

Bethel Bible College
REQUIREMENTS FOR ENROLLMENT

1. Application Form (₱50– non-refundable application fee)
2. High School graduate: Form 137/138
3. College level or Bible School graduate: Honorable Dismissal & Transcript of Records
4. Applicant must be an active member of a Church or a Fellowship for at least one year.
5. Testimony of conversion experience and call to the ministry (typewritten, double space).
6. Recommendation from Pastor, Deacon/Elder/Previous Bible School teacher)
7. Medical Certification
8. Recent photos (2x2 & 1x1, one copy each)
9. Pass the entrance examination (Exam fee: ₱ 150).
10. Pass the interview.

APPLICATION FOR ADMISSION

BETHEL BIBLE COLLEGE OF THE ASSEMBLIES OF GOD

Gov. Santiago St., Malinta, Valenzuela City,
1440 Philippines

Attach
Recent
photo

2x2

Date _____

1. Name _____

Surname

Given

Middle

2. Present Address _____ Tel. _____

3. Date of Birth _____ Age _____ Sex _____

4. Place of Birth _____ Nationality _____

5. Name of parent(s) or guardian _____

Address _____ Tel _____

6. Civil Status:

Single

Separated

Engaged to be married

Divorce

Married

7. If married, state your spouse' name _____

8. If married, please list children below:

Name

Age

Sex

_____	_____	_____
_____	_____	_____
_____	_____	_____

9. List education completed:

Name of School

Years Attended

Elementary _____

High School _____

College _____

Degree _____

10. What program are you interested in?

Bachelor of Christian Ministries in Pastoral Leadership

Bachelor of Christian Ministries in Christian Education

Bachelor of Christian Ministries in Missions

11. In what kind of secular work are you experienced?

Carpentry

Mechanical

Sewing

Masonry

Farming

Computer

Electrical

Typing

Others _____

12. What language or dialect/s do you speak or write with a measure of fluency?

13. When were you converted? _____ Where? _____
14. Have you been baptized in water by immersion? _____ When? _____
15. Have you been living a consistent Christian life since your conversion? _____
16. Have you received the baptism of the Holy Spirit according to Acts 2:4, 10:46 and 19:6? _____
When? _____ If not, are you praying to be filled? _____
17. Have you been active member of a church for at least a year? _____ State name, address
And telephone number of your church. _____

18. Do you believe God has called you to the Christian Ministry? _____
What leads you to believe this? _____
19. What Christian ministry have you already done? _____
How long have you been doing such ministry? _____
20. Does your pastor approve your coming to BBC? _____
Pastor's name _____
21. Explain clearly but briefly why you desire to study at Bethel Bible College.

22. Do your parents or guardians approved of your coming to BBC? _____
23. State your general health: () Good () Fair () Excellent
24. Are you applying as a: () Dormitory student? () Day Student?
25. Will you be able to pay your regular monthly expenses? _____
Who will pay your school expenses? _____
26. If accepted for study, are you willing to abide by the standards and rules of BBC Student Handbook? _____. It is understood that final acceptance for study is contingent upon the results of the entrance test required by BBC and an interview with the Admissions Committee. Any false information given in this application form could result in disqualification.

Signature of Applicant

(Applicant who is accepted for study will be notified by the Registrar)

Please return this application to: The Registrar
Bethel Bible College
Gov. I Santiago St. Malinta, Valenzuela
1440 Philippines

BETHEL BIBLE COLLEGE

P. O. Box 8, Valenzuela City, Philippines

CHARACTER REFERENCE FORM

MISSIONS STATEMENT

Bethel Bible College, through the Philippines General Council of the Assemblies of God, and General Council of the Assemblies of God, U.S.A., recognize their responsibility to the ecclesiastical constituency to provide trained leadership for church ministries. As a regional training school, BBC is committed to such a task.

RATIONALE

Bethel Bible College strongly emphasizes the Biblical, theological and practical aspects of the ministry as foundational to the wholistic development of the minister of God to function effectively. Serving the kingdom of God is foremost in its reason for being, through its ecclesiastical body.

PURPOSE OF THE SCHOOL

The basic and primary purpose of Bethel Bible College is to serve as training center where spiritual emphasis must complement academic excellence for Christian character development and ministry skills efficiency to serve the body of Christ.

PURPOSE OF THIS PAPER

The purpose of this paper is to enhance the school's administration policy by ensuring that all those who enroll are screened with regards to Bethel's primary purpose mentioned above. The character reference form can be of help in achieving that purpose. Character Reference Form needs to be filled up by a pastor, an elder and Christian teacher from previous school.

Date _____

Dear _____

The person named below is applying for admission at Bethel Bible College and has given your name as a reference. Your candid estimate of the applicant will help us decide objectively, relevant to our school's objective and to the Kingdom of God. Please be assured that this will be kept confidential. When you have completed the evaluation, please return it directly to the Registrar in a sealed envelope. Thank you for your time and cooperation.

1. Name of the applicant _____
2. How long have you known the applicant? _____
In what relationship? _____
3. Does the applicant give evidence of being truly born again? _____
On what do you base your answer? _____
4. Does the applicant give evidence of being called into the ministry? _____
On what do you base your answer? _____
5. In what area(s) of ministry is he/she effective? Choose three (3) and number them according to priority.
 Preaching Music Support
 Teaching Leadership Worship
6. Will the applicant's training at BBC further develop his potential and could make greater contribution to the kingdom of God? _____
7. What method of training work best for the applicant?
 by pressure by direction by individual
 by mere guidance by his own initiative by group

8. Check the number which best represents the applicant in each given:

A. SPIRITUAL MATURITY	Immature	Average	Growing	Unusual
1. a walk of faith	1 2 3 4 5 6 7 8 9 10			
2. consistent striving for spiritual growth	1 2 3 4 5 6 7 8 9 10			
3. acceptance of suffering and conflicts as part of spiritual growth	1 2 3 4 5 6 7 8 9 10			
4. spiritual and moral discernment	1 2 3 4 5 6 7 8 9 10			
5. freedom from fear	1 2 3 4 5 6 7 8 9 10			
6. freedom to suppress personal right for Christ's sake	1 2 3 4 5 6 7 8 9 10			
7. Clear and God centered self identity	1 2 3 4 5 6 7 8 9 10			

B. EMOTIONAL STABILITY	Somewhat Unstable		Fairly Well-balanced			Well Balanced		Unusual balanced		
1. correct response to criticism and new ideas	1	2	3	4	5	6	7	8	9	10
2. practice Christian tolerance	1	2	3	4	5	6	7	8	9	10
3. kind and even tempered	1	2	3	4	5	6	7	8	9	10
4. able to discuss issues with moderation & insight	1	2	3	4	5	6	7	8	9	10
5. honesty before God & genuineness before others	1	2	3	4	5	6	7	8	9	10

C. SOCIAL ACCEPTANCE	1	2	3	4	5	6	7	8	9	10
1. gentle and merciful	1	2	3	4	5	6	7	8	9	10
2. reputation	1	2	3	4	5	6	7	8	9	10
3. compatibility	1	2	3	4	5	6	7	8	9	10

Check the parenthesis to the right of the statement that in your judgement, best describes the applicant.

- D. SOCIALBILITY
- | | | | |
|---------------------------------|-----|------------------------|-----|
| 1. mildly introverted | () | 4. difficult in mixing | () |
| 2. refused to mix | () | 5. cannot report | () |
| 3. adjust easily and completely | () | | |

- E. COOPERATION
- | | | | |
|---------------------------------------|-----|--|-----|
| 1. cooperation to a limited extent | () | 4. shows little interest in service activities | () |
| 2. interested only in himself/herself | () | 5. cannot report | () |
| 3. always does his/her part | () | | |

- F. TEACHABILITY
- | | | | |
|-----------------------------|-----|----------------------|-----|
| 1. open to correction | () | 4. insist in his own | () |
| 2. disregard others opinion | () | 5. cannot report | () |

- G. FINANCIAL STEWARDSHIP
- | | | | |
|-----------------------------|-----|------------------|-----|
| 1. fails to meet obligation | () | 4. commendable | () |
| 2. conserve money | () | 5. cannot report | () |

- H. CONDUCT WITH OTHER SEX
- | | | | |
|---------------|-----|------------------|-----|
| 1. indiscreet | () | 4. commendable | () |
| 2. acceptable | () | 5. cannot report | () |
| 3. careless | () | | |

Do you recommend the applicant () heartily? () reluctantly? () reservedly?

9. Additional comment about the applicant not covered by the questionnaire.

10. Comment briefly on the family and social background of the applicant.

11. Your address and telephone number _____

Print your name and sign over _____ Date _____

BETHEL BIBLE COLLEGE

P. O. Box 8, Valenzuela City, Philippines

MEDICAL EXAMINATION

NAME _____ DATE OF EXAM _____

MEDICAL EXAMINATION

General Appearance _____ Nose & Throat _____ Pulse _____
 General Nutrition _____ Mouth _____ Abdomen _____
 Posture _____ Teeth & Gums _____ Bones & Muscles _____
 Height _____ Weight _____ Glands _____ Nervous System _____
 Skin _____ Breast _____ Emotional Problems _____
 Scalp _____ Lungs _____ Eye & Lids _____
 Ears _____ Blood Type _____ Blood Pressure _____

CHECK THE IMMUNIZATION AND TESTS WHICH PATIENT HAS AND DATE IF KNOW:

Diphtheria-Pertussis-Tetanus (DPT) _____ Cholera or Eltor _____
 Tetanus toxoid _____ Typhoid _____
 Polio Vaccine Oral _____ Measles _____
 Small pox vaccination _____ Chest film or TB skin Test _____

PHYSICIAN'S RECOMMENDATIONS

Is the student physically capable of carrying a full program of schoolwork? YES ___ NO ___
 Should there be restriction on up and down stair travel? YES ___ NO ___
 Is special seating recommended? YES ___ NO ___
 Does pupil have any uncorrectable defects? YES ___ NO ___
 Is there evidence of emotional upset? YES ___ NO ___
 Is there a need for dietary corrections? YES ___ NO ___
 Does he require continuing medical medication? YES ___ NO ___
 Specify _____

What other exams or tests would you recommend at this time or in the near future (such as chest X-ray, lab test, etc.)?

CLASSIFICATION FOR PHYSICAL EDUCATION ACTIVITY

REMARKS ON LIMITATIONS

CODE (Indicate code number in block)

- | | |
|---|-------|
| I. Unlimited activity | _____ |
| II. Slightly modified-under observation | _____ |
| III. Definitely restricted; i.e., cardiac, convalescent, etc. | _____ |
| IV. Individual physical education | _____ |
| V. Exempt for health reasons | _____ |

Print name of Physician & signature

Name of Hospital or Clinic

Mailing Address

HEALTH INVENTORY

Fill out this form as completely as possible. This information will be treated as confidential.

Name _____ Sex _____ Date _____

Date of Birth _____ Place of Birth _____

Give name and address of person to be contact in case of an emergency: _____

Check below and give approximate dates of any of the following diseases:

Asthma	_____	Malaria	_____
Bronchitis	_____	Measles	_____
Chicken pox	_____	Meningitis	_____
Cholera (Eltor)	_____	Mononucleosis	_____
Convulsions	_____	Mumps	_____
Diabetes	_____	Nervous Problem	_____
Diphtheria	_____	Pneumonia	_____
Epilepsy	_____	Rheumatic Fever	_____
Fainting Spells	_____	Scarlet Fever	_____
Goiter	_____	Tuberculosis	_____
Heart Disease	_____	Typhoid	_____
Hepatitis	_____	Ulcer	_____
High Blood Pressure	_____	Whooping Cough	_____
Influenza	_____	Worm Infestation	_____
	_____	Frequent colds	_____

Other serious illness _____

Have you undergone a surgical operation? _____

If so, what and when? _____

Have you had any injuries or broken bones? _____

If so, what and when? _____

Have you been a patient in a hospital? _____

If so, what and when? _____

Are you required to take any special medication on a regular basis? _____

What are the medications? _____

Are you allergic to any medications? (list medications) _____

List any other allergies _____

Are your parents living? _____

How many living sisters? _____ Brothers? _____

Check the following diseases that any of your immediate family members have now, or have had recently:

Diabetes	_____	Tuberculosis	_____
Cancer	_____	Heart Disease	_____
High Blood Pressure	_____	Others	_____