



## APPLICATION FOR ADMISSION

### Mail complete application packet to:

Calvary Chapel Bible College  
Attn: Admissions  
Km.6 Palinpinon Road, Candau-ay  
Dumaguete City, Neg. OR. 6200

### Or email application to:

sow@cctcphil.org  
Visit our site: [www.cctcphil.org/sow](http://www.cctcphil.org/sow)

### Dear Applicant:

We are blessed to know that you are interested in in-depth Bible Study and that you desire to learn in cross-cultural environment.

Please complete the entire application, follow each item on the checklist below. For references, select three people who are not related to you, whom you have known well for at least one year. One reference must be from a pastor. The reference forms should be returned to you signed and sealed in an envelope which you will mail together with your application.

This information, as with all of the application, will be held in strict confidence. This will not necessarily disqualify you from being accepted, however, any misleading or withheld information may lead to disqualification. Your application will not be processed until the application fee is received. Please send your completed packet to Admissions.

### Application Packet Checklist:

#### National Students:

- P250 Application Fee (non-refundable)
- Completed Application for Admission
- Essay Questions Responses
- Medical Certificate
- Liability Waiver
- Doctrinal Statement Acknowledgment
- Copy of High School Diploma
- 2 x2 Photo (Passport Copy)
- Contract/Agreement of Sending Pastor with School regarding Internship (if applicable)

#### PLEASE NOTE —

- All Classes will be taught in English.
- This is a 9-month certificate program
- The school year runs from June to March, broken into two semesters.
- The classes are both block and semestral.
- **Tuition is \$150** \*For full details regarding our tuition reimbursement policy, please contact the school.
- **Dormitory room & board** will be **\$150**, due at the beginning of each month.
  - Does not include— transportation costs and spending money.
  - **National/ASEAN student's tuition fee** is partly subsidized by the school. Please email [sow@cctcphil.org](mailto:sow@cctcphil.org) for subsidized rates.
- All students must have an interview with the SOW Director or SOW representative before acceptance is granted.
- Application fee must accompany application— it should be paid in cash or check made payable to "Calvary Chapel Training Center Inc."

**GENERAL INFORMATION**

LASTNAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 AGE: \_\_\_\_\_ GENDER: \_\_\_ M \_\_\_ F MARITAL STATUS: SINGLE  MARRIED   
 IF APPLICABLE: SPOUSE'S NAME \_\_\_\_\_ YOUR MAIDEN NAME: \_\_\_\_\_  
 CURRENT ADDRESS (STREET/BOX NO.) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELLPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
 HOW DID YOU HEAR ABOUT CCBC? \_\_\_ FRIEND/FORMER STUDENT \_\_\_ PASTOR \_\_\_ INTERNET \_\_\_ OTHER  
 WHERE DO YOU ATTEND CHURCH? \_\_\_\_\_ HOW LONG? \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_

**FAMILY CONTACT INFORMATION**

FATHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
 CURRENT ADDRESS (STREET/BOX NO.) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 MOTHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
 CURRENT ADDRESS (STREET/BOX NO.) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 WITH WHOM DO YOU LIVE? \_\_\_ BOTH PARENTS \_\_\_ FATHER \_\_\_ MOTHER \_\_\_ OTHER: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

NAME OF HIGHSCHOOL \_\_\_\_\_ GRADUATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 WHERE YOU ENROLLED IN ANY EDUCATION PROGRAMS? \_\_\_ YES \_\_\_ NO  
 LIST OF COLLEGES ATTENDED:  
 COLLEGE DEGREE \_\_\_\_\_ DATES OF ATTENDANCE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 COLLEGE DEGREE \_\_\_\_\_ DATES OF ATTENDANCE \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERSONAL INFORMATION**

DO YOU USE TOBACCO PRODUCTS?  Y  N HAVE YOU EVER BEEN CONVICTED?  Y  N  
 DO YOU DRINK ALCOHOLIC BEVERAGES?  Y  N HAVE YOU BEEN IN A REHAB PROGRAM?  Y  N  
 DO YOU USE ILLEGAL DRUGS IN THE PAST?  Y  N IS THERE ANY HABITUAL SIN IN YOUR LIFE?  Y  N  
 DO YOU HAVE ANY HISTORY OF VIOLENCE, ABUSE TOWARDS OTHERS?  Y  N  
 IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTION, PLEASE GIVE AN EXPLANATION AND DATES:  
 \_\_\_\_\_  
 \_\_\_\_\_

**ESSAY QUESTIONS**

PLEASE ANSWER THE FOLLOWING IN A SEPARATE SHEET OF PAPER.

- DESCRIBE YOURSELF:
- |                             |                    |
|-----------------------------|--------------------|
| 1. PERSONALITY              | 5. WEAKNESS        |
| 2. PERSONAL STRENGTHS       | 6. HOBBIES         |
| 3. TALENTS                  | 7. SPIRITUAL GIFTS |
| 4. RELATIONSHIP WITH OTHERS | 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 TERMS AND CONDITIONS OF ENROLLMENT, INITIAL EACH SECTION, AND SIGN AND DATE IN THE SPACE BELOW

**FINANCIAL RESPONSIBILITY:** I UNDERSTAND 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 RESPONSIBLE 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: \_\_\_\_\_

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

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

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

- 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.

PLEASE INDICATE ANY KNOWN MEDICAL CONDITIONS AND EXPLAIN ON THE LINES PROVIDED BELOW:  NO KNOWN HEALTH PROBLEMS

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> ALLERGY –BEE STING  | <input type="checkbox"/> CANCER/Leukemia      | <input type="checkbox"/> EPILEPSY/SEIZURES | <input type="checkbox"/> PARTIALLY SIGHTED |
| <input type="checkbox"/> ALLERGY –FOOD       | <input type="checkbox"/> CEREBRAL PALSY       | <input type="checkbox"/> GLASSES/CONTACTS  | <input type="checkbox"/> PHYSICAL HANDICAP |
| <input type="checkbox"/> ALLERGY-MEDICATIONS | <input type="checkbox"/> COLOR BLINDNESS      | <input type="checkbox"/> HEARING AID USED  | <input type="checkbox"/> SPEECH PROBLEMS   |
| <input type="checkbox"/> ASTHMA              | <input type="checkbox"/> COMMUNICABLE DISEASE | <input type="checkbox"/> HEARING LOSS      | <input type="checkbox"/> OTHER             |
| <input type="checkbox"/> BLOOD PRESSURE      | <input type="checkbox"/> DIABETES             | <input type="checkbox"/> HEART PROBLEMS    |  |

### PHYSICAL EXAMINATION (student's expense)

1. Students are to undergo the following laboratory tests before admission to CCBCD
  - Urinalysis
  - CBC (routine)
  - Chest X-ray
  - Hepatitis Test
  - Stool Exam
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 is responsible to inform CCBCD 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, CCBCD will pay for it, but student will reimburse the school after.

**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, CCBCD will pay for it, but student will reimburse the school after.
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.

**MEDICAL POLICIES & PROCEDURES: I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THESE POLICIES AND STANDARDS.**

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

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**LIABILITY WAIVER & DAMAGES RESPONSIBILITY**

School of Worship 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 school. Toward that end, the room and board and tuition costs to the student are substantially less than the actual cost to the school. Therefore, in consideration of this discount in tuition from actual costs, the school 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 school 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 school, 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 can not 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: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT FULL NAME \_\_\_\_\_

# REFERENCE FORM



**APPLICANT'S FULL NAME**

**NOTE TO APPLICANT**

CHOOSE THREE PEOPLE TO COMPLETE REFERENCE FORMS AND RETURN THEM TO YOU IN A SIGNED AND SEALED ENVELOPE. REFERENCES MUST BE PEOPLE WHO HAVE KNOWN YOU WELL FOR AT LEAST ONE YEAR. ONE REFERENCE MUST BE A PASTOR OR OTHER LEADER IN YOUR CHURCH. INDIVIDUALS WHO ARE RELATED TO YOU BY BLOOD OR MARRIAGE SHOULD NOT BE REFERENCES. PLEASE PRINT YOUR FULL LEGAL NAME ON THE LINE ABOVE BEFORE GIVING THIS TO THE FORM TO THE REFERENCE.

**APPLICANT SIGNATURE**

**DATE**

**NOTE TO REFERENCE**

THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE. THE ABOVE NAMED APPLICANT HAS APPLIED FOR ACCEPTANCE TO SCHOOL OF WORSHIP AND HAS NAMED YOU AS REFERENCE. YOUR REFERENCE CONTRIBUTES TO THE DECISION MADE BY OUR STAFF REGARDING THIS APPLICANT. THEREFORE, PLEASE BE THOROUGH AND TIMELY IN YOUR RESPONSE.

**PLEASE RETURN THIS FORM DIRECTLY TO THE APPLICANT IN A SIGNED AND SEALED ENVELOPE.**

SIGNATURE		DATE	
NAME (PLEASE PRINT)	PHONE	EMAIL	
ADDRESS (STREET)	CITY	STATE/PROVINCE	ZIP
CHURCH/ORGANIZATION TO WHICH YOU BELONG		POSITION	

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_ HOW LONG HAS THE APPLICANT BEEN AN ACTIVE CHRISTIAN? \_\_\_\_\_

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

DESCRIBE THE EVIDENCES YOU SEE IN THE APPLICANTS LIFE THAT DEMONSTRATE HIS/HER COMMITMENT TO FOLLOW CHRIST.

\_\_\_\_\_

\_\_\_\_\_

PLEASE STATE ANY CONCERNS OR RECOMMENDATIONS THAT WOULD ASSIST US IN THE SELECTION OF THIS APPLICANT.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE CIRCLE THE APPROPRIATE NUMBER ON THE FOLLOWING QUESTIONS. USE "?" IF YOU FEEL YOUR KNOWLEDGE OF THE APPLICANT IS INSUFFICIENT IN THAT AREA.

		UNKNOWN	POOR	AVERAGE	OUTSTANDING
RESPONSIBILITY –ABILITY TO FAITHFULLY ASSUME & COMPLETE DUTIES/OBLIGATIONS	?	1	2	3	4 5 6
ADAPTABILITY-ABILITY TO ADJUST TO CHANGES IN CIRCUMTANCES:	?	1	2	3	4 5 6
COOPERATION/TEAMWORK –RELATES WELL TO OTHERS IN A LIVING OR WORK SETTING:	?	1	2	3	4 5 6
COMMUNICATION-ABLE TO EXPRESS THOUGHTS, FEELINGS, AND IDEAS WITH OTHERS:	?	1	2	3	4 5 6
SPIRITUAL MATURITY – DEMONSTRATES HOLINESS, MATURITY & CONSISTENCY	?	1	2	3	4 5 6
CHURCH INVOLVEMENT	?	1	2	3	4 5 6
EMOTIONAL STABILITY	?	1	2	3	4 5 6
PERSONAL RECOMMENDATION	?	1	2	3	4 5 6

THANK YOU FOR YOUR COOPERATION IN THIS MATTER. PLEASE RETURN THIS FORM TO THE APPLICANT IN A SIGNED AND SEALED ENVELOPE.