



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

AUDIT 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 #

City State Zip

Church Phone: _____ Email Address: _____

Signature of Applicant: _____ Date _____

Signature of Parent: _____ Date _____
(Parent or Legal Guardian (required for applicants under 18 years))

