

Lighthouse Baptist College

Dr. Robbie Burton, Pastor

2918 Hwy 72 East Abbeville, SC 29620

864-229-3377

lighthousebaptistcollege@gmail.com

Admission Application for ONLINE COURSES

➤ *Please print or type all information*

Legal Name:

(Mr. Miss Mrs. Dr.) _____
last first middle

Name you are called: _____ Birth date: _____

Mailing address: _____
street address including apartment number or PO Box

_____ City State Zip

Home phone: () _____ Work phone: () _____

Cell phone: () _____ Other phone: () _____

Email Address: _____

Current Marital Status: *(Check all that apply)*

_____ Never Married _____ Married - spouse's full name: _____
_____ Widow or Widower _____ Separated _____ Divorced _____ Remarried

➤ ADMISSION INFORMATION

I am applying for admission starting: _____ Fall (year) _____ Spring (year) _____

➤ EDUCATION

_____ High school that you are now attending or from which you graduated Phone number

_____ Mailing address (include street address, city, state, and zip)

Graduation or expected graduation date: _____
Month / year

Have you taken the ACT examination? _____ Yes _____ No When: _____ Score: _____
Have you taken the SAT examination? _____ Yes _____ No When: _____ Score: _____
Have you taken the GED examination? _____ Yes _____ No When: _____ Score: _____

Please list all colleges, institutes, or technical schools that you have ever attended. If you have attended more than two schools, please submit additional school information on a separate sheet.

<i>School or college that you are now attending or from which you graduated</i>	<i>dates attended</i>	<i>degree</i>
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<i>Mailing address</i>	<i>city</i>	<i>state</i>	<i>zip code</i>
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<i>School or college that you are now attending or from which you graduated</i>	<i>dates attended</i>	<i>degree</i>
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<i>Mailing address</i>	<i>city</i>	<i>state</i>	<i>zip code</i>
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Do you expect to transfer credits from another college? _____ Yes _____ No

If yes, there must be an official transcript on file at Lighthouse Baptist College and these credits must be evaluated by the Dean of Academics for a possible transfer. It is the applicant's responsibility to request a copy of these transcripts from the forwarding institution. Official transcripts must come from the forwarding institution.

➤ CONFIDENTIAL

Have you trusted Jesus Christ as your Savior? _____ Yes _____ No When? _____

Are you a church member? _____ Yes _____ No Do you attend regularly? _____ Yes _____ No

Denomination _____ Pastor's Name _____

<i>Church name</i>	<i>Phone number</i>
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<i>Mailing address</i>	<i>city</i>	<i>state</i>	<i>zip code</i>
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If you are a member of a church other than Lighthouse, please have your pastor submit the attached Pastor's Recommendation Form. This form must be submitted before the application can be processed.

All prospective students must submit the General Recommendation Form. This form is to be completed by someone, other than a family member, and sent directly to the church office. This form must be submitted before the application can be processed.

I certify that the information given on this application is complete and accurate.

<i>Signature of applicant</i>	<i>Date</i>
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Transcript Request Form

This form needs to be submitted if you are transferring Bible credits from another college

➤ To the Registrar

I have applied to Lighthouse Baptist College for: _____ Fall (year) _____
_____ Spring (year) _____

Please send a copy of my College transcripts to Lighthouse Baptist College at the address below. Also, please attach this form. Thank you.

Signature of applicant

Date

➤ Personal Data (to be filled out by the student):

Last name

First Name

Middle or Maiden

SSN

Birth Date

Mailing address

City

State

Zip

Graduation Date

Name when enrolled if different

Please Mail to:

*Lighthouse Baptist College
2918 Hwy 72 E.
Abbeville, SC 29620*