



# CALVARY CHAPEL BIBLE COLLEGE – DGTE PHILIPPINES

Km 6 Palinpinon Road Candau-ay Dumagute City Negros Oriental 6200

Tel # (011-63-35) 422-7780 Mobile # (011-63) 917-704-6855

Email Add: [ccbc@cctcphil.org](mailto:ccbc@cctcphil.org)

Please attach  
a recent photo  
of yourself here

## CONTINUING STUDENT APPLICATION

### BIOGRAPHICAL INFORMATION (Please type or print clearly)

Full Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

CURRENT ADDRESS (Please do not write in school address) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ADDRESS OVER BREAK (Street and Box No.) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Phone over break ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

What Semester will you be when you start at the Philippine Campus? \_\_\_ First \_\_\_ Second

In case of an emergency, we need the name, address, phone number, and email address of a parent or nearest relative:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ EXT: \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Email Address \_\_\_\_\_

### PASSPORT INFORMATION

Passport Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Issuing Country: \_\_\_\_\_

Citizenship: \_\_\_\_\_

### PERSONAL CONDUCT INFORMATION

DO YOU USE TOBACCO PRODUCTS? \_\_\_ Y \_\_\_ N

DO YOU HAVE ANY HISTORY OF VIOLENCE, ABUSE, TOWARDS OTHERS? \_\_\_ Y \_\_\_ N

DO YOU DRINK ALCOHOLIC BEVERAGES? \_\_\_ Y \_\_\_ N

DO YOU USE ILLEGAL DRUGS IN THE PAST? \_\_\_ Y \_\_\_ N

IS THERE ANY HABITUAL SIN IN YOUR LIFE? \_\_\_ Y \_\_\_ N

HAVE YOU EVER BEEN CONVICTED? \_\_\_ Y \_\_\_ N

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTION, PLEASE GIVE AN EXPLANATION AND DATES:

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**Essay Questions**

PLEASE ANSWER THE FOLLOWING IN A SEPARATE SHEET OF PAPER.

DESCRIBE YOURSELF:

- 1. PERSONALITY
- 2. PERSONAL STRENGTHS
- 3. TALENTS
- 4. RELATIONSHIP WITH OTHERS
- 5. WEAKNESS
- 6. HOBBIES
- 7. SPIRITUAL GIFTS
- 8. INTERESTS

DESCRIBE YOUR SPIRITUAL LIFE:

- 1. YOUR SALVATION EXPERIENCE AND INCLUDE AN APPROXIMATE DATE.
- 2. YOUR CURRENT RELATIONSHIP WITH THE LORD IN TERMS OF YOUR DEVOTIONAL & PRAYER LIFE.
- 3. WHY DO YOU DESIRE TO ATTEND CALVARY CHAPEL BIBLE COLLEGE? HOW DO YOU FORSEE IT AFFECTING YOUR LIFE?

**Terms & Conditions of Enrollment**

PLEASE READ THE FOLLOWING AND INITIAL EACH SECTION

**PRACTICAL CHRISTIAN MINISTRY (CM199):** *I UNDERSTAND THAT ALL STUDENTS ARE ENROLLED IN CM199 EVERY SEMESTER. EACH STUDENT SERVES IN A PRACTICAL AREA OF SERVICE AN AVERAGE OF 9 HOURS PER WEEK. (PLEASE CALL FOR CLARIFICATIONS)*

INITIALS: \_\_\_\_\_

**FINANCIAL RESPONSIBILITY:** *I UNDERTAND THAT TUITION IS DUE AND PAYABLE PRIOR TO ENROLLMENT*

INITIALS: \_\_\_\_\_

**LIABILITY WAIVER & DAMAGES RESPONSIBILITY:** *DURING MY ATTENDANCE AT CCBC, I UNDERSTAND AND AGREE TO THE WAIVER OF LIABILITY AGAINST THE COLLEGE AND THE FACILITY UPON WHICH IT OPERATES AS SET FORTH IN THE LIABILITY WAIVER REQUIRED FOR ENROLLMENT. I ASSUME ALL RISKS AND AGREE TO HOLD HARMLESS CALVARY CHAPEL TRAINING CENTER INC; THAT I AM REPOSNSIBLE FOR ALL COSTS OF INJURIES AND DAMAGES.*

INITIALS: \_\_\_\_\_

**PHOTO AND VIDEO RELEASE:** *I UNDERSTAND THAT THERE IS A POSSIBILITY THAT I MAY APPEAR IN A PUBLISHED PHOTOGRAPH OR VIDEO USED BY THE COLLEGE IN THE PROMOTIONAL MATERIALS.*

INITIALS: \_\_\_\_\_

**MEDICAL POLICY (FOR STAY-IN STUDENTS ONLY)**

GENERAL:

- HAVE YOU HAD ANY MAJOR ILLNESS? \_\_\_ Y \_\_\_ N
- ARE YOU CURRENTLY TAKING MEDICATION OR UNDER A PHYSICIAN’S CARE? \_\_\_ Y \_\_\_ N
- HAVE YOU BEEN OR ARE YOU PRESENTLY UNDER PSYCHIATRIC CARE? \_\_\_ Y \_\_\_ N
- HAVE YOU BEEN HOSPITALIZED OR ADMITTED TO A TREATMENT FACILITY? \_\_\_ Y \_\_\_ N
- HAVE YOU DEALT WITH OR ARE YOU PRESENTLY DEALING WITH EATING DISORDER? \_\_\_ Y \_\_\_ N

IF YOU ANSWERED “YES” TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN AND INCLUDE DATES, TREATMENTS, MEDICATIONS, PRESCRIBING PHYSICIAN AND HIS/HER PHONE NUMBER.

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PLEASE INDICATE ANY KNOWN MEDICAL CONDITIONS AND EXPLAIN ON THE LINES PROVIDED BELOW:

\_\_\_ NO KNOWN HEALTH PROBLEMS  
\_\_\_ ALLERGY –BEE STING\_\_\_ CANCER/Leukemia \_\_\_ EPILEPSY/SEIZURES \_\_\_ PARTIALLY SIGHTED  
\_\_\_ ALLERGY –FOOD\_\_\_ CEREBRAL PALSY\_\_\_ GLASSES/CONTACTS\_\_\_ PHYSICAL HANDICAP  
\_\_\_ ALLERGY-MEDICATIONS\_\_\_ COLOR BLINDNESS \_\_\_ HEARING AID USED \_\_\_ SPEECH PROBLEMS  
\_\_\_ ASTHMA \_\_\_ COMMUNICABLE DISEASE \_\_\_ HEARING LOSS\_\_\_ OTHER  
\_\_\_ BLOOD PRESSURE\_\_\_ DIABETES\_\_\_ HEART PROBLEMS

■ **Physical Examination (student's expense)**

1. Students are to undergo the following laboratory tests before admission to CCBC-P
  - Urinalysis
  - CBC (routine)
  - Chest X-ray
  - Hepatitis Test
2. They are to see a doctor for thorough physical exam
3. A Copy of the lab results and medical certificate are to be submitted to the School Administrator, before the interview.

**On Minor Illnesses such as — headache, fever, cold & cough, simple wounds...**

1. Student may avail of the medicines provided by the school in their first aid kit
2. Student are responsible to inform CCBC-P office when sick
3. If consultation is necessary, student will be seen by a doctor of his/her choice at his/her own expense. If he/she doesn't have the money, CCBC-P will pay for it, but student will reimburse the school later.

■ **Major Illnesses that require hospitalization**

1. Student will be brought to a hospital of his/her choice for consultation and hospitalization at his/her own expense (or family/church). If he/she doesn't have the money, CCBC-P will pay for it, but student will reimburse the school later.
2. For student's care/monitoring
  - students who live within Negros Oriental, family members will be contacted to serve as "bantays" on the duration of confinement
  - Dean of Students or School Administrator, will be in-charge of communications with the doctor
  - "bantay" assignment will be arranged by Dean of Students or School Administrator

■ **Dental Problems**

Students will be brought to a dentist of his/her choice at his/her own expense.

**POLICIES & PROCEDURES:** *I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE POLICIES AND STANDARDS OF THE SCHOOL .*

INITIALS: \_\_\_\_\_

**Liability Waiver & Damages Responsibility**

Calvary Chapel Bible College is a ministry of Calvary Chapel Training Center, Inc., and is operated by the institution with the desire to provide the most affordable cost to students who wish to attend the college. Toward that end, the room and board and tuition costs to the student are substantially less than the actual cost to the college. Therefore, in consideration of this discount in tuition from actual costs, the college does not and cannot afford to provide liability and medical insurance coverage for students attending it and the applicant, regardless of the fault of the college or not. By execution of this application and placing your initials below and submittal of the application, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth below.

I understand that during my attendance at the college, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in this curricular activity. These risks include, but are not limited to personal injury (serious or otherwise), property damage and death (“Injuries and Damages”) from such curricular participation.

I assume all risks inherent and occurring, whether foreseen or unforeseen, in participating in such activity as involving Calvary Chapel Training Center, Inc. and waive all liability against it in making the decision to be included in such curricular activity and being allowed use of the Calvary Chapel facilities (including but not limited to all rooms, open areas and parking lot, fields, dorm rooms and otherwise) for such activity. This waiver is intended by the parties to be as broad and inclusive as permitted by law. To the fullest extent by law, I also waive, discharge claims and release for liability Calvary Chapel Training Center, Inc., its officers, directors, employees, agents, and leaders from any and all liability on account of, or in any way resulting from Injuries and Damages, even if caused by the negligence of Calvary Chapel Training Center, Inc., its officers, directors, employees, agents, and leaders.

I further agree to hold harmless Calvary Chapel Training Center, Inc., its officers, directors, employees, agents, and leaders from any claims, damages, injuries or losses of any kind or nature whatsoever caused by my own negligence while participating in such curricular activity. I understand and intend that this assumption of risk, waiver and release be binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me during such curricular activity.

I have been informed that I need to provide my own coverage for medical and premises liability insurance and, that if I cannot insure myself, I, alone, am responsible for all costs for Injuries and Damages.

INITIALS: \_\_\_\_\_

I HAVE A VALID MEDICAL INSURANCE AND HAVE ENCLOSED A COPY OF MY PROOF OF INSURANCE WITH THIS FORM.

INITIALS: \_\_\_\_\_

## ***CULTURAL RESPONSIBILITY***

CCBCD is a ministry primarily dedicated to building up Filipino men and women for the work of the ministry in Asia. Foreign students who choose to study here must come with an understanding and full acceptance of what that entails. It is the responsibility of each foreign student to do his/her best to conform to the culture of the Philippines, both in day-to-day life and ministry. Any attitude of superiority or arrogance will not be permitted. Please seriously check your heart and seek the Lord as to whether this is a good fit for you.

## ***CLASSES***

Please be advised that some classes offered at CCBC Murrieta are not offered at CCBCD. To find out which classes are available at CCBCD, please contact us at [ccbc@cctcphil.org](mailto:ccbc@cctcphil.org). Courses at CCBCD are taught in English. Student must have a sufficient grasp of the English language to benefit from the CCBC classes.

## ***CCBC TRANSCRIPTS AND RECOMMENDATIONS***

A recent student transcript and recommendation from CCBC Murrieta or one of the CCBC affiliate school must be attached and emailed to CCBCD, Philippines along with this completed application form.

## ***FINANCIAL RESPONSIBILITY***

The total cost for **tuition for SY 2015-2016** is \$1500 for first semester and \$1500 thereafter, which includes tuition, housing, meals and cross-cultural experiences.

**Immigration fees** for visa renewals and exit clearance expenses (see attached document).

**Round-trip Ticket** (international) and other travel cost. (please email ccbc admin regarding flight arrangements)

In order to reserve your place at CCBCD, you need to email a completed CCBC-P Continuing Student Application form to [ccbc@cctcphil.org](mailto:ccbc@cctcphil.org) and send an **application fee** of \$50 to the address below: (*non-refundable but will be applied to 1<sup>st</sup> Semester tuition if accepted*).

**CALVARY CHAPEL LONE MOUNTAIN**  
4295 N Rancho Drive Las Vegas NV 89130  
Tel– 702-633-4240  
E-mail– [info@cclonemountain.org](mailto:info@cclonemountain.org)  
Website: [www.cclonemountain.org](http://www.cclonemountain.org)

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**Calvary Chapel Bible College Dumaguete Philippines**

I hereby make application for continuing students to Calvary Chapel Bible College – Dumaguete Philippines; I understand my responsibility for punctual, regular class attendance and the fulfillment of all course assignments. I will also cooperate in observing all regulations and upholding standards of the college. In addition, I also understand that I have to pay the tuition fee, travel cost and visa cost.

SIGNED \_\_\_\_\_ Date \_\_\_\_\_

<b>Foreign Student Budget</b>	
updated 4/2015	
<b><u>Visa &amp; Immigration Expenses</u></b>	<b>Amount</b>
38 Day Visa Extension	\$75.00
Second Visa Extention w/ICARD	\$175.00
Third Visa Extension (after 6 months)	\$85.00
<b>Special Student Permit (good for 6 months/renewable thereafter)</b>	<b>\$170.00</b>
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<b>Total Fixed Immigration Expenses</b>	<b>\$505.00</b>
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<b><u>Variable Expenses</u></b>	<b>SEMESTER AMOUNT (5 Months)</b>
Personal Spending Money	\$250.00
Transportation to/from town & church	\$50.00
Semester Break Trips within the Island	\$200.00
Tuition & Room/Board	\$1,500.00
<b>Total Variable Expenses</b>	<b>\$2,000.00</b>
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<b>Total Fixed &amp; Variable Expenses</b>	<b>\$2,505.00</b>
<p>Tuition, Room &amp; Board includes meals Monday to Sundays.                      It also includes travel, room &amp; board during CLASS OUTREACHES. It does not include transportation costs to weekly ministries or to church. It <b>doesn't</b> include school supplies like pens, notebooks, etc.</p> <p>This is just a <b>GUIDE</b>, you may want more or less spending money.                      These costs will vary, This is based on <b>P44=\$1</b></p>	