

# APPLICATION FORM

Christian Life College | 9023 West Lane | Stockton, California 95210  
209.476.7840 | Fax: 209.476.7868 | Email: info@clc.edu

## CHRISTIAN LIFE COLLEGE

EST. 1949

### CHECKLIST

- Complete and return this application. Please answer ALL questions.
- A \$30 application fee must accompany this application.
- Include a recent photograph of yourself.
- Complete the enclosed "Student Health Certification" form and send it to the college. *(Required for On-Campus students only.)*
- Request transcripts from your previous educational institutions to be sent to Christian Life College. This includes: high school, college, university, or Bible College.
- Submit copies of SAT or ACT scores.  
*(Submission optional. These scores allow you to automatically pass predetermined courses.)*
- Furnish reference forms to the individuals you have indicated on your application.

Please Attach  
Recent Photo

ALL paperwork must be in our office before we can process your application and notify you of your acceptance. You may call us at any time and we will be happy to inform you of the progress of your application.

Application deadline for FALL enrollment is **August 15**.

Filling out this form does not obligate you in any way, nor does it imply your acceptance as a student. All information will be regarded as confidential and will be kept in our own private files. You will be notified by mail of action taken upon your application.

## PERSONAL DATA *(Please print in black or blue ink.)*

Full Legal Name \_\_\_\_\_ Gender    
*(Last) (First) (Middle)* Male Female

Current Address \_\_\_\_\_  
*(Include apartment number)*

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Social Security No. \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnicity *(requested for statistical purpose only)*  Asian/Pacific Islander  Black/Non-Hispanic  
 Hispanic  American Indian/Alaskan Native  White/Non-Hispanic  Other \_\_\_\_\_

Marital Status  Single  Engaged  Separated/Divorced *(Send a letter of explanation with application)*  
 Married Spouse's Name \_\_\_\_\_ Number of Dependent Children \_\_\_\_\_

Have you attended CLC before? \_\_\_\_\_ If so, what year(s)? \_\_\_\_\_

I am applying for *(check those that apply)*

- Fall Semester  Spring Semester
- Associate Degree  Bachelor Degree  On-Campus  Off-Campus (Local Resident)
- Bible & Theology  Christian Music  Christian Education  General Ministry
- Missiology  Christian Media & Communication

## FAMILY AND EMERGENCY INFORMATION

Father/Guardian \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
*(Last) (First)*

Mother/Guardian \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
*(Last) (First)*

**Where should all emergency calls or correspondence be directed?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*(Last) (First)*

Phone (\_\_\_\_\_) \_\_\_\_\_ Current Address \_\_\_\_\_

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

## CHURCH DATA

Pastor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
(Last) (First)

Current Address \_\_\_\_\_  
(Include apartment number)

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

Name of Church you attend \_\_\_\_\_ How long attended \_\_\_\_\_

## REFERENCES (Non-family)

1. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
(Last) (First)

Current Address \_\_\_\_\_  
(Include apartment number)

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

2. Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
(Last) (First)

Current Address \_\_\_\_\_  
(Include apartment number)

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

## EDUCATION

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_ Honor Received \_\_\_\_\_

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

College \_\_\_\_\_ Major \_\_\_\_\_ Year Graduated \_\_\_\_\_ Honor Received \_\_\_\_\_

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

College \_\_\_\_\_ Major \_\_\_\_\_ Year Graduated \_\_\_\_\_ Honor Received \_\_\_\_\_

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

## OTHER DATA

- Yes  No Do you have or have you ever had any significant physical or learning impairment?
- Yes  No Have you ever been treated for any nervous, mental, or emotional disorder?
- Yes  No Have you ever used illegal or dangerous drugs?
- Yes  No Have you in any way ever used alcoholic drinks?
- Yes  No Have you ever used tobacco in any form?
- Yes  No Were you ever expelled, dropped, or suspended by any school or college?\*
- Yes  No Are you or have you ever been under the supervision of a parole officer or court?\*
- Yes  No Have you ever seen a psychologist or a professional counselor?\*
- Yes  No Have you ever been arrested for any reason other than a minor traffic accident?\*
- \*(If any answer is affirmative, please give complete details on a separate sheet of paper.)*

I authorize Christian Life College to mail my semester final grade reports to my pastor and/or Parents/Guardians  Yes  No

**Please answer the following questions completely.**

1. Have you been baptized in the name of Jesus? \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Have you received the Holy Ghost as in Acts 2:4? \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Have you backslidden since then? \_\_\_\_\_ If so, when were you reclaimed? \_\_\_\_\_
4. To what type of ministry do you feel called? \_\_\_\_\_
5. Are you in debt? \_\_\_\_\_ If so, how much? \_\_\_\_\_
6. How do you plan to finance your first year?  Pay in full  Weekly payments
7. Will anyone be dependent upon you for support during the school year? \_\_\_\_\_
8. Are you covered by health insurance? \_\_\_\_\_ (*Proof of coverage required for On-Campus students.*)
9. Who or what influenced you to apply for admission to Christian Life College?  
 Pastor  Friend  Correspondence  Field Representative  Alumni  
 Conference  Internet  Other \_\_\_\_\_
10. List and describe any church and/or leadership activities in which you have been involved:  
\_\_\_\_\_
11. List instruments you play \_\_\_\_\_

12. On a separate sheet of paper, express in your words why you would like to attend Christian Life College, and, if accepted, in what way will you contribute back to the institution.  
*(Approximately 300-500 words)*

I certify that to the best of my knowledge all the responses on this questionnaire are true and accurate. If I am accepted as a student, I am willing to submit cheerfully to all regulations of Christian Life College and wholeheartedly do whatever I am assigned.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature of Applicant

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

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature of Pastor

I wish to pay the Application Fee by:

Cash    Check *(Make check payable to Christian Life College)*

Credit Card *(Please fill in the following information required below)*

Type of card    VISA    MasterCard    Discover

Cardholder's Name:

Card Number:

Expiration Date:

3-Digit Security Code:

Cardholder's Zip Code:

Cardholder's Signature:

**FOR OFFICE USE ONLY**

Application Fee \_\_\_\_\_ Student Number \_\_\_\_\_

Date Entered \_\_\_\_/\_\_\_\_/\_\_\_\_ Entered by \_\_\_\_\_