



17. Have you received the Lord Jesus Christ into your heart as Savior? .....

When? .....

(Please attach a sheet containing a brief explanation of how you were saved. On the same paper give a paragraph in answer to question 15 and 16).

18. Please indicate all Christian ministry experiences that you have had. ....

19. Do you believe God wants you to serve Him full-time? .....

20. What circumstances or facts led you to this conclusion? .....

21. How did you first become interested in F.C.B.? .....

22. To what church do you belong? .....

Give name and address of your Pastor .....

23. Have you read the entire New Testament? ..... Old Testament? .....

24. Are you in accord with our doctrinal statement? .....

If so, sign the F.C.B. Statement of Faith.

25. Are you willing to sign and abide by the following pledge? .....

*"I agree to abstain from dancing, the use of tobacco, 'drugs,' beer and other intoxicating beverages, attendance at the theater or clubs or other questionable amusements and membership in secret societies and fraternities.*

*"I further agree to submit to those in authority, to cooperate cheerfully and willingly with the rules and regulations of the school and to abide by its policy that in the event a student is disciplined due to serious infraction of the rules, the Administration reserves the right to send him/her home without prior consultation with the parent or guardian whenever such action is deemed necessary."*

ATTESTED TO:

\_\_\_\_\_  
Signature of Parent/Guardian/Donor

\_\_\_\_\_  
Signature of Applicant

26. Give the names and complete addresses of three (3) reliable references who have known you for some time:

Name

Address

(1) Pastor .....

(2) Former teacher .....

(3) Personal acquaintance .....

**MEDICAL QUESTIONNAIRE**

1. State your general health. Good ..... Fair ..... Poor .....

2. Have you ever had any operations? If so, what? ..... When? .....

3. What childhood diseases have you had, such as chicken pox, mumps, measles, whooping cough, others? .....

4. Have you ever had tuberculosis? ..... Have any member of your family had (or now have) tuberculosis? .....

Have you had a chest X-Ray? ..... When? ..... Where? .....

(Enclose your latest X-Ray reading together with this application form)

5. Do you have any allergies to medicines? Etc? .....

6. Do you wear eye-glasses? ..... Are you bothered by frequent headaches? .....

7. Do you have frequent colds? .....

8. Have you ever contracted a venereal disease? .....

9. Blood Type .....

**FINANCIAL QUESTIONNAIRE**

1. How will you be supported? .....

(Enclose written statement of guarantee of support. Give full name and address of parent, guardian or donor.)

.....