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BLUE RIDGE SCHOOL OF THE PROPHETS

APPLICATION FOR ADMISSION

Desired Entrance Date

Please attach a \$25.00 non-refundable application fee and a current picture of yourself.

First Name Middle Name Last Name Suffix (Jr., Sr., etc.)

Street Address City State Zip

Home Phone Date of Birth Social Security # Male/Female

Home Church Pastor

Pastor's Phone # # of Yrs Attended

Parent's Names Parent's Address

Parent's Home Phone Parents' Occupation(s)

Have you ever been convicted of a crime other than a minor traffic violation? yes date _____ no

Are there currently any criminal charges pending against you? yes date _____ no

Have you ever been denied admission to or been dismissed from any educational institution for any reason? yes date _____ no

If the answer to any of the above questions is yes, please explain using a blank sheet.

Have you accepted Christ as your personal Savior? yes date _____ no

Have you been baptized in water? yes date _____ no

Have you received the Baptism of the Holy Spirit? yes date _____ no

Are you a citizen of the United States? yes date _____ no

If accepted, will you be looking for part-time work? yes date _____ no

If so, what type? _____

EDUCATIONAL HISTORY

High School &/or College Dates Attended	Location	Degree Conferred	Grade Point Average

WORK HISTORY

Name of Business	Address	Dates Employed	Supervisor	Job Title

FINANCIAL INFORMATION

1) What financial obligations do you currently have that will compete with your ability to meet your financial obligation for school expenses, i.e., credit card debt, car payment, other loans, etc.? Please list the amount of all indebtedness.

2) Do you understand that payment for classes, room, board, etc. is due before each semester?

please circle one yes no

3) Do you anticipate any difficulty meeting your financial obligations to Blue Ridge School of the Prophets if accepted?

please circle one yes no

4) If accepted as a student, are you willing to submit cheerfully to the leadership and the regulations of the Bible College?

please circle one yes no

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Health records, as with all other materials submitted in application to Blue Ridge School of the Prophets, are considered confidential, and are not available for general use. The applicant (and his or her parents or guardian if under 18 years of age) is to sign below that they have read this statement and authorize the administrators to release necessary health information if they feel it is imperative to do so.

Parent/Guardian Signature _____ Date _____

Applicant's Signature _____ Date _____

HEALTH INFORMATION

A recent history and physical examination by a physician is required of each applicant.

Do you have any physical or emotional limitations that might impair your performance at school? If yes, please explain.

Do you have any health related conditions or diseases that could be detrimental to the health of other students? If yes, please explain.

Do you have any allergies to food or have any special diet needs? If yes, please explain.

Have you ever used illegal drugs? If yes, please explain, stating when last used, etc.

The attached Pastor's recommendation as well as ***two*** other personal recommendations must be completed and mailed directly to the school ***by the person providing the reference*** before the application can be considered complete. Personal recommendations must be completed by persons age 25 or older who are not related to the applicant. This applicant responsibility is an important part of the acceptance process and should be initiated as quickly as is practical.

Signature of Applicant _____ Date _____

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STUDENT'S ESSAY

To be attached with the application

Applicant's Name _____
(If necessary, you may use additional paper to answer these questions.)

1. Please give a summary of your Christian experience.

2. Describe your goals for the next 5 years.

3. How did you become acquainted with Blue Ridge School of the Prophets?

4. Have you ever visited the campus? When?

5. Describe why you want to attend Blue Ridge School of the Prophets?

6. Please provide several examples of projects or assignments which required you to be self-motivated or a self-starter.

7. What additional information would be helpful in evaluating your suitability for the school?

Applicant's Signature

Date

Please send the original of the student application and the student essay to:
Blue Ridge School of the Prophets - 445 Blue Ridge Court
Rocky Mount, Virginia 24151-6029.

The Pastor's Recommendation and the Personal Recommendations must be sent directly to the school, not back to the applicant. The School of the Prophets does not discriminate on the basis of age, race, sex or national origin.

Are you allergic to any antibiotics of other medications? yes no Specify? _____

Are you now under treatment? yes no If yes, for what? _____

Do you take medicine regularly? yes no If yes, what? _____

Have you ever had a nervous breakdown? yes no

Have you ever been treated for an emotional disorder? yes no

If yes to any of the above, when? _____ How long? _____

What institution? _____

Diagnosis _____ Prognosis _____

PART II - IMMUNIZATION RECORD (to be filled in by physician, parent, or self - if age 21 or older)

DATE GIVEN	REQUIRED VACCINE	SIGNATURE OR STAMP	NEXT DOSE DUE
	DTaP		
	DTaP		
	DTaP		
	DTaP		
	DTaP		
	Td		
	IPV/OPV		
	IPV/OPV		
	IPV/OPV		
	IPV/OPV		
	IPV/OPV		
	MMR #1		
	MMR #2		
	Varicella		
	Hep B #1		
	Hep B #2		
	Hep B #3		
	TB Skin Test		
	Result of Test		
DATE GIVEN	ADDITIONAL VACCINES	SIGNATURE OR STAMP	NEXT DOSE DUE

PLEASE NOTE: The American College Health Association recommends meningococcal vaccination and Hepatitis B vaccination for all incoming students.

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PART III - PHYSICAL EXAMINATION (to be filled in by physician)

As noted in instructions, a recent physical examination by a medical doctor is strongly suggested, but not required. (A physical exam given within the past 2 years would be acceptable.)

Your cooperation is asked in making this examination accurate and complete. Please advise the prospective student of any remedial or preventative health care necessary in view of their possible entrance as a student.

Height _____ Weight _____

Vital Signs: Temp _____ Pulse _____ Resp _____ Blood Pressure _____

HEENT: _____

Neck: _____

Chest: _____

Heart: _____

Abdomen: _____

Ext: _____

Skin: _____

Nutrition: Excellent Good Fair Poor

Is there any thyroid or glandular difficulty? _____

If yes, please explain.

Do you consider that the applicant's health is adequate for intensive school work?

Remarks:

Doctor's Signature _____ Date _____

Address _____ Phone _____

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PASTOR'S RECOMMENDATION

To the Applicant: This form must be completed by your home church Pastor and mailed directly to the school by your Pastor.

Applicant's Full Name (please print) Address

City State Zip

Pastor's Name Church Name

Address City State Zip

Pastor's Home Phone # Pastor's Study Phone #

To the Pastor: The person above is applying to Blue Ridge School of the Prophets in Rocky Mount, Virginia, and has requested your recommendation. Your recommendation is a necessary part of our admissions process as we believe that the relationship between the student and his/her Pastor is critical to the successful completion of their training.

- 1) How long have you known the applicant? In what capacity?
- 2) To your knowledge, has the applicant made a meaningful commitment to Jesus Christ?
please circle one yes no don't know

Comments:

3) Please evaluate the applicant's qualifications by checking the following boxes below:

	Superior	Above Average	Average	Below Average	Not Observed
Reliability					
Maturity					
Emotional Stability					
Spiritual Commitment					
Judgement					
Oral Expression					
Interpersonal Relationships					
Empathy					
Leadership					
Personal Appearance					
Work Habits					
Study Habits					
Integrity					

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PERSONAL RECOMMENDATION #1

To the Applicant: This form must be completed by an unrelated adult, age 25 or older, who knows you well and must be mailed directly to the school by the person making the recommendation.

Applicant's Full Name (please print) _____ Address _____

City _____ State _____ Zip _____

Reference's Name _____ Are you age 25 years or older? yes no

Address _____ City _____ State _____ Zip _____

Reference's Home Phone # _____ Reference's Work Phone # _____

To the Reference: The person above is applying to Blue Ridge School of the Prophets in Rocky Mount, Virginia, and has requested your personal recommendation. Your recommendation is a necessary part of our admissions process as we believe that the following characteristics are a meaningful part of a successful experience in the school. Please note: This form is not to be shared with the applicant, but mailed directly to the school office.

- 1) How long have you known the applicant? _____ In what capacity? _____
- 2) To your knowledge, has the applicant made a meaningful commitment to Jesus Christ?
 please circle one yes no don't know

Comments:

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Empathy					
Leadership					
Personal Appearance					
Work Habits					
Study Habits					
Integrity					

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PERSONAL RECOMMENDATION #2

To the Applicant: This form must be completed by an unrelated adult, age 25 or older, who knows you well and must be mailed directly to the school by the person making the recommendation.

Applicant's Full Name (please print) _____ Address _____

City _____ State _____ Zip _____

Reference's Name _____ Are you age 25 years or older? yes no

Address _____ City _____ State _____ Zip _____

Reference's Home Phone # _____ Reference's Work Phone # _____

To the Reference: The person above is applying to Blue Ridge School of the Prophets in Rocky Mount, Virginia, and has requested your personal recommendation. Your recommendation is a necessary part of our admissions process as we believe that the following characteristics are a meaningful part of a successful experience in the school. Please note: This form is not to be shared with the applicant, but mailed directly to the school office.

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