



Application for Degree Program

Attach Photo Here (Optional)

Our University admits students of any race, color, gender, nationality or ethnic origin to all rights, privileges, programs, and activities generally made available to students at the college. We do not discriminate on the basis of race, color, gender, nationality, ethnic origin, or disability in the administration of its educational policies, admissions policies or a ny school administered program.

Personal Information – Semester you wish to enroll in Heart Bible Institute University:

Spring _____ year Summer _____ year Fall _____ year

Name: _____
Last First Middle

Address: _____
Street Apt.#

City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail address: _____

Social Security No. _____ - _____ - _____ Date of Birth: ____/____/____ Age: _____
mo dy yr

Gender: Male Female

Marital Status: Single Engaged Married Separated* Divorced* Widowed

***Please submit a brief written explanation.**

Maiden Name: _____ If divorced, date finalized: _____

Have you been previously enrolled at HBIU ? Yes No If yes, when? _____

Race/Ethnicity: (Optional)

Caucasian African American/Black Hispanic/Latino Origin
Asian Native American/Alaskan Native Non-Hispanic/Latino Origin
Multiracial Native Hawaiian or other Pacific Islander Other _____

Citizenship:

Country of Birth: _____ Country of Citizenship: _____

Country of Permanent Residency: _____

Is English your primary language? Yes No If not, what is your primary language? _____

Personal Reference

Please give contact information of a close, Christian friend (other than a family member) who has known you for a minimum of one year.

Name: _____

Email Address: _____

Home Telephone (_____) _____ Cell Phone (_____) _____

Enrollment Information

Adult Degree Completion On Campus Online

Currently, I plan to enroll in the following Program (check only one)

Associate of Art	Bachelors of Science	Master of Science	Doctor of Theology
Bachelors of Art	Master of Art	Doctor of Divinity	Undecided / Other

Do you plan to enter full-time ministry? Yes No

Family

Date Married: _____ Spouse's Full Name: _____

Children/Dependents:

Name	Age	Gender		Living With You?	
_____	_____	M	F	Yes	No
_____	_____	M	F	Yes	No
_____	_____	M	F	Yes	No

Education/Academic Information

High School Attending/Attended: _____

City/State: _____ Year of graduation: _____

Please list ALL colleges and universities attended.

Name of College	Date Entered	Date Withdrew	Course of Study/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: ALL applicants must have an official copy of ALL transcripts sent to the Admissions Office.

Have you been dismissed from or placed on probation at any of the schools listed above?

Yes No If yes, please explain: _____

Finances

How do you plan to pay for your education ? (Optional)

Savings

Parents/Relative

Church

Loans

Personal Employment

School-ship

Other _____

Please comment on your plans to fulfill your financial commitment for the next two years.

HBI offer any scholarships and sponsorships base on the need;

Christian Service

Please check services/activities in which you are currently involved in your church:

Church Volunteer

Music Program

Mission Trips

Prayer Group

Church Leadership

Sunday School Teacher

Youth Group

Community Service

Drama/Performances

Student Council

Other _____

Are you an ordained or licensed minister?

Yes No

If yes, credentials issued by: _____

Spiritual Health

When were you born again? ____/____/____
mo dy yr

Have you received the baptism of the Holy Spirit (Acts 2:4)?

Yes No *If yes, when?*

____/____/____
mo dy yr

Have you lived a consistent Christian life since conversion? Yes No *If no, please explain:* _____

Church currently attending: _____ Senior Pastor's Name: _____

Church Denomination: _____ Church Address: _____
Street

City _____ State _____ Zip _____ Country _____

Telephone (____) _____ Are you a member? Yes No *If yes, how long?* _____

Referral

How did you hear about HBI University?

TV

Yellow Pages

Radio

Person Who? _____

Printed Ad

Special Event

Website

Referral Code _____



Application Checklist

Before emailing your completed application, take a few moments to check and make sure that the following items have been included or requested to be sent to HBI University.

Application for Admission

All questions on the application must be answered. If a question does not apply to you, write “NA” (Not Applicable) in the space provided. Please print or type your responses. Application **MUST** be signed and dated.

\$50 Application Fee (\$55 for International Applicants)

The application process begins with your completed application **AND** the accompanying non -refundable application fee. Make your money order or cashier’s check payable to HBI. We accepts, Visa, Master, and or Discover credit card.

Social Security Number

We are required to obtain social security numbers on all prospective students (except international applicants).

Photograph (Optional)

A recent passport sized photograph can be attached to the application.

Official* High School Transcript or a GED

All applicants must have completed high school or GED equivalency.

Recommendation From Pastor

This form must be completed by the current pastor of your home church and mailed directly to HBI. An elder or youth pastor can complete the form if you attend a church with a large congregation. If the pastor is an immediate family member, an associate pastor or elder must complete the form. HBI Admissions Committee looks for a minimum of one-year history of service in a local church. Make sure to fill out the top portion of the form, including signature.

Official College Transcript(s)

An **official*** transcript from each institution attended must be sent directly to the Admissions Office. Your application will not be processed without an official college transcript(s).

**Official transcripts are those issued by the institution and must be sent directly to our office.*

Medical Form

All accepted applicants are required to submit a Medical Form. The form must be mailed upon the notification of acceptance. It must be completed by a family doctor or physician, and it **must** include an updated immunization record. You will not be able to register or enroll without submitting a Medical Form.

International Applicants

International Applicants will need to contact the International Admissions Office for additional information.

The Admissions Office will submit your file to the Admissions Committee for review when **ALL** requirements are met and your file is complete. The Admissions Committee will render a decision based on the guidelines and policies set forth by the Administration, as well as their experience in ministry and spiritual discernment. All applicants will receive written notification by mail as to their acceptance or denial.

What to expect upon acceptance

Upon acceptance you will receive a welcome packet shortly after you receive your acceptance letter. This packet will cover the following information:

Finance Requirements
Registration Information
Dress Code

Should you have any additional questions, please feel free to contact our Admissions Office at **(813) 445-3905**. You can also reach us via email at **INFO@HEARTBIBLEINSTITUTE.ORG**

All forms must be mailed to:

**Heart Bible Institute
PO Box 1412
New Britain CT 06050**



Medical Information Form

Please fill out the top two sections and present this form to a medical doctor.
A **COMPLETE** examination is required.

PLEASE TYPE OR PRINT

General Information

CLASSIFICATION *(check one)*

New Freshman
Transfer (Also request transcripts from other colleges and universities attended)
Re-Activation

Dates of Last Attendance _____

Special Student *(non-degree)*

ENROLLMENT DATE *(check one)*

Fall 20 _____
Spring 20 _____
Summer 20 _____
Other _____

ATTENDANCE *(check one)*

Full-time (12+ hrs.)
Part-time (up to 11.5 hrs.)

Health History

PERSONAL INFORMATION

Name: _____ Social Security No. _____ - _____ - _____
Last First M.I. Maiden

Address: _____ Gender: _____
Street Apt.

City State Zip Marital Status: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____ Date of Birth: _____

Name of Parent or Guardian: _____

Address of Parent or Guardian: _____
Street Apt.

City State Zip Phone: (____) _____

FAMILY MEDICAL HISTORY: Have any of your relatives had any of the following diseases/disorders? If yes, please explain relationship to you.

	Yes	No	Relationship		Yes	No	Relationship
Epilepsy	p	p	_____	Heart Disease	p	p	_____
Cancer	p	p	_____	Mental Illness	p	p	_____
Diabetes	p	p	_____	Migraine Headaches	p	p	_____
Tuberculosis	p	p	_____				

PERSONAL HISTORY: Have you ever experienced any of the following? If yes, give approximate age.

	Yes	No	Age		Yes	No	Age
Mumps	p	p	_____	Whooping Cough	p	p	_____
Anemia	p	p	_____	Rheumatic Fever	p	p	_____
Asthma	p	p	_____	Emotional Illness	p	p	_____
Malaria	p	p	_____	Mononucleosis	p	p	_____
Measles	p	p	_____	Use of Tobacco	p	p	_____
Diabetes	p	p	_____	Use of Drugs	p	p	_____
Jaundice	p	p	_____	Use of Alcohol	p	p	_____
Impaired Sight	p	p	_____	Regular Use of Tranquilizers	p	p	_____
Pneumonia	p	p	_____	Regular Use of Diet Pills	p	p	_____
Diphtheria	p	p	_____	Scarlet Fever	p	p	_____
Allergies	p	p	_____	Typhoid Fever	p	p	_____
Appendicitis	p	p	_____	Hepatitis B	p	p	_____
Tonsillitis	p	p	_____	Other illness(es) or sever injuries:			_____
Convulsions	p	p	_____				_____
Chicken Pox	p	p	_____				_____
Tuberculosis	p	p	_____	List any surgeries you have undergone in the past five (5) years:			_____
Heart Disease	p	p	_____				_____
Draining Ears	p	p	_____				_____

General Physical Information

The following sections must be completed by your physician.)

PHYSICIAN: Please provide the following information about the applicant.

Measurements: Height _____ Weight _____
Blood Pressure: _____ / _____ Vital Signs: Pulse Rate _____
Temperature _____

CLINICAL EVALUATION: (Describe every abnormality in the space provided below.)

Head, Face, Neck	p Normal	p Abnormal	Abdomen	p Normal	p Abnormal
Thyroid	p Normal	p Abnormal	Extremities	p Normal	p Abnormal
Scalp	p Normal	p Abnormal	Skin	p Normal	p Abnormal
Eyes	p Normal	p Abnormal	Neurological	p Normal	p Abnormal
Ears	p Normal	p Abnormal	Muscular System	p Normal	p Abnormal
Nose and Sinuses	p Normal	p Abnormal	Endocrine	p Normal	p Abnormal
Mouth, Teeth, Throat	p Normal	p Abnormal	Genitalia	p Normal	p Abnormal
Chest and Lungs	p Normal	p Abnormal	Breast Exam	p Normal	p Abnormal

Explanations: _____

TEST RESULTS: (Must be complete and up-to-date.)

Results of PPD Skin Test (Day & Year) _____ Chest X-ray required for positive PPD.
Hct. _____ Results: _____
Urinalysis _____

IMMUNIZATIONS: (Each applicant must have the following immunizations up -to-date.)

Initial MMR Date (Month & Year) _____ *A Measles Titre is required if you have had measles.
MMR Booster Date (Month & Year) _____ Results: _____
Tetanus _____
Poliomyelitis Sabin _____
Hepatitis B _____

MISCELLANEOUS MEDICAL INFORMATION

1. Are you personally acquainted with the applicant's medical history? Yes No
2. List any known allergies, including drug sensitivities: _____
3. Is the applicant now receiving medication that you advise continuing? Yes No
If yes, please indicate which medications: _____
4. Are there any reason that the applicant should be limited in a regular education program? _____
Has the applicant ever been restricted in a physical program before? _____ If yes, please explain. _____
5. Are there any additional issues/concerns that should be called to our attention? _____
6. Do you consider the applicant physically and mentally capable of participating in intensive academic work plus part -time employment, should that be necessary? Yes No

Name of Physician: _____ Signature: _____

Address: _____
Street City State Zip

Phone: (_____) _____ Date of Examination: _____

Please send this form directly to:

Heart Bible Institute
PO Box 1412 New Britain CT 06050
(813) 445-3905.
HBIINTERNATIONALUNIVERSIT
@GMAIL.COM



Recommendation from Pastor

Pastor: Send this completed form directly to HBI
Do not return to applicant.

TO THE APPLICANT:

This form must be completed by your Pastor and mailed directly by him/her to the HBI Admissions Office. If an immediate family member is the pastor of your home church, then a deacon, elder or other church official must act as the pastoral reference for you. Please sign the following waiver prior to giving this form to your Pastor or church leader.

I hereby waive my right to review this confidential recommendation, which becomes a permanent part of my admissions file.

Please Print Your Name: _____ Signature: _____

Address: _____ Phone: (____) _____

TO THE PASTOR / OR CHRISTIAN LEADER:

The above-named applicant is applying for admission at HBI University. Serious consideration will be given to your comments, therefore, your cooperation in completing this form as candidly and prayerfully as possible will be greatly appreciated. Please be sure to answer every question. Please write N/A where necessary. All information provided on this form will be held in the strictest confidence.

Name: _____	Position: _____
Address: _____	Office Phone: (____) _____
City/State/Zip: _____	Home Phone: (____) _____
Church Name: _____	Average Church Attendance: _____
Address: _____	Church Denominational Affiliation: _____
City/State/Zip: _____	Are you related to the applicant? p Yes p No
E-mail: _____	If yes, how are you related? _____

How long have you known the applicant? _____

How well do you know him/her? (check one)

- Very close pastoral relationship
- Fairly well with numerous personal contacts
- Casually with few personal contacts
- Only by name and sight

Has the applicant demonstrated a personal commitment to Jesus Christ?

Yes No I am unsure

To what extent does applicant engage in church activities?

- Attends regularly, enthusiastically and deeply involved
- Attends regularly, cooperative and willing to help
- Attends regularly, seldom participates in activities
- Attends regularly, with minimal participation
- Attends regularly, no participation
- Unknown

In what form of Christian service has the applicant been a participant?

What type of spiritual influence is applicant on peers?

- Strengthening Negative
- Neutral I do not know

Does the applicant smoke? Yes No Unsure

Does the applicant drink? Yes No Unsure

Has the applicant lived a consistent moral life?

Yes No Unsure If no or unsure, please comment

Are there family conditions which might hinder the applicant's college work or effectiveness in full time ministry?

Are there anything about the applicant's life, past or present, which should be called to our attention?

PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS: (If you are unsure, leave blank.)

Overall spiritual condition	<input type="checkbox"/> Deeply spiritual	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Carnal
Knowledge of the Scriptures	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Well versed	<input type="checkbox"/> Average	<input type="checkbox"/> Fair
Passion for souls	<input type="checkbox"/> Burdened	<input type="checkbox"/> Average	<input type="checkbox"/> Casual	<input type="checkbox"/> Indifferent
Spiritual growth	<input type="checkbox"/> Remarkable	<input type="checkbox"/> Progressive	<input type="checkbox"/> Slow	<input type="checkbox"/> Stagnant
Response to authority	<input type="checkbox"/> Very open	<input type="checkbox"/> Respectful	<input type="checkbox"/> Resistant	<input type="checkbox"/> Disrespectful
Seriousness of purpose	<input type="checkbox"/> Extremely focused	<input type="checkbox"/> Purposeful	<input type="checkbox"/> Limited	<input type="checkbox"/> Vacillating
Initiative	<input type="checkbox"/> Strongly motivated	<input type="checkbox"/> Motivated	<input type="checkbox"/> Requires direction	<input type="checkbox"/> Passive
Academics	<input type="checkbox"/> Highly intelligent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Reliability	<input type="checkbox"/> Conscientious	<input type="checkbox"/> Dependable	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Unreliable
Emotional stability	<input type="checkbox"/> Exceptionally mature	<input type="checkbox"/> Very stable	<input type="checkbox"/> Sometimes unstable	<input type="checkbox"/> Unstable
Adaptability	<input type="checkbox"/> Adjusts well	<input type="checkbox"/> Average	<input type="checkbox"/> Ill at ease	<input type="checkbox"/> Unable to cope
Work Ethic	<input type="checkbox"/> Seeks added work	<input type="checkbox"/> Does assignment	<input type="checkbox"/> Needs motivation	<input type="checkbox"/> Poor habits
Reaction to difficulties	<input type="checkbox"/> Victorious	<input type="checkbox"/> Accepting	<input type="checkbox"/> Struggles	<input type="checkbox"/> Bitter
Overall attitude	<input type="checkbox"/> Very respectful	<input type="checkbox"/> Above average	<input type="checkbox"/> Passive	<input type="checkbox"/> Critical
Organizational ability	<input type="checkbox"/> Very gifted	<input type="checkbox"/> Effective	<input type="checkbox"/> Average	<input type="checkbox"/> Not effective
Leadership	<input type="checkbox"/> Excellent leader	<input type="checkbox"/> Gifted	<input type="checkbox"/> Limited	<input type="checkbox"/> Not a leader
Personal appearance	<input type="checkbox"/> Very sharp	<input type="checkbox"/> Good	<input type="checkbox"/> Neat and clean	<input type="checkbox"/> Untidy
Financial accountability	<input type="checkbox"/> Beyond reproach	<input type="checkbox"/> Honest	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Not faithful
Morality	<input type="checkbox"/> Unquestionable	<input type="checkbox"/> Above average	<input type="checkbox"/> Appears good	<input type="checkbox"/> Questionable
Health	<input type="checkbox"/> Robust	<input type="checkbox"/> Good condition	<input type="checkbox"/> Some problems	<input type="checkbox"/> Poor health
Perseverance	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Sometimes waivers	<input type="checkbox"/> Weak

OVERALL EVALUATION OF THE APPLICANT:

Excellent Above average Average Questionable

I RECOMMEND THIS APPLICANT TO HBI:

Without reservation With reservation I am unable to recommend at this time.

Comments:

Signature: _____ Date: _____



Request for Transcript

Please fill out the top section and present to an official in your high school.

PLEASE TYPE OR PRINT

APPLICANT

CLASSIFICATION *(check one)*

New Freshman

Transfer (Also request transcripts from other colleges and universities attended)

Re-Activation

Fall 20 _____

Spring 20 _____

Summer 20 _____

Other _____

Full-time (12+ hrs.)

Part-time (up to 11.5 hrs.)

Dates of Last Attendance _____

Special Student *(non-diploma)*

ENROLLMENT DATE *(check one)*

ATTENDANCE *(check one)*

Name: _____
Last First M.I. Maiden

Address: _____
Street Apt.

City State Zip

Daytime Phone: (____) _____ Evening Phone: (____) _____ Date of Birth _____

Dates Attended: _____ Social Security Number: _____ - _____ - _____

I hereby give permission for my transcript and other information requested to be sent to HBIU.

Signature: _____ Date: _____

G.P.A. : _____

Date of Graduation: _____

School Official: _____ Title: _____

Signature: _____ Date: _____ Phone: (____) _____

Send this form along with the applicant's official transcript to:

Heart Bible Institute
PO Box 1412
New Britain CT 06050
860-612-9834