

Please attach a recent photo of yourself here. (Please use staple, tape, or paper clip. Do not use glue.)



## STUDENT APPLICATION

### For Office Use Only:

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

*Completion of this application is a preliminary step and does not imply acceptance. After we receive all of your documents, the FSB admission committee will review your file and make a decision. You will be notified at that time.*

**[Note:** Your complete application will include: 1) a \$25 application fee, 2) a one-page written testimony of your salvation, surrender to the will of God, and His leading in your life up to now, and 3) a recent photo of yourself. **International Applicants**, please also include TOEFL Scores (if English is not your first language) and proof of funds.]

**PLEASE PRINT LEGIBLY**

### PERSONAL INFORMATION

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

Email Address \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex (circle one): Male Female

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

If not born in the USA Country of Birth \_\_\_\_\_ First Language \_\_\_\_\_

How did you hear about Frontier? \_\_\_\_\_

Semester and year for which you are applying (circle semester) FALL SPRING Year \_\_\_\_\_

### PARENT/GUARDIAN OR SPOUSE INFORMATION

Current marital status: Single \_\_\_\_ Engaged \_\_\_\_ Married \_\_\_\_ Have you been previously married? \_\_\_\_ (If yes, please give complete information on separate paper)

Do you have children? \_\_\_\_ (If yes, please list names and ages on separate paper)

Name/s of Parent/Guardian OR Spouse (circle one) \_\_\_\_\_

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

Email Address(es) \_\_\_\_\_ Phone # \_\_\_\_\_

Is the person/people named above in favor of your attending FSB? \_\_\_\_ (If no, please explain on a separate paper.)

## **WORK & LIFESTYLE**

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What is your present occupation? \_\_\_\_\_ How long? \_\_\_\_\_

Lifestyle:

- 1) Do you belong to any secret or fraternal societies, orders or lodges? \_\_\_\_\_
- 2) Have you been involved in the occult? \_\_\_\_\_
- 3) Do you have a record with any law enforcement agency or court other than minor traffic violations? \_\_\_\_\_
- 4) Have you ever used tobacco, alcoholic beverages, or drugs (including marijuana)? \_\_\_\_\_

\*If the answer to any of these four questions is "yes," please give details on a separate sheet of paper.

## **CHURCH INFORMATION**

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What church do you attend? \_\_\_\_\_

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

How long have you attended? \_\_\_\_\_ Are you a member? \_\_\_\_\_ How many services do you attend weekly? \_\_\_\_\_

Have you been involved in serving? \_\_\_\_\_ If yes, how? \_\_\_\_\_

Have you read FSB's doctrinal statement found in our course catalog on the FSB website? \_\_\_\_\_ (If no, please read it before continuing.) Are you in agreement with the FSB doctrinal statement? \_\_\_\_\_ (If no, please give details on separate paper.)

***Please send your personal testimony in with this application. (See specifications at the top of page 1.)***

## **ACADEMIC INFORMATION**

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High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

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

Please list any post-secondary schools you have attended \_\_\_\_\_

Has any school ever expelled or suspended you, put you on probation, or rejected your application? \_\_\_\_\_ (If yes, please explain here): \_\_\_\_\_

***Please have an official transcript sent to FSB from your high school or from a post-secondary school.***

Why do you want to attend FSB? \_\_\_\_\_

If you do not plan to be a full-time student, please indicate your preferences here (full-time status is 12-20 credits per semester and is required for dorm students): \_\_\_\_\_

Do you plan to graduate? Yes \_\_\_ No \_\_\_ Undecided \_\_\_ What plans do you presently have for your future? \_\_\_\_\_

Have you read FSB's graduation requirements found in our course catalog on our website? \_\_\_\_\_ (if no, please read these before continuing.) Do you understand these requirements? \_\_\_\_\_ Questions? \_\_\_\_\_

What type of housing will you need? Dorm \_\_\_\_\_ Married-Student Housing \_\_\_\_\_ Off Campus \_\_\_\_\_ Commuter \_\_\_\_\_

## **MEDICAL INFORMATION**

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Height \_\_\_\_\_ Weight \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:** Name \_\_\_\_\_

Relationship to student \_\_\_\_\_ Phone # \_\_\_\_\_

**DOCTOR:** Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Office/Clinic \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **PERSONAL**

Do you have any allergies, including food allergies? If yes, please list and describe reactions here: \_\_\_\_\_

\_\_\_\_\_

Please examine the following list. Indicate and explain any with which you have been diagnosed.

- |                                |  |                                    |  |
|--------------------------------|--|------------------------------------|--|
| <input type="radio"/> Asthma   | <input type="radio"/> Fainting Spells    | <input type="radio"/> HIV/AIDS     | <input type="radio"/> Migraine Headaches |
| <input type="radio"/> Diabetes | <input type="radio"/> Hearing Difficulty | <input type="radio"/> Hypoglycemia | <input type="radio"/> Sleep Disorder     |
| <input type="radio"/> Epilepsy |  |                                    |  |

Explanation of above *or other medical conditions* of which we should be aware: \_\_\_\_\_

\_\_\_\_\_

Please examine the following list. Indicate and explain any with which you struggle or have been diagnosed.

- |                            |  |   |                                       |
|----------------------------|--|---|---------------------------------------|
| <input type="radio"/> ADD  | <input type="radio"/> Autism/Aspergers | <input type="radio"/> Depression          | <input type="radio"/> Eating Disorder |
| <input type="radio"/> ADHD | <input type="radio"/> Bipolar Disorder | <input type="radio"/> Dyslexia/Dysgraphia | <input type="radio"/> Schizophrenia   |

Explanation of above *or other conditions* of which we should be aware: \_\_\_\_\_

\_\_\_\_\_

Do you take any medication or over-the-counter products regularly? \_\_\_Yes \_\_\_No

If yes, please list medication/s and length of time taken: \_\_\_\_\_

Have you ever seen a counselor for any condition? \_\_\_Yes \_\_\_No

If yes, please give details and dates: \_\_\_\_\_

Do you have any other condition that would affect your success as a student at FSB? \_\_\_\_\_

\_\_\_\_\_

## REFERENCES

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Please list three non-relatives, over 21, known for at least a year, who can complete the reference forms required for our application. One of these is to be your pastor, youth pastor, or a leader in your church. We will contact your references.

Name of pastor, youth pastor, or church leader \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Name of reference \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Name of reference \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

*My signature below indicates that the information provided in this application is complete and true. 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.*

*I understand that if I am accepted as a student at Frontier School of the Bible, I will be fully responsible for any medical conditions and any medical expenses incurred which may arise during my time as a student or as a result of my attendance. Frontier School of the Bible will not be held liable or responsible for any medical conditions or expenses. I also understand that it is recommended that I have personal medical insurance or be covered by my family's medical insurance plan, and that I will be asked to submit insurance information upon acceptance to Frontier School of the Bible.*

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

Parent's Signature for applicants less than 18 years of age (19 in Nebraska) \_\_\_\_\_

Please return completed application to  
Registrar  
PO Box 217  
LaGrange, WY 82221

Phone: (307) 834-2215

Website: [www.frontierbible.org](http://www.frontierbible.org)

Main Office Email: [frontier@frontierbible.org](mailto:frontier@frontierbible.org)

Registrar's Email: [registrar@frontierbible.org](mailto:registrar@frontierbible.org)