



# Application for New Admissions

875 Academy Drive, Lebanon, PA 17046  
(717) 272-6442 EMAIL: office@ksbt-pa.org

## Personal Information

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

Preferred name or nickname \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

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

Home phone number \_\_\_\_\_

Cell Phone number \_\_\_\_\_

Current mailing address \_\_\_\_\_  
(If different from permanent address)

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

Current mailing addresses to be used until \_\_\_\_\_

### This application is for:

- New Freshmen
- Transfer Student

### I am applying for:

- Fall Semester 20\_\_\_\_\_
- Spring Semester 20\_\_\_\_\_

- Full-Time status
- Part-Time status

Dormitory reservation  Yes  No

### Marital Status

Single  Engaged  Married  Widowed  Separated

Date Married \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Have you ever been divorced?  Yes  No

Has your spouse ever been divorced?  Yes  No

### Miscellaneous Information

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

## Family Information (Complete only if unmarried)

### Father's name or legal guardian

Living  Deceased

Permanent address \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

(Area Code) Telephone number \_\_\_\_\_

### Mother's name or legal guardian

Living  Deceased

Permanent address \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

(Area Code) Telephone number \_\_\_\_\_

## Christian Experience

Please attach a brief **Autobiography** to this application.

Are you born again?  Yes  No

Approximate date of conversion \_\_\_\_\_

Do you attend church regularly?  Yes  No

Were you baptized by immersion after your conversion?  Yes  No

Name of church presently attending \_\_\_\_\_  
 Member  Non-Member

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

(Area Code) Telephone number \_\_\_\_\_

Pastor's name \_\_\_\_\_

Keystone School of Biblical Theology does not discriminate on the basis of race, color, physical disability, or national or ethnic origin in the administration of any of its policies or programs.

## Educational Background

Is your high school work still in progress?  Yes  No

Date of actual/expected high school graduation: \_\_\_\_\_

Have you been homeschooled?  Yes  No

What grades were you homeschooled? 7 8 9 10 11 12

High school you attend or last attended: \_\_\_\_\_

High School Name \_\_\_\_\_

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

Were you ever expelled, or suspended from any high school or college? **If YES**, explain in your autobiography.  Yes  No

## American College Test

(The ACT is only required for freshmen applicants)

Have you taken the ACT? (ACT ID Code 4604)  Yes  No

Have you taken the SAT? (SAT ID Code 2732)  Yes  No

Have your scores been sent to Keystone?  Yes  No

List all colleges, Bible Institutes, professional or technical schools you have attended, and whether or not you received any credit. Please have transcripts sent directly to Keystone School of Biblical Theology from all of these institutions.

Name of School \_\_\_\_\_

Dates attended \_\_\_\_\_

Total credits Degree \_\_\_\_\_

Name of School \_\_\_\_\_

Dates attended \_\_\_\_\_

Total credits Degree \_\_\_\_\_

## Military Service

Have you ever served in the U.S. Armed Forces?  Yes  No

If yes, give dates: From \_\_\_\_\_ to \_\_\_\_\_

Branch: \_\_\_\_\_

If you have other than an honorable discharge, specify in your autobiography the type and the circumstances of your release.

**A copy of your DD214 needs to be sent to Keystone.**

## General Information

Do you have any special needs?  Yes  No

Please explain \_\_\_\_\_

\_\_\_\_\_

Will you be able to make the required down payment?  Yes  No

Do you engage in any worldly amusements, such as gambling, attending rock concerts, dancing, etc?  Yes  No

Do you currently use tobacco, alcohol, or drugs?  Yes  No

Have you ever had a police record?  Yes  No

Have you been under the supervision of a parole officer or under the custody of a juvenile (or other) court?  Yes  No

If so, give dates: From \_\_\_\_\_ To \_\_\_\_\_

## Academic Interest:

Please check your primary area of academic interest

### College Programs

- Biblical Counseling
- Church Planting (USA)
- Foreign Missions
- General Biblical Studies
- General Church Ministries
- Pastoral Studies
- Youth Ministries

# Character References

Please give names, phone numbers and/or email addresses of individuals you would like to use for character references. References must be adults who are not related to you and have known you for one year or more. At least one reference must be from your pastor or someone on your pastoral staff. Please print clearly.

Pastoral Staff \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Reference #2 \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Reference #3 \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Under the Family Education Rights and Privacy Act of 1974, students may waive their right to see specific confidential statements on letters of recommendation. We believe that references given in confidence are of greater usefulness. We invite you but do not require you to sign the following waiver. The above individuals will be informed whether you have signed the waiver or not. **I waive my right to see the above reference forms and agree these references shall remain confidential:**

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

**Application Fee** — A \$50 application fee is due with this application. Mail completed application, autobiography, and application fee to:

**Keystone School of Biblical Theology**  
875 Academy Drive, Lebanon, PA 17046

**(Attention: Admissions)**

