

# APPLICATION FOR UNDERGRADUATE ADMISSION



**HERITAGE**  
CHRISTIAN UNIVERSITY

Please  
attach or  
email a  
photo

*\* This application MUST be accompanied by a \$25 non-refundable application fee in order to be processed.*

## ENROLLMENT INFORMATION:

<b>APPLYING FOR ENTRANCE: (Check one for each category)</b>		<b>DATE:</b> /        /	
1. <input type="checkbox"/> Distance Learning	<input type="checkbox"/> Campus		
2. <input type="checkbox"/> Fall yr. _____	<input type="checkbox"/> Spring yr. _____	<input type="checkbox"/> Summer yr. _____	
3. <input type="checkbox"/> Bachelor of Arts	<input type="checkbox"/> Associate of Arts	<input type="checkbox"/> Credit Non-Degree Seeking	<input type="checkbox"/> ACE
<input type="checkbox"/> Certificate	<input type="checkbox"/> Transient (transferring credits to another institution)		
4. <input type="checkbox"/> Full-time student	<input type="checkbox"/> Part-time student		

## GENERAL INFORMATION (please print clearly):

Circle one: Mr.    Mrs. Other: ___ Miss   Ms.		LAST NAME	FIRST NAME		MIDDLE
Other name(s) which may appear on transcripts or other records		ADDRESS	CITY	STATE	ZIP
COUNTRY	HOME PHONE (include area code)	WORK PHONE	CELL PHONE	CURRENT OCCUPATION	
EMAIL ADDRESS			SS NUMBER		

## PERSONAL INFORMATION:

CITY OF BIRTH	STATE OF BIRTH	COUNTRY	DATE OF BIRTH	AGE	CITIZEN OF WHAT COUNTRY?
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced					SEX <input type="checkbox"/> M <input type="checkbox"/> F
NAME OF SPOUSE	CHILDREN? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	BENEFITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	BOARDING STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU PLAN TO FILE FOR FINANCIAL AID? <input type="checkbox"/> Yes <input type="checkbox"/> No
ETHNIC GROUP (optional) <input type="checkbox"/> Asia or Pacific Islander <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____					
ARE YOU INTERESTED IN HEALTH INSURANCE? <input type="checkbox"/> I am interested. <input type="checkbox"/> I am not interested. <input type="checkbox"/> I have health insurance.			RELIGIOUS AFFILIATION	NAME OF CONGREGATION YOU ATTEND	
EMERGENCY CONTACT OUTSIDE YOUR HOUSEHOLD		RELATION	ADDRESS	PHONE	

## EDUCATIONAL INFORMATION:

LAST HIGH SCHOOL ATTENDED		PHONE NUMBER (include area code)		DATES ATTENDED	
ADDRESS		CITY		STATE	COUNTRY
DATE OF HIGH SCHOOL GRADUATION		DATE G.E.D. WAS RECEIVED		HIGH SCHOOL G.P.A.	
COLLEGES, UNIVERSITIES, OR SPECIALIZED SCHOOLS ATTENDED, MOST RECENT FIRST (including Heritage Christian University)					
<i>Name of Institution</i>		<i>Address of Institution</i>		<i>Dates Attended</i>	<i>Degree/Certificate</i>
1.					
2.					
3.					
4.					
5.					
6.					

## REFERENCES:

REFERENCES SHOULD INCLUDE: (1) A MINISTER, (2) A LEADER FROM THE APPLICANT'S CHURCH, AND (3) A SCHOOL OFFICIAL OR BUSINESS PERSON. <b>REFERENCES CANNOT BE RELATED TO THE APPLICANT OR SPOUSE.</b>					
NAME		RELATIONSHIP		PHONE NUMBER	
ADDRESS		CITY		STATE	COUNTRY
NAME		RELATIONSHIP		PHONE NUMBER	
ADDRESS		CITY		STATE	COUNTRY
NAME		RELATIONSHIP		PHONE NUMBER	
ADDRESS		CITY		STATE	COUNTRY

## AGREEMENT:

I certify that the information here and other information provided by me related to my admission to Heritage Christian University is true, complete, and accurate. If accepted to Heritage Christian University, I agree to abide by the moral and educational standards of the university as defined in the Heritage Christian handbook. Realizing the need for Heritage Christian University to obtain an objective opinion as to my qualifications, I also give my permission for the university to access confidential information.

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_