

Please attach a recent photograph of yourself (please use a staple, paper clip or tape – do not use glue)

## Frontier School of the Bible Student Application

PO Box 217, LaGrange, WY 82221  
Ph.: (307) 834-2215 / Fax: (307) 834-2421  
Main Office Email: [frontier@frontierbible.org](mailto:frontier@frontierbible.org)  
Registrar's Email: [registrar@frontierbible.org](mailto:registrar@frontierbible.org)

Completion of this application is a preliminary step and does not imply acceptance.  
Final action will be taken and you will be notified after references, etc. have been received by Frontier.

### For Office Use Only

Date Application Rec'd \_\_\_\_\_  
Application Fee Receipt # \_\_\_\_\_  
Testimony \_\_\_\_\_  
Medical History \_\_\_\_\_  
HS Transcript \_\_\_\_\_  
College Transcript \_\_\_\_\_  
Pastor's Reference \_\_\_\_\_  
#2 Reference \_\_\_\_\_  
#3 Reference \_\_\_\_\_  
Acceptance Date \_\_\_\_\_  
Entrance Fee Receipt # \_\_\_\_\_  
Paperwork Returned \_\_\_\_\_

(International Applicants: Please see additional requirements and information included with this application)

### A. PERSONAL INFORMATION

- Name \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Address (mailing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country of Birth (international applicants): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: (circle) Male Female  
Email \_\_\_\_\_ Social Security #: \_\_\_\_\_
- Marital Status: Single \_\_\_\_ Engaged \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_  
Have you ever been married before? Yes \_\_\_\_ No \_\_\_\_ (If yes, give complete information on separate sheet of paper.)
- Single Students: Are your parents in favor of you attending FSB? \_\_\_\_\_  
Name of parents or guardians \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Married Students: Full name of spouse \_\_\_\_\_  
Is your spouse in favor of you attending FSB? \_\_\_\_\_ Do you have any children? Yes \_\_\_\_ No \_\_\_\_  
If so, give age(s) and names \_\_\_\_\_
- What is your present occupation? \_\_\_\_\_
- Do you belong to any secret or fraternal societies, orders, or lodges? \_\_\_\_\_  
If so, name \_\_\_\_\_
- Do you have any record with any law-enforcement agency or court, other than minor traffic violations? \_\_\_\_\_  
If so, give details on a separate sheet of paper.
- Have you used tobacco, alcoholic beverages, drugs or been involved in the occult? \_\_\_\_\_  
If so, explain on a separate sheet of paper. (length of involvement, frequency, etc.)
- How did you hear about Frontier? \_\_\_\_\_

### B. CHRISTIAN EXPERIENCE

- What church do you attend? \_\_\_\_\_
- Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Number of services weekly? \_\_\_\_\_ How long have you attended? \_\_\_\_\_
- Are you a member? \_\_\_\_\_ Have you done any Christian service? \_\_\_\_\_ If so, what? \_\_\_\_\_
- Have you read Frontier's doctrinal statement? \_\_\_\_\_ Are you in agreement with it? \_\_\_\_\_

### C. ACADEMIC INFORMATION

- If accepted, when do you wish to enroll? August \_\_\_\_ January \_\_\_\_ of what year? \_\_\_\_\_
- Full Time (12 or more credits) \_\_\_\_ Part Time (6-11 credits) \_\_\_\_ Special (1-5 credits) \_\_\_\_ Audit \_\_\_\_
- Housing? Dorm (full time singles) \_\_\_\_ Married Student Housing \_\_\_\_ Off Campus \_\_\_\_ Commuter \_\_\_\_

4. Do you plan to graduate from Frontier? \_\_\_\_\_
5. Have you read Frontier's graduation requirements in the FSB catalog? \_\_\_\_ Do you understand the requirements? \_\_\_\_
6. Why do you desire to enter FSB? \_\_\_\_\_
7. What plans do you presently have for your life's work? \_\_\_\_\_
8. High School \_\_\_\_\_ Year you did or will graduate \_\_\_\_\_  
*(Home School students – refer to the FSB catalog for additional instructions)*  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
9. Post-secondary schools:
- |              |                      |
|--------------|----------------------|
| School _____ | Dates attended _____ |
| School _____ | Dates attended _____ |
| School _____ | Dates attended _____ |
10. Has any school ever expelled you? \_\_\_\_ Suspended you? \_\_\_\_ Put you on probation? \_\_\_\_  
 Rejected your application? \_\_\_\_ If so, give details on a separate sheet of paper.
11. You must request that official transcripts be sent to Frontier from any post-secondary schools you have attended, and from your high school if you have attended less than two full years of college.

#### D. FINANCIAL INFORMATION

All Room, Board, Tuition, & Fees are due prior to registration. If you have any questions please contact the business manager.

#### E. REFERENCES

List three people over 21, not relatives, who have known you for at least a year, who can complete the reference forms that are required for your application. One of these is to be your pastor, youth pastor or church official.

Pastor/Youth Pastor/Church Official (circle one) \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 What is your relationship to this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 What is your relationship to this person? \_\_\_\_\_

#### NOTE: Your application must include:

1. \$25 Application Fee
2. Written testimony of your salvation, surrender to the will of God, & His leading in your life up to the present time.
3. The Medical History Form

#### INTERNATIONAL APPLICANTS:

- In addition to the items listed to the left, all International applicants must also include the following:
4. TOEFL Scores (if English is not your 1<sup>st</sup> language)
  5. Proof of Funds

My signature indicates that the information I have provided in this application is complete and true. I have read the school catalog and, if accepted, I will abide by the standards of Frontier School of the Bible and am committed to living a lifestyle honoring to the Lord Jesus Christ.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Signature of parent or guardian (if applicant is under 18) \_\_\_\_\_

(print name) \_\_\_\_\_

Please return this application as early as possible to allow time for processing. After all your information has been received in the Admissions Department, the Acceptance Committee will review your file and make their decision, of which you will promptly be informed.

# Medical History

(To be completed by applicant)

Completion of this form is a preliminary step and does not imply acceptance.

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

## IN CASE OF AN EMERGENCY, NOTIFY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

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

## DOCTOR:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Clinic \_\_\_\_\_

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

1. If you have or had any of the following, indicate age: (Example: 5 Mumps) AND give explanation if needed on a separate piece of paper.

<input type="checkbox"/> Anemia	<input type="checkbox"/> Goiter	<input type="checkbox"/> Muscle Disorder
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Nerve Disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Pain in Chest
<input type="checkbox"/> Blood Clots	<input type="checkbox"/> Heart Murmur / Arrhythmia	<input type="checkbox"/> Pain in Joints
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Pleurisy
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hepatitis A, B, C	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Chronic Cough	<input type="checkbox"/> Hernia	<input type="checkbox"/> Rapid Pulse
<input type="checkbox"/> Concussion	<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hyper / Hypothyroidism	<input type="checkbox"/> Seizures
<input type="checkbox"/> Discharge from ears	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Dizzy Spells	<input type="checkbox"/> Immune Deficiency	<input type="checkbox"/> Sickle Cell Disease
<input type="checkbox"/> Dysentery	<input type="checkbox"/> Irritable Bowel Disease	<input type="checkbox"/> Significant Weight Change
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Skull Fracture
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Kidney or Bladder Trouble	<input type="checkbox"/> Sleep Disorder
<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Liver Trouble	<input type="checkbox"/> Thyroid Problems - other
<input type="checkbox"/> Frequent Constipation	<input type="checkbox"/> Lupus	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Frequent Diarrhea	<input type="checkbox"/> Malaria	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Frequent Indigestion	<input type="checkbox"/> Measles	<input type="checkbox"/> Typhoid or Paratyphoid
<input type="checkbox"/> Frequent Sore Throat	<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Gall Bladder Trouble	<input type="checkbox"/> Momentary Loss of Consciousness	<input type="checkbox"/> Venereal Disease
<input type="checkbox"/> Gastrointestinal Problems	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> German Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other — explain on a separate piece of paper

2. Please list any surgeries you have had, with the dates. (Use a separate piece of paper if necessary.)

3. Do you have any allergies? ☐ Yes ☐ No If yes, list them and describe on a separate piece of paper.

4. Do you have any food allergies? ☐ Yes ☐ No If yes, list them and describe on a separate piece of paper.

5. Have you had or do you have bouts of depression? ☐ Yes ☐ No If yes, list them and describe on a separate piece of paper.

6. Do you currently have or have you previously had any of the following emotional or behavioral disorders? Check all that applies and give an explanation on a separate piece of paper.

<input type="checkbox"/> ADD	<input type="checkbox"/> Autism / Asperger's	<input type="checkbox"/> Manic Depressive
<input type="checkbox"/> ADHD	<input type="checkbox"/> Bi-Polar	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Other

Continued on the back

Are you on medication for disorder(s) listed before? List medications: \_\_\_\_\_

Have you ever seen a counselor in regard to disorder(s) checked above? ☐ Yes ☐ No

If yes, give dates: \_\_\_\_\_

7. Do you take any medication regularly or periodically (including over the counter products)? ☐ Yes ☐ No  
If yes, give name of medication, dosage, and reason on a separate piece of paper.

8. Have you taken any medications regularly or periodically in the past? ☐ Yes ☐ No  
If yes, give name of medication, dosage, and reason on a separate piece of paper.

9. Do you have any serious health problems not mentioned above or problems that could be a hindrance to your education at Frontier? ☐ Yes ☐ No If yes, explain on a separate piece of paper.

10. **RECOMMENDED IMMUNIZATIONS**

The following immunizations are recommended to lessen the risk of certain contagious diseases. The dates can be listed below or a copy of immunization records can be attached.

Tetanus – Diphtheria – Pertussis primary series (4) plus booster (1)

Primary series with DTaP or DTP \_\_\_\_\_ #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 (dates)

TD or TDAP Booster \_\_\_\_\_ #1 (within last 10 years - date)

Hepatitis B (3 shot series) \_\_\_\_\_ #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 (dates)

Hepatitis A (2 shot series) \_\_\_\_\_ #1 \_\_\_\_\_ #2 (dates) or

Combination Hepatitis A & B \_\_\_\_\_ #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 (dates)

Poliomyelitis (4-5 doses) \_\_\_\_\_ #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 (dates)

Meningococcal / MCV4 (1) \_\_\_\_\_ (date)

TB Test (within last 12 months) \_\_\_\_\_ (date)

(Measles, Mumps and Rubella)

MMR #1 \_\_\_\_\_ (date) MMR #2 \_\_\_\_\_ (date)

**Frontier School of the Bible strongly recommends all above immunizations to be current and/or up to date. If you choose not to be immunized, FSB will not be held liable for the contracting or spreading of any of the above stated diseases.**

**Please sign below attesting to all information above is accurate and/or you understand the implications of not being current on your immunizations.**

**Printed name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Under the age of 18 years old:**

**Parent printed name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Frontier School of the Bible**  
**PO Box 217, LaGrange, WY 82221**

**Pastor's Reference Form**

**Applicant:** Please complete boxed area before you give this form to your pastor.  
You should provide him with a stamped envelope, addressed to the FSB Admissions Office.

APPLICANT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Waiver of Confidentiality:** "I, the undersigned, hereby voluntarily waive the right of privilege to inspect or challenge the content and comments expressed in this reference. I expect that the observations made shall remain confidential between the reference provider and Frontier."

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**TO THE PASTOR COMPLETING THIS FORM:** You need to be over 21 years old, cannot be a relative, and must have known the applicant for at least one year. If you are the parent and pastor of the applicant, the youth pastor, elder or a leader in the church will be accepted. Please answer the questions on front and back carefully. If you feel this form is not adequate for your remarks, please attach an additional sheet with your comments.

1. How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months.
2. How well do you know him/her? Just by name and sight \_\_\_\_\_ Casually - have had a few contacts \_\_\_\_\_  
Fairly well - have had a number of personal contacts \_\_\_\_\_ Have had a very close pastor-young person relationship \_\_\_\_\_
3. As far as you know, has s(he) been born again by faith in Jesus Christ? \_\_\_\_\_ Comments: \_\_\_\_\_
4. To what extent has the applicant engaged in the activities of your church?  
Very irregular in attendance; little interest in activities \_\_\_\_\_ Seldom participates in activities; does regularly attend \_\_\_\_\_  
Is cooperative & usually willing to help in various activities \_\_\_\_\_ Enthusiastically engages in activities of the church \_\_\_\_\_
5. In what forms of Christian Service has the applicant been regularly active? (Sunday School, Choir, Children's Church, etc.) \_\_\_\_\_
6. If applicant doesn't participate, do you know why? \_\_\_\_\_
7. Does s(he) come from a Christian home? \_\_\_\_\_ a well-disciplined home? \_\_\_\_\_ receive encouragement at home? \_\_\_\_\_
8. Is s(he) inclined to receive instruction? \_\_\_\_\_ yield to discipline? \_\_\_\_\_
9. Does s(he) have any special talents or abilities? (Please list) \_\_\_\_\_
10. Have you noted any particular weaknesses? (Please list) \_\_\_\_\_
11. Have you observed anything that would be questionable about his/her moral life? \_\_\_\_\_ If so, explain: \_\_\_\_\_
12. Have you ever known the applicant to use intoxicating beverages? \_\_\_\_\_ tobacco? \_\_\_\_\_ drugs? \_\_\_\_\_ If so, explain: \_\_\_\_\_
13. If you were a member of the Admissions Committee at Frontier, would you vote to accept him/her as a student?  
Enthusiastically \_\_\_\_\_ Willingly \_\_\_\_\_ Questionably \_\_\_\_\_ Not at all \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Check the rating that indicates your estimate. Additional remarks for fuller explanation will be most helpful to us.

			ADDITIONAL COMMENTS:
Spiritual Life	_____ _____ _____ _____ _____	Vital & Contagious Rich & Growing in Maturity Average Genuine, but not Contagious Characterized by Immaturity	
Purposefulness	_____ _____ _____ _____ _____	Well-formed Purpose Self-directed Average Vacillating in Purpose Aimless Drifter	
Initiative	_____ _____ _____ _____ _____	Anticipates Needs: Resourceful Shows Good Initiative Average – Occasional Initiative Requires Some Direction Requires Constant Supervision	
Cooperation	_____ _____ _____ _____ _____	Works Well With Others Works Well Under Others Cooperative Only Under Pressure Not Cooperative	
Judgment	_____ _____ _____ _____ _____	Discerning Good Common Sense Average Poor Sense of Values	
Tactfulness	_____ _____ _____ _____ _____	Very Sensitive to Others Usually Courteous Sometimes Untactful Blunt, Outspoken Insensitive to Others	
Responsibility	_____ _____ _____ _____ _____	Capable of Much Responsibility Thoroughly Dependable Usually Reliable Shows Some Dependability Irresponsible, Careless	
Industry	_____ _____ _____ _____ _____	Seeks Additional Work Goes Beyond What Is Required; Cooperative Performs Assigned Tasks Needs Prodding Difficult to Handle	
Intelligence	_____ _____ _____ _____ _____	Very Superior Alert (Above Average) Average Below Average Dull	
Acceptance By Others	_____ _____ _____ _____ _____	Sought After By Others Well Liked By Others Liked By Others Just Tolerated By Others Avoided By Others	
Leadership	_____ _____ _____ _____ _____	Inspiring and Successful Leader Good Leadership Assumes Occasional Leadership Tries, But Usually Fails at Leadership Always a Follower	
Emotional Stability	_____ _____ _____ _____ _____	Exceptionally Stable Well Balanced Unresponsive High Strung, but Controlled Excitable-Easily Upset	
Personal Appearance	_____ _____ _____ _____ _____	Neat Appearance Average Appearance Careless in Dress	
Financial Integrity	_____ _____ _____ _____ _____	Budgets Wisely – Avoids Debt Pays Bills on Time Needs Reminders About Bills Careless With Finances	

**Frontier School of the Bible**  
**PO Box 217, LaGrange, WY 82221**

**Reference Form**

**Applicant:** Please complete the boxed area before you give this form to the person you've chosen as your reference.  
You should provide them with a stamped envelope, addressed to the FSB Admissions Office.

APPLICANT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Waiver of Confidentiality:** "I, the undersigned, hereby voluntarily waive the right of privilege to inspect or challenge the content and comments expressed in this reference. I expect that the observations made shall remain confidential between the reference provider and Frontier."

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**TO THE PERSON COMPLETING THIS FORM:** You need to be over 21 years old, cannot be a relative, and must have known the applicant for at least one year. If you are not sufficiently acquainted with the applicant to give your appraisal, return the form to the applicant. Please answer the questions on front and back carefully. If you feel this form is not adequate for your remarks, please attach an additional sheet with your comments.

1. How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months. In what capacity? \_\_\_\_\_

2. As far as you know, has s(he) been born again by faith in Jesus Christ? \_\_\_\_\_

3. Has s(he) attended church regularly? \_\_\_\_\_ participated in church activities? \_\_\_\_\_ done any Christian Service? \_\_\_\_\_

If so, list: \_\_\_\_\_

4. Does s(he) come from a Christian home? \_\_\_\_\_ a well-disciplined home? \_\_\_\_\_ receive encouragement at home? \_\_\_\_\_

5. Is s(he) inclined to receive instruction? \_\_\_\_\_ yield to discipline? \_\_\_\_\_

6. Does s(he) have any significant limitations in the physical, mental, emotional, or social realms? \_\_\_\_\_ If so, explain: \_\_\_\_\_

7. Does s(he) have any special talents or abilities? (Please list) \_\_\_\_\_

8. Have you noted any particular weaknesses? (Please list) \_\_\_\_\_

9. Has s(he) to your knowledge ever been disciplined or dropped from school? \_\_\_\_\_ released from employment? \_\_\_\_\_

If so, explain: \_\_\_\_\_

10. Have you observed anything that would be questionable about his/her moral life? \_\_\_\_\_ If so, explain: \_\_\_\_\_

11. Have you ever known the applicant to use intoxicating beverages? \_\_\_\_\_ tobacco? \_\_\_\_\_ drugs? \_\_\_\_\_

If so, explain: \_\_\_\_\_

12. Have you any reason whatsoever for lack of confidence in the applicant? \_\_\_\_\_ If so, explain: \_\_\_\_\_

13. What degree of success as a college student would you predict for this applicant?

Superior \_\_\_\_\_ Excellent \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Failure \_\_\_\_\_

14. If you were a member of the Admissions Committee at Frontier, would you vote to accept him/her as a student?

Enthusiastically \_\_\_\_\_ Willingly \_\_\_\_\_ Questionably \_\_\_\_\_ Not at all \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_



Check the rating that indicates your estimate. Additional remarks for fuller explanation will be most helpful to us.

			ADDITIONAL COMMENTS:
Spiritual Life	_____ _____ _____ _____ _____	Vital & Contagious Rich & Growing in Maturity Average Genuine, but not Contagious Characterized by Immaturity	
Purposefulness	_____ _____ _____ _____ _____	Well-formed Purpose Self-directed Average Vacillating in Purpose Aimless Drifter	
Initiative	_____ _____ _____ _____ _____	Anticipates Needs: Resourceful Shows Good Initiative Average – Occasional Initiative Requires Some Direction Requires Constant Supervision	
Cooperation	_____ _____ _____ _____ _____	Works Well With Others Works Well Under Others Cooperative Only Under Pressure Not Cooperative	
Judgment	_____ _____ _____ _____ _____	Discerning Good Common Sense Average Poor Sense of Values	
Tactfulness	_____ _____ _____ _____ _____	Very Sensitive to Others Usually Courteous Sometimes Untactful Blunt, Outspoken Insensitive to Others	
Responsibility	_____ _____ _____ _____ _____	Capable of Much Responsibility Thoroughly Dependable Usually Reliable Shows Some Dependability Irresponsible, Careless	
Industry	_____ _____ _____ _____ _____	Seeks Additional Work Goes Beyond What Is Required; Cooperative Performs Assigned Tasks Needs Prodding Difficult to Handle	
Intelligence	_____ _____ _____ _____ _____	Very Superior Alert (Above Average) Average Below Average Dull	
Acceptance By Others	_____ _____ _____ _____ _____	Sought After By Others Well Liked By Others Liked By Others Just Tolerated By Others Avoided By Others	
Leadership	_____ _____ _____ _____ _____	Inspiring and Successful Leader Good Leadership Assumes Occasional Leadership Tries, But Usually Fails at Leadership Always a Follower	
Emotional Stability	_____ _____ _____ _____ _____	Exceptionally Stable Well Balanced Unresponsive High Strung, but Controlled Excitable-Easily Upset	
Personal Appearance	_____ _____ _____ _____ _____	Neat Appearance Average Appearance Careless in Dress	
Financial Integrity	_____ _____ _____ _____ _____	Budgets Wisely – Avoids Debt Pays Bills on Time Needs Reminders About Bills Careless With Finances	



**Frontier School of the Bible**  
**PO Box 217, LaGrange, WY 82221**

**Reference Form**

**Applicant:** Please complete the boxed area before you give this form to the person you've chosen as your reference.  
You should provide them with a stamped envelope, addressed to the FSB Admissions Office.

APPLICANT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Waiver of Confidentiality:** "I, the undersigned, hereby voluntarily waive the right of privilege to inspect or challenge the content and comments expressed in this reference. I expect that the observations made shall remain confidential between the reference provider and Frontier."

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**TO THE PERSON COMPLETING THIS FORM:** You need to be over 21 years old, cannot be a relative, and must have known the applicant for at least one year. If you are not sufficiently acquainted with the applicant to give your appraisal, return the form to the applicant. Please answer the questions on front and back carefully. If you feel this form is not adequate for your remarks, please attach an additional sheet with your comments.

1. How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months. In what capacity? \_\_\_\_\_
2. As far as you know, has s(he) been born again by faith in Jesus Christ? \_\_\_\_\_
3. Has s(he) attended church regularly? \_\_\_\_\_ participated in church activities? \_\_\_\_\_ done any Christian Service? \_\_\_\_\_  
If so, list: \_\_\_\_\_
4. Does s(he) come from a Christian home? \_\_\_\_\_ a well-disciplined home? \_\_\_\_\_ receive encouragement at home? \_\_\_\_\_
5. Is s(he) inclined to receive instruction? \_\_\_\_\_ yield to discipline? \_\_\_\_\_
6. Does s(he) have any significant limitations in the physical, mental, emotional, or social realms? \_\_\_\_\_ If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Does s(he) have any special talents or abilities? (Please list) \_\_\_\_\_
8. Have you noted any particular weaknesses? (Please list) \_\_\_\_\_
9. Has s(he) to your knowledge ever been disciplined or dropped from school? \_\_\_\_\_ released from employment? \_\_\_\_\_  
If so, explain: \_\_\_\_\_
10. Have you observed anything that would be questionable about his/her moral life? \_\_\_\_\_ If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Have you ever known the applicant to use intoxicating beverages? \_\_\_\_\_ tobacco? \_\_\_\_\_ drugs? \_\_\_\_\_  
If so, explain: \_\_\_\_\_
12. Have you any reason whatsoever for lack of confidence in the applicant? \_\_\_\_\_ If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. What degree of success as a college student would you predict for this applicant?  
Superior \_\_\_\_\_ Excellent \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Failure \_\_\_\_\_
14. If you were a member of the Admissions Committee at Frontier, would you vote to accept him/her as a student?  
Enthusiastically \_\_\_\_\_ Willingly \_\_\_\_\_ Questionably \_\_\_\_\_ Not at all \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Check the rating that indicates your estimate. Additional remarks for fuller explanation will be most helpful to us.

			ADDITIONAL COMMENTS:
Spiritual Life	_____ _____ _____ _____ _____	Vital & Contagious Rich & Growing in Maturity Average Genuine, but not Contagious Characterized by Immaturity	
Purposefulness	_____ _____ _____ _____ _____	Well-formed Purpose Self-directed Average Vacillating in Purpose Aimless Drifter	
Initiative	_____ _____ _____ _____ _____	Anticipates Needs: Resourceful Shows Good Initiative Average – Occasional Initiative Requires Some Direction Requires Constant Supervision	
Cooperation	_____ _____ _____ _____ _____	Works Well With Others Works Well Under Others Cooperative Only Under Pressure Not Cooperative	
Judgment	_____ _____ _____ _____ _____	Discerning Good Common Sense Average Poor Sense of Values	
Tactfulness	_____ _____ _____ _____ _____	Very Sensitive to Others Usually Courteous Sometimes Untactful Blunt, Outspoken Insensitive to Others	
Responsibility	_____ _____ _____ _____ _____	Capable of Much Responsibility Thoroughly Dependable Usually Reliable Shows Some Dependability Irresponsible, Careless	
Industry	_____ _____ _____ _____ _____	Seeks Additional Work Goes Beyond What Is Required; Cooperative Performs Assigned Tasks Needs Prodding Difficult to Handle	
Intelligence	_____ _____ _____ _____ _____	Very Superior Alert (Above Average) Average Below Average Dull	
Acceptance By Others	_____ _____ _____ _____ _____	Sought After By Others Well Liked By Others Liked By Others Just Tolerated By Others Avoided By Others	
Leadership	_____ _____ _____ _____ _____	Inspiring and Successful Leader Good Leadership Assumes Occasional Leadership Tries, But Usually Fails at Leadership Always a Follower	
Emotional Stability	_____ _____ _____ _____ _____	Exceptionally Stable Well Balanced Unresponsive High Strung, but Controlled Excitable-Easily Upset	
Personal Appearance	_____ _____ _____ _____ _____	Neat Appearance Average Appearance Careless in Dress	
Financial Integrity	_____ _____ _____ _____ _____	Budgets Wisely – Avoids Debt Pays Bills on Time Needs Reminders About Bills Careless With Finances	



PO Box 217 • LaGrange, WY 82221  
Phone: 307-834-2215 • Fax: 307-834-2421


Email: [registrar@frontierbible.org](mailto:registrar@frontierbible.org) • Web: [www.frontierbible.org](http://www.frontierbible.org)

## REQUEST FOR TRANSCRIPT OF RECORD

(use these forms to request your records/transcripts to be sent to FSB  
directly from each high school and/or college you have attended)


To the Registrar of: \_\_\_\_\_  
(name of school)

I have applied for admission to Frontier School of the Bible.  
I hereby authorize you to release my records and other information requested to them.

<p><b>Official Transcript Request Form</b></p> <p></p> <p><b>MAIL TRANSCRIPT TO:</b> Frontier School of the Bible PO Box 217 • LaGrange, WY 82221</p> <p>Phone: 307-834-2215 • Fax: 307-834-2421 Email: <a href="mailto:registrar@frontierbible.org">registrar@frontierbible.org</a> Web: <a href="http://www.frontierbible.org">www.frontierbible.org</a></p>	<p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p> <p>Student ID #: _____ Birthdate: _____</p> <p>Dates Enrolled: _____</p> <p>Signature: _____ Date: _____</p>
---	--

To the Registrar of: \_\_\_\_\_  
(name of school)

I have applied for admission to Frontier School of the Bible.  
I hereby authorize you to release my records and other information requested to them.

<p><b>Official Transcript Request Form</b></p> <p></p> <p><b>MAIL TRANSCRIPT TO:</b> Frontier School of the Bible PO Box 217 • LaGrange, WY 82221</p> <p>Phone: 307-834-2215 • Fax: 307-834-2421 Email: <a href="mailto:registrar@frontierbible.org">registrar@frontierbible.org</a> Web: <a href="http://www.frontierbible.org">www.frontierbible.org</a></p>	<p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p> <p>Student ID #: _____ Birthdate: _____</p> <p>Dates Enrolled: _____</p> <p>Signature: _____ Date: _____</p>
---	--

## Frontier School of the Bible Doctrinal Statement

We believe the Bible is the Word of God, supernaturally and inerrantly revealed in its original documents, and is the supreme, final authority in faith and life.

We believe in one God, eternally existing in three persons, Father, Son, and Holy Spirit, co-equal in power and glory, identical in their essential nature, and worthy of precisely the same honor, confidence, obedience and love. We believe Jesus Christ was virgin-born, that He is both true God and true Man. We believe in the personality and deity of the Holy Spirit.

We believe man was created innocent, but in sinning he brought spiritual and physical death to himself and all his posterity. We believe the sole condition for receiving everlasting life is faith alone in the Lord Jesus Christ, who died a substitutionary death on the cross for the sins of the whole world and rose bodily from the grave. No act of obedience, such as commitment to obey, sorrow for sin, turning from one's sin, baptism or submission to the Lordship of Christ, may be added to, or considered part of faith as a condition for receiving eternal life. This saving transaction between God and the sinner is simply the giving and receiving of a free gift.

We believe all true believers are sons of God, and that He has made full provision for their sanctification, victory, and eternal security through faith in Jesus Christ. We believe all believers are responsible to walk in separation from all religious apostasy and worldly and sinful practices, witnessing by life and word to the saving power of Christ extended to all men.

We believe the Church is composed of all truly born-again people, being the Body of which Jesus Christ is the Head, that it had its earthly beginning on the day of Pentecost and that all believers, whether Jew or Gentile, from that day to the time when Christ comes in the Rapture for the Church, are united by the Holy Spirit in this one Body.

We believe that Believers are to keep the unity of the Spirit in the bond of peace, fervently loving one another with a pure heart. We believe the hope of the Church is the gathering together of the saints unto Jesus Christ before the time of the Tribulation.

We believe that the establishment and continuance of local churches is clearly set forth and defined in the New Testament, and that fellowship in such churches is based on a common faith in the Lord Jesus Christ as Savior.

We believe in the dispensational interpretation of the Word of God but reject any extreme teaching that opposes either the Lord's Supper or water baptism as a Scriptural means of testimony for the local church in this dispensation of grace.

We believe in the personality of Satan, that he is doomed to eternal punishment in the lake of fire.

We believe the Tribulation period will follow the Rapture or "catching away" of the Church; that this time of judgment will be consummated at the personal, visible return of Jesus Christ to earth to subdue all His enemies and to set up His earthly kingdom for one thousand years.

We believe that at death the spirits and souls of those who have trusted in the Lord Jesus Christ for salvation pass immediately into His presence in conscious blessedness, and that at Christ's coming for the Church, their bodies will be raised and reunited with their souls to be associated with Him forever in glory, transformed into His likeness.

We believe that all those who do not accept God's gracious offer of salvation in this life remain, after death, in conscious misery until the final judgment of the Great White Throne at the close of the Millennium when soul and body reunited shall be cast into the lake of fire, not to be annihilated, but to be punished with everlasting destruction from the presence of the Lord.

We stand firmly and uncompromisingly on the Word of God, maintaining separation from any movement that seeks the organizational unity of all Christianity and ultimately of all religions. We believe the sign gifts (Mark 16:17-18 – tongues, healings, etc.) were given for the foundational period of the church and ceased with the coming of the New Testament and the end of the age in which the apostles lived.