



# APPLICATION FORM

## Part 1 GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Preferred First Name: \_\_\_\_\_ Other names: \_\_\_\_\_

Present Address (Here until what date? \_\_\_\_\_) Month / Day / Year

\_\_\_\_\_  
*Street Number and Name* *Apt or Box Number*  
\_\_\_\_\_  
*City* *State* *Zip Code* *Country*

Telephone: Home: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_  
*area code* *number* *area code* *number*  
Work: ( ) \_\_\_\_\_  
*area code* *number*

Email: \_\_\_\_\_ Gender: **Male** **Female**

Birth date: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
*Month / Day / Year*

Primary Language(s): \_\_\_\_\_

Are you an International applicant? Yes No  
*(International applicants are citizens of any country other than the U.S. and its territories, who do not hold a U.S. green card for permanent residency).*

International Applicants Only: Are you in the U.S. on a visa? Yes No

If Yes, what type? \_\_\_\_\_ When does it expire? \_\_\_\_\_ (date)

**Part 2 PROGRAM INFORMATION**

When do you hope to enroll? Spring 2009-10    Fall 2010-11    Spring 2010-11    unsure

For which program are you applying? (Select one)

**MARRIED APPLICANTS IMPORTANT – A number of program options are available for couples. You must read the “Program Options for Couples” document before completing this application form or applying online. Please note: If you have dependent children, **you must secure special permission in order for both spouses to be full time students.** Contact Admissions before proceeding with the application.**

	<p><b>B.A. Degree in Intercultural Studies</b>  <b>Spring enrollment (accelerated program):</b>                  This full-time program consists of 4 consecutive semesters, a summer off, then 16 month overseas internship, final semester on campus  <b>Fall enrollment:</b> This full-time program consists of 2 academic years, 16 month overseas internship, final semester on campus</p>
	<p><b>A.A. Degree in Global Christian Ministry</b>  <b>Spring enrollment (accelerated program):</b>                  This full-time program consists of 4 consecutive semesters plus 4-6 weeks of missions practicum  <b>Fall enrollment:</b> This full-time program consists of 2 academic years plus 4-6 weeks of missions practicum</p>
	<p><b>Certificate in Bible and Missions</b>                  This full-time program consists of 2 consecutive semester</p>
	<p><b>Married Student Option 2</b>                  This is a part-time program, requiring that your spouse be enrolled as a full-time student in the B.A. or A.A. program. This program results in a Certificate of Achievement.</p>
	<p><b>Married Student Option 3</b>                  This is a part-time program, available to both spouses and results in a Certificate of Achievement.</p>

**Part 3 – FAMILY INFORMATION**

Parents’/Legal Guardians’ Names: \_\_\_\_\_

Do you currently live with your parents/legal guardians?    Yes    No

If No, and you are under age 22, please provide your parent’s address:    Father    Mother    Both

\_\_\_\_\_

*Street Number and Name* *Apt or Box Number*

\_\_\_\_\_

*City* *State* *Zip Code* *Country*

Telephone: Home: (        ) \_\_\_\_\_ Email: \_\_\_\_\_  
area code number

Do your parents support your application to Bethany?    Yes    No    Unsure

If No or Unsure, Explain:

**Applicants Marital Status:** (please circle all that apply)

Single                      Engaged \_\_\_\_\_ *Projected Wedding Date*                      Married – Date: \_\_\_\_\_  
Divorced – Date: \_\_\_\_\_                      Separated – Date: \_\_\_\_\_                      Widowed – Date: \_\_\_\_\_

**If Married, what is your spouses full name?** \_\_\_\_\_

**Do you have children from a marriage or any other relationship?**    Yes    No

**If Yes, fill in the chart below for dependent children only:**

Child's Name	Child's Age	Gender	Does the child live with you?		
			Yes	No	Part time

**If some or all of the children do not live with you or live with you only part-time please explain:**

**Part 4 - SPIRITUAL LIFE INFORMATION**

**Do you consider yourself to be a Christian?**    Yes    No                      **For how long?**                      yrs    mths  
**If Yes, describe why?**

**Do you attend church regularly?**    Yes                      No                      **If No, Explain:**

**If Yes, current church name** \_\_\_\_\_ **Denomination** \_\_\_\_\_

**Location:** \_\_\_\_\_ **How long have you attended here?** \_\_\_\_\_  
*City    State    Country*

**Does this church support your application to Bethany?**    Yes    No    Unsure  
**If No or Unsure, Explain:**

**Do you consider this to be your home church?**    Yes                      No                      **If No, please give your:**

**Home church name** \_\_\_\_\_ **Denomination** \_\_\_\_\_

**Church Location:** \_\_\_\_\_  
*City    State    Country*

**How long have you attended here?** \_\_\_\_\_

**Does this church support your application to Bethany?**    Yes    No    Unsure  
**If No or Unsure, Explain:**

**Part 5 - MISSIONS INFORMATION**

How would you describe yourself as you consider a career in cross-cultural missions?

\_\_\_ I definitely want to go overseas as a missionary. Country? \_\_\_\_\_

\_\_\_ I want to be involved in cross-cultural outreach in my home country.

\_\_\_ I am exploring missions as a possibility, but not sure yet if this is what God has for me.

\_\_\_ Other (please describe): \_\_\_\_\_

Are you planning to or have ever lived, worked, or ministered outside your own country for any reason? Yes No If "Yes", please complete the following (most recent items first):

Organization	Country	Dates	Nature of Trip

**Part 6 - EDUCATIONAL INFORMATION**

Are you a high school graduate? Yes \_\_\_\_\_ Not Yet \_\_\_\_\_ No

Type of high school (circle one): public \_\_\_\_\_ private \_\_\_\_\_ home school \_\_\_\_\_  
Date Projected Date

Name/Location of high school: \_\_\_\_\_

If No, have or will you earn a GED? Yes \_\_\_\_\_ Not Yet \_\_\_\_\_ No  
Date Projected GED Finish Date

Medium of high school instruction (Internationals only): English Other \_\_\_\_\_  
(please specify)

Other than high school, list any discipleship programs, certificate programs, schools, or colleges you have attended, and all military experience (most recent listed first):

Name of Organization/Program	Location of Program	Type of Program/Your Major	Dates of Attendance	Completed?	
				Yes	No

If you did not complete any of the above programs, Explain:

List any credentials earned above (i.e.: B.A. in \_\_\_\_\_):

**Part 7 - FINANCIAL INFORMATION**

What is your total debt? \$ \_\_\_\_\_ Explain:

Will these obligations be met before your enrollment at Bethany? Yes No

If No, how do you plan on meeting these obligations during your enrollment?

**Part 8 - PERSONAL ISSUES**

Please note: Marking a “Yes” box will not automatically disqualify you for admission. However, misrepresentation of information may result in immediate disqualification or expulsion.

	Yes	No
Have you used illegal drugs in the past 2 years?		
Have you abused alcohol in the past 2 years?		
Have you ever been arrested?		
Have you ever been convicted of a crime or put on probation?		
Have you ever been pregnant or fathered a child out of wedlock?		
Have you ever been diagnosed with a physical or mental illness?		
Have you ever engaged in self-destructive behavior (suicide attempt, cutting, eating disorder etc)?		
Have you ever been diagnosed with debilitating anxiety and/or depression?		
Have you ever been diagnosed with a learning disorder or studied under an IEP?		
Have you taken part in sex outside of marriage or adultery in the past 2 years?		

If you marked Yes for any of the Personal Issues above, please explain for each item (attach additional paper if needed):

1. the dates, duration, and details
2. any treatment received and its outcome
3. any ways in which the issue(s) will affect you while at BCOM? (i.e. need for on going counseling; academic challenges, etc.)

**Part 9 – HOW DID YOU HEAR ABOUT BETHANY?**

Who or what most influenced you in your decision to apply to Bethany? Please explain:

How did you originally find out about Bethany?

___ Web site	How did you find our site? _____
___ Word of Mouth	Name/relationship to you: _____
___ Magazine/Card Deck Ad	Name of Publication: _____
___ Conference/Event	Name and Location: _____
___ Other	Please Specify: _____

I, the applicant, declare all information given in this document, and any additional written statements submitted in the application process, to be true and accurate to date. I understand that misrepresentation of information may result in immediate disqualification or expulsion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date