



Ecclesia College



Application for Admission & Scholarship 2011

9653 Nations Dr. Springdale, AR 72762 (479) 248-7236
www.ecollege.edu MyFuture@ecollege.edu

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I. Personal Information

1. Legal Name Last _____ First _____ Middle _____

2. Preferred First Name _____ 3. Social Security Number _____

4. Email Address _____

5. Mailing Address _____ 6. Home Address (if different from mailing address) _____

_____ Number and Street or P.O. Box _____
_____ Number and Street or P.O. Box _____

_____ City _____ State _____ Zip Code _____
_____ City _____ State _____ Zip Code _____

_____ Country/Province _____
_____ Country/Province _____

7. Home Phone (_____) _____ 8. Work Phone (_____) _____

9. Birthday (mm/dd/yy) ____/____/____ 10. Gender (check one) Female Male

11. Marital Status (check one) Single Married Separated Divorced

12. Ethnicity Please indicate your ethnic identity by checking one of the following. (Note: In compliance with federal reporting requirements, Ecclesia College must seek to identify the ethnic background of all applicants for admission. You are encouraged to supply this information, but may decline without affecting your application).

African American Native American Asian or Pacific Islander Hispanic White Other _____

13. Citizenship Are you a citizen of the United States? (check one) Yes No if "no," fill out the following and contact the Admissions Office for International information.

Country of Citizenship/Birth _____

Passport Number _____ Passport Expiration Date _____

14. Civil History Have you ever been convicted of a felony or misdemeanor by any court, including local, state, federal, or military and/or have you ever been honorably discharged by any military branch? (check one) Yes No If "yes," please include a written explanation with your application.

15. Health History Do you have medical insurance? Yes No

Name of Insurer _____ Medical Insurance Number _____

Emergency Contact _____ Phone # _____

Emergency Contact _____ Phone # _____

List any other health issues we should know about _____

16. Church Information Home Church _____

Head Pastor _____ Student Pastor _____

How Long Attended _____ Contact Number _____

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II. Admission Information

- Term:** Please indicate the term and year for which you are applying (*check one*) Fall Spring 20____
- Classification:** The classification that best reflects your status upon enrollment (*check one*) First-year Transfer
- Ecclesia Credit:** Have you ever taken any courses for credit at Ecclesia College? Yes No
- Major:** What is your intended major? (*If you are unsure, write "undecided"*) _____
- Residency:** Ecclesia College requires that all students live on campus, unless they are at least 24 years of age, married, have children, or live with parents. Do you intend to live on campus? Yes No

III. Academic History

- High School:** Name and address of high school from which you have/will have graduated.

High School Name

City

State

- High School Graduation Date/Date of GED Completion** _____ / _____
Month Year

- Test Scores:** ACT Composite Score _____ or SAT Total _____

- GPA:** Cumulative High School GPA _____

- Transfer History** Have you previously enrolled in and/or completed any college-level coursework. (check one)
 Yes No If "no," please move on to question 6.

If "yes," please list all colleges you have attended and hours you will have earned upon enrollment at Ecclesia. Include any courses in which you are currently enrolled. You must request that *each college send an official transcript* to our office. Failure to report any and all previous coursework may result in the withdrawal of an offer of admission and/or dismissal from Ecclesia College. Attach an additional sheet if necessary.

<i>College / University</i>	<i>Location (City/State)</i>	<i>From (Mo. Yr.)</i>	<i>To (Mo. Yr.) if necessary</i>	<i>Est. Hours</i>

- Activities, Awards, and Honors:** Below, please list all extracurricular activities in which you have participated, offices and/positions you may have held, and any honors and awards you have received.

- I understand that applying to Ecclesia College applies me to the EC Work Program as well; and that if accepted I am expected to complete 225 hours of EC designated work per semester (avg 15hr/week): check if you have read this**

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IV. Supplemental Questions

Please prayerfully and honestly answer the following questions on a separate piece of paper.

1. Describe your conversion experience and your present relationship with the Lord.
2. Describe any other pertinent spiritual experiences
3. How would you describe your relationship with your family? How do they feel about your application to this school?
4. Describe your relationship with your local church and pastor(s), including areas of service and leadership experience.
5. Please describe your long-term goals. Has God spoken to you about your life's calling? Specify.
6. Please list any special circumstances or situations we should know about. (i.e. family, background, or medical).
7. Depending on your financial aid package (including scholarships) do you know if you will have the finances for college?
8. Have you ever had any physical, emotional, or mental disabilities? If so, please describe in detail.
9. If accepted to this school, what are your expectations?
10. Are you engaged? If so, how long?
11. If you are married, have been married, or have children? Please answer the following.
 - A. How long have you been married?
 - B. Were you ever married to someone else? If yes, please explain.
 - C. Have you been separated? If yes, please explain.
 - D. Names, birthdates, and sex of your children if they are living with you?
12. List the names, addresses, phone numbers, and email addresses of: A) Your parents or guardians B) Your Pastor

V. Parent Reference Form: Please have your parents fill this out and send it in; this is a confidential form.

VI. Pastor Nomination Form: Please give this to your pastor to fill out and send in; this is a confidential form.

Please have these forms sent to:

Ecclesia College—Admissions Office—9653 Nations Dr. Springdale, AR 72762

VII. Registration Fee: A non-refundable registration fee of \$35 is to be sent in with each application.

VIII. Photo: Please include a recent wallet size photo.

IX. Signature: Print and sign your name below and date to attest that the information you have given is correct to the best of your knowledge.

Print name _____

Sign Name _____ Date _____ (mm/dd/year)