

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 _____
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. UPON RECEIPT OF YOUR COMPLETE APPLICATION, 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 written testimony of your salvation and the Lord's leading in your life up to now. Please incorporate answers to the following:
 - Have you trusted in Jesus Christ as your personal Savior?
 - If asked "Why would God allow you into His Heaven?" what would be your response?
 - There are topics included within the application for which we may ask for additional information.
- 3) a clear, recent photo of yourself (not wearing sunglasses, please)
- 4) a high school or college transcript
 - Homeschool students: please submit a transcript from an official homeschool education association, proof of GED, or ACT/SAT test scores. If you do not have any of these, please submit a homeschool transcript with course descriptions, number of academic units completed, and the student's total GPA as well as a two-page, double-spaced essay written by the student. This essay may be typed or written by hand and should be entitled "My Homeschool Experience."
- 5) three completed reference forms (which will be submitted to us directly from the references)
- 6) **International Students** will need proof of available funds for the first year of study.

PLEASE PRINT LEGIBLY

PERSONAL INFORMATION

Name _____ Phone # _____

Email Address _____ Birthdate _____ Sex (circle one): Male Female

Address _____ City _____ State _____ Zip _____

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

How did you hear about Frontier? _____

International Students Country of Birth _____ First/Primary Language _____

FAMILY INFORMATION

Current marital status: Single ____ Engaged ____ Married ____ Have you been previously married? ____ If yes, please give complete information within your testimony.

Do you have children? _____ If yes, please list names and ages. _____

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 within your testimony.

WORK & LIFESTYLE

What is your present occupation? _____ How long? _____

Lifestyle:

1) Have you been involved in the occult? _____

2) Do you have a record with any law enforcement agency or court other than minor traffic violations? _____

3) Have you ever used alcoholic beverages, tobacco (including vaping), or drugs (including marijuana)? _____

*If the answer to any of these three questions is "yes," please give details within your testimony.

CHURCH INFORMATION

What church do you attend? _____

Church Address _____ City _____ State _____ Zip _____

How long have you attended? _____ 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 explain here. _____

ACADEMIC INFORMATION

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. _____

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 those living in FSB housing). _____

What type of housing will you need? Dorm _____ Married-student Housing _____ Off-campus Housing _____ Commuter _____

Do you plan to graduate? Yes _____ No _____ Undecided _____

MEDICAL INFORMATION

Height _____ Weight _____

Do you have any allergies, including food allergies? If yes, please list and describe reactions here. _____

Do you have any medical conditions which would affect your being a student? _____

Are there any other issues that may hinder your studies such as ADD, ADHD, Autism/Asperger's, Bipolar Disorder, Depression, Dyslexia/Dysgraphia, Eating Disorders, Schizophrenia? _____

If yes, please explain here. _____

Is there any other information that we should know concerning your ability to be a student at FSB? _____

REFERENCES

Please list the names and contact information for 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 will be 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 information concerning my health and insurance 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

Main Office Email: frontier@frontierbible.org

Registrar's Email: registrar@frontierbible.org