly and completely with black or blue ink.
- Mail all completed forms with your \$50 application fee and an attached photo to the address above.

I am applying for: Fall Spring Summer 20_____

Personal Information:

Mr./Mrs./Miss _____ Male Female
Legal Name (Last/First/Middle/Maiden) Usually Called

_____-_____-_____
Social Security Number Email _____ MM / DD / YYYY _____ Age _____
Date of Birth

Citizenship: USA Other _____ Place of Birth _____
Country City State

Race/Nationality _____

Residential Address _____
Street City State Zip

Mailing Address _____
City State Zip

Telephone (_____) _____ (_____) _____ (_____) _____
Home Cell Work

Current Occupation _____
Employer Address Reference Phone

Served in Armed Forces? No Yes – Branch _____ Dates _____ to _____

Type of discharge _____

Current Marital Status:

Married _____ MM / DD / YYYY _____
Spouse's Full Name/Maiden Name Date of Birth Social Security Number

Single Engaged* Separated* Divorced* Remarried* Single parent* *Please include an explanation.

If you have children, please include a separate sheet of paper with their legal name, birthday, age, and what school they will be attending while you are in college.

(Turn Over to Next Page)

Family:

Father's name (Indicate "deceased" if not living.)/Legal Guardian

Mother's name (Indicate "deceased" if not living.)

Permanent Address (Street/City/State/Zip)

Permanent Address (Street/City/State/Zip)

Home

Cell

Home

Cell

E-mail

Occupation

E-mail

Occupation

College Attended

Year Graduated

College Attended

Year Graduated

Are your parents in full-time Christian service? No Yes If yes, please complete the following:

Name of Ministry _____ Position _____

Ministry's Address

(_____) _____
Phone

Christian Experience: Have you trusted Jesus Christ as your personal Savior? Yes No

Church Attendance: Regularly (2-3 times/week) Once a week Less often _____

Church Member No Yes _____
Denomination Church Name

Mailing Address

City

State

Zip

(_____) _____
Telephone Email Pastor's Name

Education: Currently attending or graduated from: High School Home School GED College

Graduation Date _____ Name of High School _____

Street Address

City

State

Zip

Principal

Transcripts: Do you expect to transfer credits from another college? No Yes OBC must have an official transcript on file from Admissions Office before any credits can be evaluated for possible transfer. See transcript request form (included).

Classification you expect to have when you enroll in OBC: Freshman Sophomore Junior Senior

Learning Institutions: List all colleges, Bible institutes, or technical schools attended, including any on-lines courses. Use a separate sheet for additional school information.

Name of College

Address

Dates Attended

Degree/Diploma

Name of College

Address

Dates Attended

Degree/Diploma

Have you ever been denied enrollment, suspended, or dismissed from any school or college?

No Yes - Explain on separate sheet of paper.

Other information: Do you have any outstanding debts? No Yes

To Whom _____ Amount of Debt _____

To Whom _____ Amount of Debt _____

To Whom _____ Amount of Debt _____

To Whom _____ Amount of Debt _____

Do you have a police record of any kind? Yes No If yes, please explain on a separate sheet of paper, including the city, state, and all other pertinent information.

Health: Please check any of the following that you currently have or have had in the past.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Excess Weight Loss | <input type="checkbox"/> Kidney/Bladder Disease | <input type="checkbox"/> Sinus Disease |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fainting Attacks | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Blood Pressure (High) | <input type="checkbox"/> Frequent Chest Colds | <input type="checkbox"/> Malaria | <input type="checkbox"/> Trouble with Eyes |
| <input type="checkbox"/> Blood Pressure (Low) | <input type="checkbox"/> Frequent Head Colds | <input type="checkbox"/> Measles | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tumors |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Frequent Tonsillitis | <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Whooping Cough |

I certify all the information I have provided in my application packet is true.

Signature

Date



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Salvation Testimony

Name _____

1. Are you saved? Yes No

2. Briefly state your salvation experience.

3. Have you been called into full-time Christian service? Yes No

4. For what field of full-time Christian service do you feel led to prepare?

Pastor _____

Missionary _____

Evangelist _____

Youth Work _____

Bus Ministry _____

Music Ministry _____

Deaf Ministry _____

Christian Elementary Education _____

Christian Secondary Education _____

Practical Christian Living _____

Secretarial _____

Other _____

OBC STUDENT MEDICAL/HEALTH INSURANCE INFORMATION

Student's Name: _____ Age: _____

Address (Home of Record): _____

City State Zip Code

Phone: (_____) _____ (_____) _____
Home Cell

Medical/Health Insurance Information:

Name of Company: _____

Address: _____

Phone Number: (_____) _____ Expiration Date _____

Policy Number: _____ Group Number: _____

Student Certification of Currency:

I do have the above medical/health insurance in force now and it is accepted nationwide within the United States of America. I do hereby acknowledge it is my responsibility to notify the OBC College Office within 24 hours of any change in my personal insurance coverage and will provide information about replacement coverage. I also acknowledge it is my responsibility to have and maintain insurance coverage.

Student's Signature

Date

OKLAHOMA BAPTIST COLLEGE & INSTITUTE

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Emergency Authorization

Student's Full Name _____

Student's Birthdate _____

In the event that an emergency should arise, I hereby give Oklahoma Baptist College & Institute 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.)

Signature

Date

Address

City, State, Zip

() _____

Student's Home Phone

() _____

Student's Cell Number

Student's Place of Employment

() _____

Student's Work Number

() _____

Father's Cell Phone

() _____

Father's Work Number

() _____

Mother's Cell Phone

() _____

Mother's Work Number



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Request for College and High School Transcripts

Complete this form and mail it to the school from which you are requesting records.

To the Registrar:

Name of college, university, or high school which you attended

Address

City

State

Zip Code

Please send a copy of my: College Transcript _____ High School Transcript _____

To: Oklahoma Baptist College & Institute
5517 NW 23rd Street
Oklahoma City, OK 73127

Date _____ Signature _____

Last Name

First

Middle/Maiden

Social Security Number

Address

Last Term/Date Attended

City

State

Zip

Graduation Date

Name of student at time of enrollment, if different from above.

Birthday

I have applied to attend Oklahoma Baptist College & Institute for the:

_____ Spring

_____ Summer

_____ Fall

of 20 _____



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CONFIDENTIAL - PERSONAL REFERENCE FORM

(Fill in Applicant Name and details before giving this form to your Pastor.)

Applicant's Name _____ Age _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Character Trait	Excellent	Good	Average	Fair	Poor	Unknown
Christian Character						
Dependability						
Cooperation						
General Intelligence						
Ability to Get Along with Others						

How long have you known the applicant? _____

Does applicant pay his bills on time? _____

Would you hire this applicant to work for you? _____

Why or why not? _____

Is this applicant the kind of person with whom you would want your son or daughter to be close friends? _____ Why? _____

List any physical handicaps or defects: _____

List any significant factors in applicant's background which we need to know:

Name of reference _____ Date _____

Your relationship to applicant _____ **Pastor** _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Comments: _____

NOTE: Send this form directly to OBC&I. Do not return it to the applicant.



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CONFIDENTIAL - PERSONAL REFERENCE FORM

(Fill in Applicant Name and details before giving this form to someone who knows you well.)

Applicant's Name _____ Age _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Character Trait	Excellent	Good	Average	Fair	Poor	Unknown
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Cooperation						
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List any significant factors in applicant's background which we need to know:

Name of reference _____ Date _____

Your relationship to applicant _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Comments: _____

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Confidential – Physical Form To Be Completed by a Physician

Student's Name _____

Age ____ Sex _____ Race _____

Examination Date _____

Marital Status _____

Height _____ Weight _____ Blood Pressure ____/____ Temperature ____ Pulse _____

Vision without glasses: Right _____/_____ Left _____/_____

Vision with glasses: Right _____/_____ Left _____/_____

E.E.N.T

Heart

Lungs

Abdomen

Extremities

Reflexes

Genitals

Urine Sugar _____ Albumin _____ Microscopic _____

TB Tine Test

Physician _____

Print Name

Phone

Address

City

State

Zip Code

Comments from physician _____

This student is physically able to attend Oklahoma Baptist College & Institute. If not, I have listed limitations above.

Physician's Signature

Date



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Pastor Child Merit Award – First -Time Applicant

Eligibility Requirements

1. Your parent must be a full-time pastor or missionary.
2. You must be a single student with a definite financial need and must declare an inability to receive full financial help from other sources.
3. You must carry a minimum of 12 academic hours of class work unless granted special permission by the administration.
4. You must maintain a “C” average in class work to remain eligible for the pastor child merit award.

General Information

Date of application: _____ Application is for: **Fall 20__ Spring 20__** Female__ Male__

Name _____ Age _____ Birthday _____
Last First Middle

Address _____
Street (Do not put dorm address) City State Zip Code

Phone (_____) _____ - _____ (_____) _____ - _____ Email _____
Home Cell

Parent/Guardian Name _____

Address _____
Street City State Zip Code

Phone: (_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home Cell Other

Church your father is now pastoring _____ Phone (_____) _____ - _____

Church Address _____
Street City State Zip Code

Number of years he has pastored this church _____ Email Address _____

Educational Information

Status:

High School Graduate	_____ Public School
_____ Yes _____ Year	_____ Christian School - Curriculum Used _____
_____ GED _____ Year	_____ Home School - Curriculum Used _____
_____ Not yet graduated	_____ Other - Explain _____

Course of study you plan to pursue at OBC? _____ Missions _____ Education _____ Pastoral Theology
_____ Secretarial _____ Practical Christian Living _____ Deaf Ministry _____ Undecided

Financial Standing

Total amount saved for college _____
 Amount receiving monthly from parents _____
 Amount receiving monthly from church _____
 Applied for loan for education? ____ yes ____ no
 Planning to work outside job? ____ yes ____ no

Other Merit Awards/Financial Assistance applied for this semester:

____ Academic
 ____ Employee

Outstanding debts/monthly expenses: Please list all expenses, including charge accounts, loans, and past tuition obligations.

<u>Institution</u>	<u>Phone</u>	<u>Amount</u>	<u>Payment Plan</u>

Agreement

- I have a definite financial need and cannot attend Oklahoma Baptist College and Institute without financial assistance.
- I understand that in the event I am placed on academic or disciplinary probation or suspended for any reason or leave on my own accord during any semester, I will pay back the unused portion of the Pastor's Child Merit Award.
- I understand that if I am placed on probation or suspension for any reason, I may not apply for or receive any award/assistance opportunity until after the probation or suspension has been removed.
- I understand that the Pastor's Child Merit Award, along with any other merit awards/assistance, will not cover more than 50% of my entire school bill.
- I agree to abide by this agreement as well as the rules and regulations of Oklahoma Baptist College.

To the best of my knowledge, the statements in this application are true and correct.

Student Signature	Date
Parent or Guardian Signature	Date

This application must be received by Oklahoma Baptist College no later than July 15 for the fall semester and December 1 for the spring semester.

You must re-apply for the Pastor's Child Merit Award each semester.

Mail the completed application to:

Oklahoma Baptist College
 5517 NW 23rd Street
 Oklahoma City, OK 73127

OFFICE USE ONLY

Date Application Received _____

Amount to be Applied to Bill _____

Date Accepted _____

Approved By _____



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Dormitory Reservation Form

Please fill in and return this form with your application and the Insurance Disclaimer Letter if you plan to live in the dormitory.

Date _____

Dear Dormitory Supervisor:

Please reserve a room in the dormitory for me,

(Full Name)

I am from _____, and
(City, State)

My Home Church is _____
(Church Name)

With anticipated permission from the Executive Vice-President,

I plan to arrive on _____,
(Date)

My contact numbers are

(_____) _____ - _____ (_____) _____ - _____
(Home Phone) (Cell Phone)

Signed Permission _____ Date _____
Dr. Joe Finn, Executive Vice-President

OKLAHOMA BAPTIST COLLEGE & INSTITUTE

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Insurance Disclaimer Letter

Dear Friends:

I hope this letter finds you doing well and enjoying the blessings of the Lord upon your life. The reason for this letter is to issue an insurance disclaimer in writing, as we have been directed to do by our insurance provider here at Windsor Hills Baptist Church and Oklahoma Baptist College.

We have never endured a fire, tornado, or other event that was able to totally consume our facilities. In such an event, however, our insurance would only cover a portion of such loss. For this reason, we want you to be informed as to what the coverage would include. Hence, the following disclaimer:

Windsor Hills Baptist Church and/or Oklahoma Baptist College is neither responsible for nor required to carry insurance on the personal property of students living in the dormitories.

Each student is required to have renter's insurance or be responsible to see that his/her personal property is covered by their parent's homeowner's policy.

In an effort to eliminate any misunderstandings regarding our coverage responsibilities in the event of these facilities being damaged, we have put this disclaimer in writing.

If you should have any questions about this disclaimer, please feel free to call us at 405-943-3334.

Sincerely your friend and servant,

Dr. Joe Finn
Executive Vice-President

Please check one:

_____ Yes, I do have renter's insurance or my personal property is covered under my parent's homeowner's policy.

_____ No, I do not have renter's insurance and my personal property is not covered by my parent's homeowner's policy. If anything should happen I will not hold Windsor Hills Baptist Church or Oklahoma Baptist College or their staff/faculty responsible for any damage to or loss of my personal property.

Student's Signature

Date

Parent's Signature

Date