

## Ambassador Christian University

The information in this form is privileged and will be kept confidential. The faculty and appropriate administration only will have access to it. No information will be given verbally or in writing to any outside person or organization without written and signed permission from you.

### Biographical Information

\_\_\_\_\_  Male  Female  
 Last Name                      First                      Middle                      Former

Are you a U.S. citizen?  Yes  No    If not U.S. citizen, country of citizenship \_\_\_\_\_

\_\_\_\_\_   
 Birthplace City/State                      Date of Birth                      Age                      Last four only of Social Security #

\_\_\_\_\_   
 Mailing Address    Number/Street                      City                      State    Zip                      Phone

\_\_\_\_\_   
 Permanent Address    Number/Street                      City                      State    Zip                      Phone

\_\_\_\_\_   
 Name of Parent or Guardian                      Mailing Address                      Phone

### Educational

I plan to enroll 20\_\_\_\_  August (Fall)                       January (Spring)                       Summer

My planned credit load is:  Full-time (12-16 semester hours)     Part-time: # of semester hours \_\_\_\_\_

Educational Objective at RMBC:  Graduation                       Other \_\_\_\_\_

#### College Applicants Complete This Section:

Program you are selecting:  Biblical Certificate     Associate of Biblical Education     Bachelor of Biblical Education

Bachelor's Major: Bible    Minor: \_\_\_\_\_

When will (or did) you take your SAT: \_\_\_\_\_ ACT: \_\_\_\_\_ Your score SAT: \_\_\_\_\_ ACT: \_\_\_\_\_

High School you are currently attending or last attended: \_\_\_\_\_

List all schools, colleges, community colleges and universities attended in order of attendance (no exceptions). Request official transcripts be sent to ACU.

Institution's Name	City/State	Attended From	Attended To	Credits, Diplomas, Degrees

(continued)

**Optional: Information that will be helpful for identification but is not required.**

**Personal:** (Please circle appropriate response)

Indicate marital status:  Single  Engaged  Married  Widowed  Separated  Divorced

Do you have children?  Yes  No If yes, number \_\_\_\_\_ ages of children \_\_\_\_\_

Spouse's full name (Fiancé if engaged) \_\_\_\_\_ Wedding Date: \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Has spouse trusted Christ as Savior?  Yes  No

**Is spouse in agreement with your decision to attend ACU?**  Yes  No

Is spouse:

Enrolling at ACU?  Yes  No Enrolled at ACU?  Yes  No Former student at ACU?  Yes  No

Is there any reason you may not return to any collegiate institution previously attended?  Yes  No

Have you previously applied to ACU for admission?  Yes  No

Have you been judged guilty of criminal or civil offenses?  Yes  No

Have you used illegal drugs within the last year?  Yes  No

If yes to any of the above, please explain: \_\_\_\_\_

**Financial:**

Are you eligible for Grants?  Yes  No

How do you plan to finance your education? \_\_\_\_\_

What is your Church? \_\_\_\_\_

Who is responsible for the premium?  Yourself  Employer  Parents  Other \_\_\_\_\_

**References:**

List below the four persons who will complete reference forms for you. Do not list relatives.

Relationship	Name	Address	City	State	Zip
Pastor					
Employer/Teacher/Administrator					
Friend					
Friend					

**Application Statement**

**Among the conditions of admission are the following:**

1. ACU admits qualified applicants regardless of sex, race, color, national origin, or disability who have personally trusted Jesus Christ for everlasting life.
2. Applicants are selected for admission on the basis of spiritual, educational, personal and financial qualification.
3. Enrolled students are expected to attend classes, to engage in Christian service, to participate in a local church of their choice and to enter heartily into fellowship with the school family.

My signature below indicates that the information in this application is honestly presented, factually correct and complete. I have read, completed and signed the ACU Essay Questionnaire and Doctrinal Statement. I understand that failure to submit complete official transcripts from all schools, colleges and universities attended may result in the denial of this application or my subsequent dismissal from RMBC. As a student at ACU, I will seek to live the Christian life in accordance with accepted practices and above all to be pleasing to the Lord Jesus Christ.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**An application fee of \$50 (U.S.) must accompany this form.**

**Mail to: Admissions, ACU, PO Box 872, Mountain Grove MO 65711 Or email: Admin@acu.college**

## Statement of Faith and three references