



COBEAC
Baptist Bible Institute



COBEAC

Baptist Bible Institute

Application for Admission

Enrollment Date: Fall Semester Spring Semester Year _____

PERSONAL INFORMATION

Legal Name: _____ Female Male
Last First Middle
Preferred Name: _____ Birth Date: ____/____/____ Primary Language: _____
Mailing Address: _____
City: _____ House Number and Street State: _____ Zip Code: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____
U.S. Citizen Yes No If not, citizen of _____
Marital Status: Single Married Divorced Separated

PARENTAL INFORMATION

Father's Name: _____ Mother's Name: _____
Address: _____ Address: _____
City State Zip City State Zip
Home Phone: (____) _____ Home Phone: (____) _____
Cell Phone: (____) _____ Cell Phone: (____) _____

ACADEMIC INFORMATION

Name of last school attended: _____
Address: _____
Street City State Zip Code
Type of School: Public Private Christian Home School
List all schools you have attended since high school & degrees earned: _____
 Yes No Have you applied to any schools and been rejected?
 Yes No Have you been dismissed from any school?

SPIRITUAL INFORMATION

Are you a member of a church: Yes No Church Name: _____
Church Address: _____
Street City State Zip
Telephone Number: _____ Pastor's Name: _____
Please give a brief salvation testimony: _____

MEDICAL INFORMATION

Medical Insurance Provider: _____
Policy or Group Number: _____ Identification Number: _____
Insurance Policy Holder: _____ Policy Holder's Phone: _____

Medical History

Allergies to medicine, food, or substance: _____
Medications you are currently taking (frequency & dosage): _____
Hospitalizations—diagnoses and dates: _____
Surgeries— type of operations and dates: _____
List any known learning disability: _____

Please check all those that you have had:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes/Hypoglycemia | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eye Trouble | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fainting Attacks | <input type="checkbox"/> Kidney Infections | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Convulsions or Epilepsy | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Venereal Disease |

I certify that to the best of my knowledge the above medical information is a true and accurate representation of my current medical conditions and medical/surgical history.

Signature _____ Date _____

CONFIDENTIAL INFORMATION

If you answer "yes" to any of the following questions, please include a brief explanation on a separate sheet of paper.

- Yes No Have you ever been expelled, dismissed, or suspended for academic and/or disciplinary reasons?
 Yes No Have you ever been convicted of a felony or misdemeanor?
 Yes No Have you ever been convicted of an offense involving a minor, or endangering the welfare of a child?

STATEMENT OF INTENT

In signing this application, I certify my willingness, if accepted to cooperate with the purpose and standards of Camp CoBeAc and Conference Center and CoBeAc Baptist Bible Institute, abide by all policies, subscribe to its doctrines, and cooperate fully in advancing the cause of Christ and the testimony of these ministries. Any falsification on any part of this application can result in dismissal.

Signature: _____ Date: _____

*CBBi does not and shall not discriminate on the basis of race, color, religion (creed), gender, age, national origin (ancestry), disability, marital status, or military status, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all students.

PASTOR'S REFERENCE FORM

___ Senior Pastor ___ Assistant or Associate Pastor ___ Youth Pastor

Applicant's Section

This section is to be completed by the applicant

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Senior Pastor's Name: _____

Applicant: Please provide this form, as well as an addressed, stamped envelope to the pastor (non family member) who is giving reference for you.

I willingly forfeit my right to access the information provided on this form, and understand this information will not be provided to me or anyone else outside the Admissions staff.

Signature: _____ Date: _____

Pastor's Section

This portion is to be completed by the pastor. Please complete this form and mail it to our Admissions Office at your earliest convenience.

Your Name: _____

Church's Name: _____

Church Address: _____
Street City State Zip

Phone Number: _____ Email: _____

How long have you known the applicant? _____

How well do you know the applicant? _____

What would you consider the applicant's strengths? _____

What would you consider the applicant's weaknesses? _____

What is the applicant's attitude toward authority? _____

Does the applicant's life show a separation from the thoughts, actions and attitudes of the world? _____

PASTOR'S REFERENCE FORM

Please check one box for each of the categories below.

Church Attendance	<input type="checkbox"/> Attends all applicable functions	Christian Service	<input type="checkbox"/> Very active in ministry
	<input type="checkbox"/> Attends services only		<input type="checkbox"/> Occasionally helps
	<input type="checkbox"/> Attends some services		<input type="checkbox"/> Helps only when forced
	<input type="checkbox"/> Attends occasionally		<input type="checkbox"/> Does not participate in ministry
Spiritual Example	<input type="checkbox"/> Great example	Leadership	<input type="checkbox"/> Effective leader
	<input type="checkbox"/> Okay example		<input type="checkbox"/> Occasionally leads
	<input type="checkbox"/> Follows the crowd		<input type="checkbox"/> Can lead but is not eager to
	<input type="checkbox"/> Poor example		<input type="checkbox"/> Does not lead, only follows
Work Ethic	<input type="checkbox"/> Hard worker	Discernment	<input type="checkbox"/> Very wise
	<input type="checkbox"/> Active		<input type="checkbox"/> Has good sense
	<input type="checkbox"/> Must be coerced		<input type="checkbox"/> Average
	<input type="checkbox"/> Lazy		<input type="checkbox"/> Lacks discernment
Dating Standards	<input type="checkbox"/> Above reproach	Dependability	<input type="checkbox"/> Extremely dependable
	<input type="checkbox"/> Reasonable		<input type="checkbox"/> Would be a good second choice
	<input type="checkbox"/> Questionable		<input type="checkbox"/> Occasionally comes through
	<input type="checkbox"/> Non-existent		<input type="checkbox"/> Not dependable
Academic Inclination	<input type="checkbox"/> Very high	Personal Appearance	<input type="checkbox"/> Very well groomed
	<input type="checkbox"/> Above Average		<input type="checkbox"/> Neat
	<input type="checkbox"/> Average		<input type="checkbox"/> Lacks attention to detail
	<input type="checkbox"/> Below Average		<input type="checkbox"/> Negligent
Emotional Stability	<input type="checkbox"/> Extremely stable	Emotional Appearance	<input type="checkbox"/> Positive, happy, cheerful
	<input type="checkbox"/> Well balanced		<input type="checkbox"/> Depressed, upset, unhappy
	<input type="checkbox"/> Unresponsive		<input type="checkbox"/> Sour, angry, irritated
	<input type="checkbox"/> Changes quickly		<input type="checkbox"/> Difficult to read

I Cannot Recommend I Recommend with Reservation I Do Recommend

Pastor's Signature: _____

Date: _____

Please Return To: Camp CoBeAc 4925 S. Reserve Road, Prudenville, MI 48651
For Questions Contact: (989) 366-5162 or email us at cbbi@cobecac.org

PERSONAL REFERENCE FORM

Applicant's Section

This section is to be completed by the applicant

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

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I willingly forfeit my right to access the information provided on this form, and understand this information will not be provided to me or anyone else outside the Admissions staff.

Signature: _____ Date: _____

Reference Section

This portion is to be completed by the personal reference. Please complete this form and mail it to our Admissions Office at your earliest convenience.

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

How long have you known the applicant? _____

How well do you know the applicant? _____

What would you consider the applicant's strengths? _____

What would you consider the applicant's weaknesses? _____

What is the applicant's attitude toward authority? _____

Does the applicant's life show a separation from the thoughts, actions and attitudes of the world?

PERSONAL REFERENCE FORM

Please check one box for each of the categories below.

Church Attendance	<input type="checkbox"/> Attends all applicable functions <input type="checkbox"/> Attends services only <input type="checkbox"/> Attends some services <input type="checkbox"/> Attends occasionally	Christian Service	<input type="checkbox"/> Very active in ministry <input type="checkbox"/> Occasionally helps <input type="checkbox"/> Helps only when forced <input type="checkbox"/> Does not participate in ministry
Spiritual Example	<input type="checkbox"/> Great example <input type="checkbox"/> Okay example <input type="checkbox"/> Follows the crowd <input type="checkbox"/> Poor example	Leadership	<input type="checkbox"/> Effective leader <input type="checkbox"/> Occasionally leads <input type="checkbox"/> Can lead but is not eager to <input type="checkbox"/> Does not lead, only follows
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Emotional Stability	<input type="checkbox"/> Extremely stable <input type="checkbox"/> Well balanced <input type="checkbox"/> Unresponsive <input type="checkbox"/> Changes quickly	Emotional Appearance	<input type="checkbox"/> Positive, happy, cheerful <input type="checkbox"/> Depressed, upset, unhappy <input type="checkbox"/> Sour, angry, irritated <input type="checkbox"/> Difficult to read

I Cannot Recommend
 I Recommend with Reservation
 I Do Recommend

Reference's Signature: _____ Date: _____

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