



FOOTHILLS

CHRISTIAN COLLEGE & SEMINARY

400 WINSTON STREET, WILKESBORO, NC 28697
WWW.FOOTHILLSCHRISTIANCOLLEGE.ORG * 336.667.6145

PRE-ADMISSION APPLICATION

Proposed Date of Entry: Fall Semester _____ Spring Semester _____
(year) (year)

Personal Information:

Full Name: _____
Last First Middle Preferred name

Permanent Address: _____
Street Address/ P.O. Box #/Apartment #

Home Phone: _____ Cell Phone: _____ Other Phone: _____
Area Code Area Code Area Code

Emergency Contact Name: _____ Emergency Contact Phone: _____
Area Code

E-mail Address: _____ If US Citizen, state of permanent residence: _____

Gender: Male Female Marital Status: Single Separated Married Divorced

Date of Birth: ____/____/____ Social Security Number: ____-____-____
Month Day Year

Ethnic Background: *(This information is for planning purposes only.)*
 American Indian or Alaskan Native Asian White
 Black or African-American Hispanic or Latino Other

How did you learn about Foothills Christian College? *(This information is for planning purposes only.)*
 Pastor / Youth Pastor Magazine / Newspaper Advertisement High School Visit
 High School Counselor Radio Advertisement College Fair
 Parents / Friends Internet Other _____

Background Information:

Name of the church you attend: _____

Pastor Name: _____ Denomination: _____

Church Address: _____
Street Address/ P.O. Box #/Apartment #

Church Phone: _____ Email Address: _____
City State Zip

If you answer "yes" to any of the following questions you must list corresponding number(s) with a brief explanation on a separate sheet of paper and include your full name and Social Security Number. *(This information is for planning purposes only.)*

- | | | |
|--------------------------|--------------------------|---|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been dismissed academically? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been dismissed for disciplinary reasons? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you used alcohol or non-medical drugs during the past 12 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a felony or misdemeanor? |

I participated in the following activities in high school:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Debate | <input type="checkbox"/> Drama | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Marching/Concert Band | <input type="checkbox"/> Choir | <input type="checkbox"/> Ministry |
| <input type="checkbox"/> Yearbook | <input type="checkbox"/> Student Government | <input type="checkbox"/> Other |

Enrollment Information:

Please select either the Bachelor or Masters Degree Program of your choice. If you are applying for one of the Masters Degree Programs, please select a concentration minor.

- | | |
|---|---|
| <input type="checkbox"/> Bachelor of Christian Ministry | <input type="checkbox"/> Master of Christian Ministry |
|---|---|

Minor Concentration in:

- | |
|---|
| <input type="checkbox"/> Biblical Studies |
| <input type="checkbox"/> Visionary Leadership |

- Non-Degree Program

Enrollment Status: NEW (First time at any college) Transfer Dual Enrollment Audit

Academic Records:

Beginning with the most recent, list all high schools, colleges/universities you have attended. It is your responsibility to provide our Admissions Office with a copy of each official transcript. A transcript request form is provided in this application packet.

Name of School	City/State	Years of Attendance	Diploma/Degree Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Agreement:

The candidate and his/her parent or guardian must read and sign the statements below before the Admissions Committee can consider this application. The undersigned agrees that:

1. The College may take such investigation and obtain such information as it may deem proper in connection with this application, and may treat as confidential all information submitted herein or which may be otherwise received by the college from any source or prepared as its request in including, without limitation, the applicant or his/her family, shall be at the college's sole discretion. An applicant may review any information gathered, provided the applicant has not waived confidentiality.
2. The provision concerning fixing the amount, adjustment on withdrawal or late arrival, other terms of comprehensive fees payment as set forth in the college's annual catalog are incorporated herein and are hereby accepted.
3. I certify that all of the information given in this application is complete and accurate to the best of my knowledge.

Signature of Applicant: _____

Date _____

Signature of Parent: _____

Date _____

(Parent or Legal Guardian (required for applicants under 18 years))

Pre-Admissions Application Checklist:

- Completed Pre-Admission Application
 - Statement of Faith
 - Include (3) Letters of Recommendation
 - ◆ (1) Pastoral Recommendation
 - ◆ (2) Personal Recommendation
 - Official Transcripts from previously attended high school and/or colleges
 - \$30 non-refundable application fee
1. Once you have completed the Pre-Admission Application, please mail your application and non-refundable fee to our main campus at the address below. Please make all checks out to: Foothills Christian College & Seminary.
 2. Submit transcript requests to the high school and/or colleges you have attended. Please address all official transcripts to our main campus at the address below.

The Pre-Admissions application and fee must be received before a transcript review and course recommendations are possible.

Please direct all correspondence to:

Foothills Christian College & Seminary
Attn: Admissions Office
400 Winston Street
Wilkesboro, NC 28697

Phone: (336) 667-6145

Web site: www.foothillschristiancollege.org



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PASTORAL RECOMMENDATION

Please fill out the top portion of this form with your name, address and anticipated program of study prior to sending this form to your pastoral reference. This person cannot be a family member and must have known you for over one year. This form must be sent directly from your pastoral reference.

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Anticipated Program of Study: Bachelor of Christian Ministry Master of Christian Ministry

The individual above is applying for admission to Foothills Christian College & Seminary. Thank you for your important phase in this applicant's life. Please fill out the remainder of this form and send directly to FCC&S, Attn: Admissions Office, 400 Winston St, Wilkesboro, NC 28697.

Pastoral Reference: _____

Church/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

What is your relation to the applicant? _____

1. In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or peers?

Category	Not Observed	Weak	Fair	Average	Very Good	Outstanding
Commitment to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of God's Call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How long have you known the applicant? _____
 How well? Very well Casually Not well

3. Do you see this person as someone whom you would hire as a church staff member or work with as a colleague?
 Yes No Unsure (Please comment on extra sheet)

4. For admission into Foothills Christian College & Seminary this applicant is:
 Highly recommended Recommended Not recommended



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PERSONAL RECOMMENDATION

Please fill out the top portion of this form with your name, address and anticipated program of study prior to sending this form to your personal reference. This person cannot be a family member and must have known you for over one year. This form must be sent directly from your personal reference.

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Anticipated Program of Study: Bachelor of Christian Ministry Master of Christian Ministry

The individual above is applying for admission to Foothills Christian College & Seminary. Thank you for your important phase in this applicant's life. Please fill out the remainder of this form and send directly to FCC&S, Attn: Admissions Office, 400 Winston St, Wilkesboro, NC 28697.

Personal Reference: _____

Church/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

What is your relation to the applicant? _____

1. In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or peers?

Category	Not Observed	Weak	Fair	Average	Very Good	Outstanding
Commitment to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of God's Call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How long have you known the applicant? _____
 How well? Very well Casually Not well

3. Do you see this person as someone whom you would hire as a church staff member or work with as a colleague?
 Yes No Unsure (Please comment on extra sheet)

4. I recommend this applicant for admissions to Foothills Christian College & Seminary:
 Highly recommend Recommend Do not recommend

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OFFICIAL TRANSCRIPT REQUEST

Name: _____

Social Security Number: _____

Date of Birth: _____

Phone Number: _____ Cell Number: _____

Term/Year Graduated: _____

Number of Copies Requested: _____ Dates of Attendance: _____

I hereby request and authorize _____ to release my transcript to the institution below:

Foothills Christian College & Seminary
Attn: Admissions Office
400 Winston Street
Wilkesboro, NC 28697

Student Signature: _____ Date of Request: _____