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# CHAMPION CHRISTIAN COLLEGE

600 Garland Ave  
Hot Springs, Arkansas 71913  
Phone: 501-623-2272  
Fax: 501-623-4262  
[championchristiancollege.com](http://championchristiancollege.com)

## Application for Admission

Please print and fill out all information accurately and completely.

Please attach a  
current photo here.

Enrollment Date:  Fall Semester  Spring Semester Year: \_\_\_\_\_

### Personal Information

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

Preferred Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Are you a U.S. Citizen:  Yes  No If not, list citizenship: \_\_\_\_\_

Race/Nationality: \_\_\_\_\_

Have you previously attended Champion? \_\_\_\_\_ If so, when? \_\_\_\_\_

Do you plan to live in the dormitory? \_\_\_\_\_ (Mandatory for singles under age 23 unless living with parents)

Marital Status:  Single  Engaged  Married  Divorced  Separated  Remarried  Widowed

If married, spouse's name: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

\* If you have been divorced, a letter of explanation must accompany your application.

### Parental Information

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Legal Guardian (Indicate *deceased* if not living)

Mailing Address: \_\_\_\_\_

Number and Street City State Zip

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Legal Guardian (Indicate *deceased* if not living)

Mailing Address: \_\_\_\_\_

Number and Street City State Zip

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Do your parents agree with your attending Champion? \_\_\_\_\_ If not, explain: \_\_\_\_\_

If you are not currently living with your parents, please explain why: \_\_\_\_\_

### Confidential Background Information

- Yes  No Have you ever been expelled, dismissed, or suspended for academic and/or disciplinary reasons?
- Yes  No Have you used tobacco, alcohol, or non-medical drugs in the past 12 months?
- Yes  No Have you ever been convicted of a felony or misdemeanor?
- Yes  No Have you ever been arrested for any reason?
- Yes  No Have you ever been accused or convicted of having improper relations with a minor?

\*If you have answered yes to any of the above questions, please include a brief explanation on a separate sheet of paper. (This information will be viewed solely by the Admissions officers as your application is reviewed.)

# Application for Admission

## Financial Information

Briefly state how you plan to pay for your college expenses: \_\_\_\_\_  
Are you in debt?  Yes  No If so, please briefly explain: \_\_\_\_\_

## Military Information

Have you served in the Armed Forces:  Yes  No Branch of Service: \_\_\_\_\_  
Date of Enlistment: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If not honorable, please explain: \_\_\_\_\_

Are you eligible for V.A. benefits:  Yes  No

## Academic Information

Complete Name of High School: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Number and Street

City

State

Zip

Type of School :  Public  Private  Christian  Home School Approximate GPA: \_\_\_\_\_

Date of anticipated (or past) graduation: (Month/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Or GED: (Month/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you attended any other school since graduating from high school?: \_\_\_\_\_ If so, please list the schools you have attended: \_\_\_\_\_

\*Please have all transcripts sent to Champion Christian College.

Have you taken the ACT/SAT? \_\_\_\_\_ If so, when did you take it? \_\_\_\_\_

\*Please have your scores sent to Champion Baptist College.

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have a degree from any college or university?                                   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you plan to complete your college training at Champion Christian College?           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been dismissed from any college or university?                           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you owe any debt to any college or university?                                      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you interested in playing basketball or volleyball for Champion Christian College? |

Please check the following majors in which you are interested:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Pastoral Studies             | <input type="checkbox"/> Missions              | <input type="checkbox"/> Youth Ministries     | <input type="checkbox"/> Music Ministries |
| <input type="checkbox"/> Church Administration        | <input type="checkbox"/> Elementary Education  | <input type="checkbox"/> Secondary Education  | <input type="checkbox"/> Lay Ministries   |
| <input type="checkbox"/> Church Office Administration | <input type="checkbox"/> Sports Administration | <input type="checkbox"/> One Year Certificate |   |

## Spiritual Information

Date of Salvation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you a member of a church:  Yes  No

Name of Church: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number and Street

City

State

Zip

Pastor's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Briefly give your salvation testimony in the space below or on a separate sheet of paper: \_\_\_\_\_

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# Application for Admission

## Statement of Intent

In signing this application, I certify that all information is true and correct to the best of my knowledge. I, therefore, submit my willingness to cooperate with the processes and standards of Champion Christian College. If accepted at Champion Christian College, I agree to abide by and adhere to the policies and procedures of the college as stated in the college handbook to advance the cause of Christ and the testimony of Champion Christian College. I understand that any falsification on any part of this application can result in the denial of acceptance and/or dismissal from Champion Christian College.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Information

Name of Insurance Company: \_\_\_\_\_

\*If you are not covered by any medical insurance, please indicate that you are not covered through any carrier.

Mailing Address: \_\_\_\_\_  
Number and Street City State Zip

Policy or Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Yes  No Have you ever experienced any physical health or emotional disorders that have interrupted your schooling? If yes, please explain: \_\_\_\_\_

Yes  No Do you have any physical, mental, or psychological limitations that may require adjustments to a standard student activity schedule?

Yes  No Have you been hospitalized in the past 2 years? If yes, when? \_\_\_\_\_  
Reason: \_\_\_\_\_

Yes  No Are you currently taking any prescribed medication from your physician? If yes, list the medications you are taking, the reason for taking them, and the frequency: \_\_\_\_\_

Yes  No Have you ever tested positive for the HIV virus?

Yes  No Do you have any physical limitations? If yes, please briefly explain: \_\_\_\_\_

## Personal Medical History

Please mark the following items that apply to your present or past medical condition. If any apply, please explain in the area provided below.

- |  |   |   |   |  |
|--|---|---|---|--|
| <input type="checkbox"/> Anemia              | <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Cancer         | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Depression      |
| <input type="checkbox"/> Eye Trouble         | <input type="checkbox"/> Fainting Attacks           | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Heart Disease   |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Liver/Gall Bladder Disease | <input type="checkbox"/> Tuberculosis   | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Scarlet Fever       | <input type="checkbox"/> Thyroid Disease            |   | <input type="checkbox"/> Other: _____       |  |

Specifications for any of the above conditions: \_\_\_\_\_

Are there health conditions that run in your family?  Yes  No If yes, please list family medical conditions that could affect your personal health and the person's relationship to you: \_\_\_\_\_

## Previous and Present Medical Problems

If additional space is needed, please continue on a separate sheet of paper, attached to your application. If any of the following conditions are not applicable, please indicate N/A in the blank to ensure completion.

Injuries-note any complications: \_\_\_\_\_

List any allergies to medicine, food, or substance: \_\_\_\_\_

Surgeries- include operations and dates: \_\_\_\_\_

Hospitalization- include diagnosis and dates : \_\_\_\_\_

List any physical limitations: \_\_\_\_\_

List any known learning disabilities: \_\_\_\_\_

## Immunization Records (Month/Year)

Tetanus: \_\_\_\_\_ (Must be within the last ten years) Measles (1): \_\_\_\_\_ Measles (2): \_\_\_\_\_

Rubella: \_\_\_\_\_ Poliomyelitis: \_\_\_\_\_ Tuberculosis: \_\_\_\_\_ Result of TB: \_\_\_\_\_

