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CALVARY CHAPEL BIBLE COLLEGE MEXICO

A MINISTRY OF C.C. HORIZONTE

NEW STUDENT APPLICATION

Please mail your completed application to CCBC:Mexico, PO Box 8235 Chula Vista, CA 91912 USA.
Please call 619.407.7230 or email info@ccbcmexico.com if you have any questions

Application Checklist

See www.ccbcmexico.com to download additional forms.

- ☐ Signed & Dated Application Form
- ☐ Essay Question Responses (typed)
- ☐ $50 Application Fee (non-refundable)
- ☐ 3 signed & sealed Reference Forms (one pastoral)
- ☐ Copy of High School Diploma, GED, California Proficiency Exam
- ☐ Copy of SAT/ACT & Transcripts (required for home school students)
- ☐ Wallet-size Photograph
- ☐ Liability Waiver Form
- ☐ Proof of valid Medical Insurance
- ☐ TOEFL test results (FSO -Foreign Students Only)
- ☐ Financial Support Documentation (FSO)
- ☐ Official College Transcripts (if applicable)
- ☐ Copy of Passport Information & Picture page (required for all students)
- ☐ All CCBC Transcripts (if applicable)

Complete all parts of this application in clear penmanship with blue or black ink.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. Your entire application will be held in the strictest confidence. Any false or misleading information could lead to automatic disqualification.

General Information

Name: Last: _____ First: _____ Middle: _____

Social Security #: _____

Date of Birth: ☐☐ - ☐☐ - ☐☐☐☐ (M M - D D - Y Y Y Y) Age: ☐ Gender: Male ☐ Female ☐

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Remarried

Name of Spouse: (if applicable) _____ Years Married: _____ # of Children: _____

Mailing Address: _____ Street or PO Box _____ City, Sate _____ ZIP

Permanent Address: (if different) _____ Street _____ City, Sate _____ ZIP

Phone Numbers: ( ) _____ Home ( ) _____ Work ( ) _____ Cell

Email address: _____

Country of Birth: _____ Citizenship: _____

Name (Last, First): _____

Emergency Contact Information

Contact 1.	Name:	_____	Relationship:	
	Address:	_____	Phone:	
Contact 2.	Name:	_____	Relationship:	
	Address:	_____	Phone:	_____

Enrollment Information

For which semester are you planning to attend? ☐ Fall ☐ Spring Year: _____

For which of the following are you applying?

- ☐ On-Campus Full Time (minimum 17 credits)
- ☐ Off-Campus Full Time (minimum 15 credits)
- ☐ Off-Campus Part Time

For which program of study are you applying?

- ☐ Degree – Bachelor of Biblical Studies (Please submit evidence of Associate of Arts Degree in General Education.)
- ☐ Degree – Associate of Theology
- ☐ Non-Degree – Certificate of Completion (Credit/No Credit)
- ☐ Non-Degree – Audit

Life Profile

Do you smoke or use tobacco products?		☐ Yes	☐ No
Do you drink alcoholic beverages?	☐ Yes	☐ Occasionally	☐ No
Have you ever or are you currently using illegal drugs?		☐ Yes	☐ No
Have you ever participated in a rehab program?		☐ Yes	☐ No
Have you ever been involved in legal problems? If yes, please explain including dates:		☐ Yes	☐ No
Have you ever been convicted of a felony? If yes, please explain including dates:		☐ Yes	☐ No
Have you a personal history of violence, abuse toward others, or sexual immorality? If yes, please explain including dates:		☐ Yes	☐ No
Is there any habitual sin in your life? If yes, please explain including dates:		☐ Yes	☐ No

Name (Last, First): _____

Christian Influences

Please list the three Christian pastors/teachers who have most influenced your life.

1) _____ 2) _____ 3) _____

Please list three Christian books (other than the Bible) that have most influenced your life.
Provide both author and title.

1) Title: _____ Author: _____

2) Title: _____ Author: _____

3) Title: _____ Author: _____

Foreign Student Information

Are you a Mexican national? (If yes, skip the rest of this section.) ☐ Yes ☐ No

Do you have a Mexican FM2 or FM3 visa? ☐ Yes ☐ No
(If yes, answer the following questions. Please include a copy of your visa. Non-visa holders will obtain a tourist visa.)

If yes, what is your visa number? _____ When does it expire? _____

What is the purpose of your visa? _____

Passport Number: _____ Expiration Date: _____
Please include a copy of your passport picture and information pages.

Will your spouse or children join you in Mexico? ☐ Yes ☐ No
If yes, please list their names and citizenship.

Name	Relationship	Date of Birth	Citizenship

Education

Institution	Years Attended	Degree Earned	Major

Name (Last, First): _____

Medical Information (For Emergency Use Only)

Calvary Chapel Bible College Mexico requires that every student have a Health Insurance Policy through any term Health Insurance Provider.

Health Insurance Information

Company Name: _____ Name of Insured: _____

Policy #: _____ Contact Phone #: _____

Start Date:_____ Expiration Date: _____

Current Health Information

Are you in good health?	☐ Yes	☐ No
Do you have any physical handicaps?	☐ Yes	☐ No
Do you have any communicable diseases?	☐ Yes	☐ No
Are you currently taking any prescription drugs If yes, please list what you are taking	☐ Yes	☐ No
When was your last complete physical examination?	Date_____	
List any major illnesses you have had:		

Please place a check beside any known medical conditions and explain on lines provided below.

☐ Allergy- Bee Sting ☐ Allergy - Food ☐ Allergy - Medications ☐ Asthma ☐ Asthma - On Medications	☐ Eating Disorder ☐ Epilepsy/Seizures ☐ Glasses/contact lenses ☐ Hearing Aid used ☐ Hearing Loss	☐ Blood Disorder ☐ Cancer/Leukemia ☐ Cerebral Palsy ☐ Color Blindness ☐ Diabetic ☐ Partially sighted	☐ Speech problems ☐ Heart Problems ☐ Other ☐ No Known Health Problems

Details:

_____

_____

EDUCATION RECORDS EVALUATION
(FOREIGN STUDENT ONLY)
To qualify for the BBS Degree:
International Students will need their Transcripts evaluated by AARCAO
Please contact for more information:
AARCAO - International Education Services
Web site: ~~www.AARCAO.org~~
Phone: 001 (202) 296 3359

ENGLISH SKILLS
(FOREIGN STUDENT ONLY)
What is the date of your last TOEFL test?

Date:_____
Score:_____
iB: 61 CB: 173 PB: 500

You must pass the TOEFL
Please contact for more information:
Educational Testing Service
Web site: ~~www.ets.org~~ Phone: 001 (609) 921 9000

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MEDICAL INFORMATION

Are you currently on medication or under a physician's care for physical issues? ☐ Yes ☐ No
If yes, please explain:

_____

_____

Physician's Name:

_____

Have you been hospitalized or admitted to a treatment facility for any reason? ☐ Yes ☐ No
If yes, please explain including dates:

_____

_____

Have you been, or are presently dealing with an eating disorder? ☐ Yes ☐ No

_____

_____

_____

Please provide Physician's name and contact information as well as medication(s) below:
City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____
If yes, please explain including dates:

_____

_____

Have you been, or are presently under psychiatric or psychological care ☐ Yes ☐ No

If yes, please explain including dates:

_____

_____

Are you under a doctor's care for either mental or emotional issues ☐ Yes ☐ No

☐ Physician ☐ Psychiatrist/Psychologist ☐ Counselor

Name: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Medication(s): _____

_____

Name (Last, First): _____

LIABILITY WAIVER & DAMAGES RESPONSIBILITY

Calvary Chapel Bible College Mexico is a ministry of Capilla Calvario Horizonte and is operated by the church 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.

_____ Initial

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 Capilla Calvario Horizonte and waive all liability against it in making the decision to be included in such curricular activity and being allowed use of the Capilla Calvario Horizonte 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 Capilla Calvario Horizonte, 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 Capilla Calvario Horizonte, its officers, directors, employees, agents, and leaders.

I further agree to hold harmless Capilla Calvario Horizonte, 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.
Initial below indicating you have insurance and attach a copy of the proof of insurance to this form.

_____ Initial

Signature: _____ Date: _____

Print Last name: _____ Print First Name: _____

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REFERENCE FORMS

Three (3) references are required for your application package, using the provided Reference Forms

- References must be individuals who have known you well for at least one year.
- One reference must be your pastor or another leader in your church.
- Individuals who are related to you by blood or marriage should not be references.
- Have all three of the reference forms returned to you in signed and sealed envelopes to be included with your complete application package.

TERMS AND CONDITIONS OF ENROLLMENT

Read the following terms and conditions of enrollment, initial each section and sign and date the bottom of the page.

CM199 Practical Christian Ministry

I hereby understand that all students must enroll in four semesters of Practical Christian Ministry (CM199). Each student serves weekly in a practical area of service. On Campus students serve an average of 8 hours per week. For individual physical concerns contact the Administrative Office.

Initials: _____

Financial Responsibility

I understand that my tuition is due and payable prior to enrollment. For individual concerns contact the Administrative Office.

Initials: _____

Liability Waiver and Damages Responsibility

During my attendance at the college, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth in the liability waiver required for enrollment. I will assume all risks, I further agree to hold harmless Capilla Calvario Horizonte; and have been informed that I am responsible of all costs of injuries and damages. To review a full copy of the liability waiver see web site.

Initials: _____

Policies and Procedures

I have viewed, read, understand and agree to be subject to the policies and procedures of the Student Catalog and Application. To view a copy of the Student Catalog, see our web site www.ccbcmexico.com.

Initials: _____

Signature: _____ ***Date:*** _____

Calvary Chapel Bible College does not discriminate on the basis of race, gender, ethnic background, native language, nationality or physical disability. Calvary Chapel Bible College Mexico is a ministry of Capilla Calvario Horizonte, and gives admission priority to members of Calvary Chapel.

Name (Last, First): _____

Calvary Chapel Bible College Mexico

CCBC:Mexico, P.O. Box 8235, Chula Vista, CA91912 • Email: info@ccbcmexico.com

Reference Form

DIRECTIONS FOR THE APPLICANT

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 automatic disqualification.

- Have all three of the reference forms returned to you in signed and sealed envelopes.
- References must be individuals who have known you well for at least one year.
- One reference must be your pastor or another leader in your church.
- Individuals who are related to you by blood or marriage should not be references.

The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their fi les. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive his right of access to the reference. By signing below, the applicant willingly waives his/her right of access to see this reference, knowing that this waiver is NOT required as a condition of admission.

Full Name: Last:_____ First: _____ Middle:_____

Applicant's Signature: _____

DIRECTIONS FOR THE REFERENCE

This information, as with all of the application, will be held in strict confidence.

- The above-named applicant has applied for acceptance to Calvary Chapel Bible College Mexico and has named you as a 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.**

Please print name:_____ Date: _____
Signature: _____ Phone: _____
Position:_____ Email Address: _____
Address:_____
City: _____ State: _____Zip:_____
Organization or Church to which you belong: _____
1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____
3. How long has the applicant been an active Christian?_____
4. Describe the evidences you see in the applicant's life that demonstrate his or her commitment to follow Christ.
_____
_____
_____

Name (Last, First): _____

5. Please circle the appropriate number on the following questions. Use the "?" if you feel your knowledge of the applicant is insufficient in that particular area.

Responsibility ***Ability to faithfully assume and carry out duties or obligations.***

?	1	2	3	4	5	6
Unknown	Not responsible		Somewhat Responsible			Responsible

Adaptability ***Ability to adjust to changes in circumstances.***

?	1	2	3	4	5	6
Unknown	Difficult		Moderate Ability			Adapts well

Cooperation/Teamwork ***Relates well to others in a living or work setting***

?	1	2	3	4	5	6
Unknown	Unable to Cooperate		Reasonable Cooperative			Cooperative

Communication Able to express thoughts, feelings and ideas with others

?	1	2	3	4	5	6
Unknown	Poor communication		Average			Communicates Well

Spiritual Maturity Demonstrates holiness, maturity and consistency

?	1	2	3	4	5	6
Unknown	Immature		Growing			Consistent Growth

Church Involvement

?	1	2	3	4	5	6
Unknown	Infrequent		Active			Demonstrated, Stability

Emotional Stability

?	1	2	3	4	5	6
Unknown	Difficult		Average			Demonstrated Stability

Personal Recommendation

?	1	2	3	4	5	6
Unknown	Do Not Recommend		Recommend			Highly Recommended

6. Please state any concerns or recommendations that would assist us in the selection of this applicant._____

_____

_____

_____

_____

_____

Thank you for your cooperation in this matter. **Please return this reference to the applicant signed and sealed.** CCBC Mexico is a ministry of Calvary Chapel Bible College Mexico and Pastor Juan Domingo.