



# FivePoints College

## Application for Admission

### APPLICATION REQUIREMENTS

1. Completed Application with valid Driver's License or Photo ID
2. \$25 non-refundable Application fee
3. Pastoral Reference
4. High school or previous college transcripts

### REQUEST FOR ADMISSION

Fall Semester, 20 \_\_\_\_\_ Spring Semester, 20 \_\_\_\_\_

### PERSONAL INFORMATION

Full Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Are you a U.S. Veteran?  Yes  No

Are you a U.S. Citizen?  Yes  No Citizenship (if other than U.S.) \_\_\_\_\_

If not a U.S. Citizen, are you a legal permanent resident of the U.S.?  Yes  No

If yes, please provide your Alien Registration Number \_\_\_\_\_

Have you ever been convicted of a felony or incarcerated?  Yes  No (If yes, please attach explanation.)

Marital Status  Single  Married  Widowed  Separated  Divorced

If Married, provide spouse's full name \_\_\_\_\_ Contact # \_\_\_\_\_

Is your spouse in agreement with your attending FivePoints College?  Yes  No

Emergency Contact Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

### PASTORAL INFORMATION

Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Church Name \_\_\_\_\_ Website \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Denominational affiliation \_\_\_\_\_

If no affiliation, Agnostic? \_\_\_\_\_ Atheist? \_\_\_\_\_

## EDUCATION

### High School

Name \_\_\_\_\_ Did you graduate?  Yes  No  
City & State \_\_\_\_\_ Phone \_\_\_\_\_  
Class Rank \_\_\_\_\_ Number in class \_\_\_\_\_ GPA \_\_\_\_\_ Year of Completion \_\_\_\_\_

*(If GPA is below 2.25 or you are in the lower 50% of your class, attach a one page essay as to why you feel you could handle college level work.)*

### Previous College(s) Attended

Name \_\_\_\_\_  
City & State \_\_\_\_\_ Phone \_\_\_\_\_  
Years attended \_\_\_\_\_ Credits Earned \_\_\_\_\_ GPA \_\_\_\_\_  
Major/Program of Study \_\_\_\_\_

Name \_\_\_\_\_  
City & State \_\_\_\_\_ Phone \_\_\_\_\_  
Years attended \_\_\_\_\_ Credits Earned \_\_\_\_\_ GPA \_\_\_\_\_  
Major/Program of Study \_\_\_\_\_

Highest Level Completed  Associates  Bachelors  Masters  PhD Other \_\_\_\_\_

List any scholastic honors you received or activities you participated in during high school or college.

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## FINANCIAL INFORMATION

How do you plan to pay for your education at FivePoints College?

- Full payment at the beginning of the semester  
 With the Deferred Payment Plan (3 installments over the course of the semester)

## VEHICLE INFORMATION

Will you be driving a vehicle to campus?  Yes  No  
If yes, provide: Vehicle Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Plate Number \_\_\_\_\_ State of Issuance \_\_\_\_\_  
Vehicle Owner \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Auto Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Phone \_\_\_\_\_

## HEALTH INFORMATION

Do you have any health condition(s) that might require medical attention while attending class at FivePoints College?

Yes  No If yes, please explain: \_\_\_\_\_

Preferred method of treatment in the case of a medical emergency: \_\_\_\_\_

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## SPIRITUAL INFORMATION

Describe your present spiritual condition.

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Describe any church related activities in which you are presently involved or have been involved.

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Have you been baptized in Jesus Name?  Yes  No      Have you received the Holy Ghost?  Yes  No

## ACADEMIC INTENT

Why do you want to attend FivePoints College?

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Do you plan to  work towards completion of a degree

If so, what level?  Associates  Bachelors  Masters  PhD

only take courses that are interest to me

Which of our program of studies is of most interest to you?

Theology  Religious Administration  Philosophy  Christian Counseling  Music

Christian Education  Drama  Productions  Chorale  Audio/Video Technology

## APPLICATION AGREEMENT

*I certify that the information provided on this Application is complete and accurate to the best of my knowledge, and that FivePoints College is authorized to make whatever inquiries are necessary to certify the accuracy of my records. Further, I consent to the use of reference letters and reference checks in evaluating my Application. If accepted as a student at FivePoints College, and in consideration thereof, I will submit cheerfully to all the regulations and policies of the College and seek to maintain a high standard of Christian integrity and conduct.*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

The applicant has my approval to submit this Application for Admission to FivePoints College.

Pastor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please Mail Completed Applications to:

# FivePoints College

205 Country Club Road

P.O. Box 374

Mattoon, IL 61938

Phone: (217) 234-4130

Fax: (217) 258-8024