

# SALEM THEOLOGICAL BIBLE COLLEGE



## Application for Admission

3605-107/108 Bastion Lane  
Raleigh, NC 27604

Phone: (919) 231 - 2021 Fax: (919) 231 – 2026

Web ó Site: [www.cwwoministry.org](http://www.cwwoministry.org)

E-mail: [salem@cwwoministry.org](mailto:salem@cwwoministry.org)

*2007/2008 Admission*



# SALEM THEOLOGICAL BIBLE COLLEGE

3605-107/108 Bastion Lane  
Raleigh, North Carolina 27604. U.S.A

**APPLICATION FOR ADMISSION**  
AN APPLICATION FEE OF \$35.00 IS REQUIRED AND  
IS TO BE SUBMITTED ALONG WITH THIS APPLICATION.  
(APPLICATION NON-REFUNDABLE)

Office of Admissions  
3605-107/108 Bastion Lane  
Raleigh, NC 27604

<b>OFFICE USE ONLY</b>
Date Received _____
Application Fee _____
Accepted _____
Rejected _____
Ref. Number _____

This Application should be completed in detail. Please use N/A if any question is NOT APPLICABLE

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Sex

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_

Country \_\_\_\_\_

Home Address \_\_\_\_\_  
No. & Street City State Zip County

Mailing Address \_\_\_\_\_  
No. & Street City State Zip County

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

Marital Status: Married  Single  Divorced  Widowed  Separated

Are you a Veteran of the Armed Forces? Yes  No

Member of \_\_\_\_\_ My Pastor is \_\_\_\_\_  
Name of Church Name of Pastor

\_\_\_\_\_  
Pastor's Address No. & Street City State Zip

I would like to enter Salem Theological Bible College  summer  fall  spring

High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

Address of High \_\_\_\_\_  
No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College Attended \_\_\_\_\_

Address of College \_\_\_\_\_  
No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Undergraduate Degree Received \_\_\_\_\_ Graduation Date \_\_\_\_\_

Graduate School Attended \_\_\_\_\_

Address of Graduate School \_\_\_\_\_  
No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Graduate Degree Received \_\_\_\_\_ Date \_\_\_\_\_

Complete If Applicable

Licensed as a minister on \_\_\_\_\_ Date \_\_\_\_\_ Licensing Church \_\_\_\_\_ Name \_\_\_\_\_

Ordained as a minister on \_\_\_\_\_ Date \_\_\_\_\_ Ordination Body \_\_\_\_\_ Name \_\_\_\_\_

Pastor of the following Church (es)

Name of Church

Address of Church

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Give the complete names and addresses of two people, other than relatives, from whom recommendations may be secured.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Complete one of the following: This should be done immediately!

I am requesting that a transcript of my high school work be sent to you on \_\_\_\_\_  
Date

I am requesting that a transcript of my high School work be sent to you on \_\_\_\_\_  
Date

Mail To: Salem Theological Bible College  
Office of Admission  
3605-107/108 Bastion Lane  
Raleigh, North Carolina 27604

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# ***SALEM THEOLOGICAL BIBLE COLLEGE***

## **THE SALEM THEOLOGICAL BIBLE COLLEGE ESSAY**

**(WHY I WISH TO ATTEND SALEM THEOLOGICAL BIBLE COLLEGE)**

This essay should generally be an about two (2) pages. It should include the following items:

1. Pertinent data about your background.
2. Your call to the Ministry.
3. Your educational background.
4. Your educational needs (weaknesses)
5. Goals in the Ministry and special interest, gifts, etc.
6. What do you expect from STBC.



# SALEM THEOLOGICAL BIBLE COLLEGE

3605 – 107/108 Bastion Lane  
Raleigh, North Carolina 27604

We are considering the application \_\_\_\_\_ for entrance to the Salem  
Name of Applicant

Theological College and your name have been given as a reference.

## Instruction:

Please answer the following question regarding the applicant as frankly and fully as possible.  
If you have no basis for judgment, Please disregard the item or question.  
Your reply will be held in confidence.

1. How long have you know the applicant \_\_\_\_\_
2. In what relationship? \_\_\_\_\_
3. Is there any question about the applicant's character? \_\_\_\_\_  
\_\_\_\_\_
4. In your opinion, does the applicant have any personal habits which would hinder effective  
Ministry? \_\_\_\_\_  
\_\_\_\_\_

5. In what phase of ministry is applicant now engaged? \_\_\_\_\_

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(Please indicate by check mark the statement, which most correctly characterizes applicant.)

JUDGMENT \_\_\_\_\_

Uses poor Judgment	Misinterprets situations and People	Actions usually passive in nature	Judgment considered and respected by others
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CHARACTER \_\_\_\_\_

Unbecoming in Nature	Characterized by immaturity	Somewhat passive	Increasing in maturity	High degree of maturity Respected
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CHRISTIAN COMMITMENT \_\_\_\_\_

Evidences little Or no commitment	Moderately	Seems to be developing a Deeper sense of Commitment	highly committed	inspires others to a higher Commitment
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LEADERSHIP \_\_\_\_\_

Shuns Responsibilities	Prefers plans of others	Will take responsibilities If asked. Leads In minor affairs	often shows initiative	seeks places of service. Accepted by other as genuine leader
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Can you in good conscience recommend applicant for entrance here?

Thanks you for your prompt attention to our request.

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

Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Position & Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Phone: \_\_\_\_\_ (Work)

Please mail this directly to:

Office of Admissions  
Salem Theological Bible College  
3605 Bastion Lane Suite 107/108  
Raleigh, NC 27604





# SALEM THEOLOGICAL BIBLE COLLEGE

Thank you for your interest in the STBC.

We are indeed happy that you have chosen to apply for admission to our school. In order that we may consider your request for admission without delay, the following steps are necessary:

1. Complete the Application for Admission Form.
2. Return the completed application along with a thirty-five dollar (\$35.00).  
**APPLICATION FESS IS NON-REFUNDABLE**
3. **If you are a high School graduate**, please request that your high School forward to us an official copy of your high school transcript, or if you have received a General Education Development (GED) Certificate, please forward a copy of that document. (Request form included)

**If you are a college graduate**, please request that an official copy of your transcript be forwarded to us.

Write a short essay entitled "Why I wish to attend STBC" according to the guidelines included.

4. Have your physician complete and return the enclosed Medical Form.

So that admission notification and other notices of importance may reach you promptly, Please follow through with all requirements and have all information returned to the Admissions Office in accordance with the following schedule:

September 28, 2007 ó If applying for the **Fall Semester**

November 30, 2007 ó If applying for the **Spring Semester**

February 28, 2007 ó If applying for the **Summer Semester**

Classes are held on Friday evenings from 8:00pm to 11:00pm and on Saturday from 8:00 am to 5:00pm. In addition to Salem Theological Bible College, is located at 3605-107/108 Bastion Raleigh, NC 27604.

Again, thank you for interest in the STBC.



***SALEM THEOLOGICAL BIBLE COLLEGE***  
***3605-107/108 Bastion Lane***  
***Raleigh, North Carolina 27604***

**TRANSCRIPT RELEASE FORM**

It is your responsibility to have a copy of your transcript forwarded to us from your former school or college for admission to our program.

I have applied for admission to Salem Theological Bible College. Please forward an official copy of my transcript to the address below.

Admissions Officer  
3605-107 Bastion Lane  
Raleigh, North Carolina 27604

I hereby authorize \_\_\_\_\_  
Name of school/college

to release a transcript (or GED scores) to STBC.

Social Security # \_\_\_\_\_

Date of Attendance \_\_\_\_\_

Name: \_\_\_\_\_  
(Name used while attending school)

Date of Birth: \_\_\_\_\_ Current phone# \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

**REMINDER:** Contact your former college(s) to determine their transcript fee. Then mail or present this form and transcript fee so that they may forward your transcript.

**ATTENTION REGISTRAR:**

Please forward the requested transcript as soon as possible.

**ATTACH THIS FORM TO THE TRANSCRIPT**



**SALEM THEOLOGICAL BIBLE COLLEGE**  
**3605-107/108 Bastion Lane**  
**Raleigh, North Carolina 27604**

**REPORT OF HEALTH EVALUATION**

TO THE EXAMINING PHYSICIAN:

Please review the student's history and complete the physician's form. Please comment on all positive answers. The information supplied will be used as background for providing health care. This information is strictly for use of the Health Service and will not be released without the student's consent.

LAST NAME	FIRST NAME	MIDDLE NAME
Height _____ inches	Weight _____ Ibs.	B.P. ____ / ____ Pulse _____ /min
Corrected Vision: Right 20/ _____	Hearing (gross): Left 20/ _____ Right _____ Left _____	

URINALYSIS

HISTORY OF IMMUNIZATIONS

	VACCINE	DATE	DATE	DATE	DATE
	DTP				
	Td or TETANUS				
Sugar _____	POLIO, Oral				
Albumin _____	RUBEOLA (measles)				TUBERCULIN SKIN TEST (within one year) Date _____ Positive <input type="checkbox"/> Negative <input type="checkbox"/>  CHEST X-RAY (if skin test is positive) Date _____ Report _____
Micro _____	MUMPS				
HEMATOCRIT (if indicated)					
SICKLE CELL _____ %	RUBELLA (German measles)				

NC residents may submit high school immunization records

Are there abnormalities of the following systems? Describe fully. Use additional sheet if necessary.

	YES	NO
1. Head, Ears, Nose, Throat		
2. Eyes		
3. Respiratory		
4. Gastrointestinal		
5. Cardiovascular		
6. Hernia		
7. Genitourinary		
8. Musculoskeletal		
9. Metabolic/Endocrine		
10. Neuropsychiatry		
11. Skin		

A. Is there loss or seriously impaired function of any paired organ? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Have you any general comments? \_\_\_\_\_

C. Recommendations for physical activity (phys. ed., intramurals, etc.)

Unlimited \_\_\_\_\_ Limited \_\_\_\_\_

Explain: \_\_\_\_\_

D. Do you have any recommendations regarding the care of this student? Yes  No

E. Is the student now under treatment for any medical or emotional condition? Yes  No

Explain \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**To the Student**

Information you provide will be used as an Aid to providing necessary care while you are a student. Your matriculation may be Delayed, however, if your current health. Status warrants this.

**STUDENT HEALTH SERVICE  
SALEM THEOLOGY BIBLE  
COLLEGE  
3605-107/108 Bastion Lane  
Raleigh, North Carolina 27604**

This information is strictly for the use of The Health Service and will not be released To anyone without your knowledge and Written consent.

**REPORT OF MEDICAL HISTORY**

PLEASE COMPLETE THIS BEFORE GOING TO YOUR PHYSICIAN FOR EXAMINATION

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**LAST NAME (print) FIRST NAME MIDDLE SOCIAL SECURITY NO.**

**HOME ADDRESS (NUMBER) CITY STATE ZIP TELEPHONE NUMBER**

**DATE OF BIRTH: \_\_\_\_\_ SEX: M  F  MARITAL STATUS: S  M  OTHER**

**Fr. Soph. Jr. Sr. Grad. YES  NO  Fall  Winter  Spring  Summer  200 \_\_\_\_\_**

**CLASS YOU ARE ENTERING (circle) PREVIOUSLY ENROLLED HERE PROPOSED DATE OF REGISTRATION YEAR**

**HOSPITAL/HEALTH INSURANCE NAME OF COMPANY ADDRESS POLICY NUMBER**

**NAME & RELATIONSHIP OF NEXT OF KIN**

**ADDRESS OF NEXT OF KIN TELEPHONE NO.**

**Have Any of your Relatives Ever Had Any of The Following?**

	YES	NO	Relationship
Tuberculosis			
Diabetes			
Heart Disease			
Kidney disease			
Arthritis			
Stomach Disease			
Asthma, Hay Fever			
Epilepsy, Convulsions			

PARENTS OF STUDENT UNDER 18: I hereby authorize any medical treatment for my son/daughter which may be advised or recommended by the physicians of the student Health service of Salem Theology College

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**PERSONAL HISTORY**

PLEASE ANSWER ALL QUESTION

(Comment on all positive answer in space below or on additional sheet of paper)

HAVE YOU HAD	YES	NO		YES	NO		YES	NO		YES	NO
Eye Trouble			Frequent or Severe Respiratory Infection			Kidney or Bladder Disease			Diabetes		
Ear. Nose. Throat Trouble										Infected with Mono-Nucleosis.	
Frequent or Severe Headaches			Rheumatic Fever or Heart Murmur			Disease or Injury of Bones or Joints			Sickle Anemia		
Epilepsy			Stomach or Intestinal Trouble			Dislocation of Knee, Shoulder, etc.			FEMALES ONLY		
Asthma, Hay Fever, Hives										Irregular Periods	
Tuberculosis			Hepatitis or Jaundice			Anemia			Severe Cramps		
									Excessive Flow		

**REMARK OR ADDITIONAL INFORMATION**  
(Use additional sheet if necessary)

	YES	NO
A. Do you have any disease, or is any drug or other treatment being followed, which should be continued or periodically evaluated? (Give details)		
B. Have you any drug allergy or other known sensitivity or intolerance? (Give details)		
C. Have you had any illness, injury, or operation or been hospitalized other than as already noted? (Give details)		
D. Has your physical activity been restricted during the past five years? (Give reasons and duration)		
E. Have you ever been hospitalized for mental or emotional illness? (Give name(s) and Address(es) of doctor(s) and/or hospital(s))		
F. Have you ever interrupted school or work either because of mental or emotional illness or after psychiatric consultation? (Give details and doctor(s) name address(es))		

STATEMENT BY STUDENT: I have personally supplied the above information and Attest that it is true and complete to the best of my knowledge. I hereby give my Permission to any doctor, hospital, or other medical agency to release confidentially to the student Health Service Physician(s) of Salem Theology College any information they may have concerning my medical condition and their professional contact with me

Signature of Student

Date

Physician's Signature (Acknowledging Review) Date