



Secondary School Information:

Transcripts of your high school work are required for acceptance. Please make sure they are forwarded with your application.

High School attended _____ Highest Grade fully completed _____

Grade now attending (if applicable) _____ City/Prov./State _____

Post Secondary Information:

Please list in chronological order all Colleges/Universities attended since High School. Please include the name of the College, the dates attended and Diploma/Degree received.

Have you ever been denied admission or disqualified from any school for academic or disciplinary reasons?
Yes___ No___ If yes, please explain:

List any awards you have received for excellence in academics (honors, scholarships, etc.)

Finances:

How do you plan to finance your education?

- Savings Parents/Spouse Part-time Work Personal Loan
- Student Loan* Church Support Relatives Sponsoring Agency

*Please contact the Registrar’s office if you require assistance applying for a student loan. Typically students apply by May 31st to have their loan processed in time for a September start date. Please check with the student centre nearest you to confirm this information.

Students awaiting student loans, bursaries or scholarships must arrange personal interim until these funds are available.

I understand that payment **in full** for the semester is required on or before the first day of the semester I am attending. Yes No



Family Information:

Single Students:

Parent/Guardian or Next of Kin _____

Address _____

City/Prov. _____ Postal Code/Zip _____

Telephone # () _____ Country _____

Married Students:

Name of spouse _____

Number of children ___ Names _____

Is your family supportive of your plans to attend VBCI? Yes ___ No ___
(If no, please explain on a separate piece of paper.)

Christian Experience:

Local Church Name _____

Pastor's Name _____ Phone # () _____

Have you received Jesus Christ as your Savior? Yes No Not sure

Have you been baptized in the Holy Spirit? Yes No Not sure

Are you currently involved in your local Church? Yes No Not sure

If yes, what area(s) of ministry are you involved in? _____

Questionnaire:

Do you have a criminal record? Yes No

**If yes, Please explain on a separate piece of paper.*

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

**If yes, please explain on a separate piece of paper.*

Will you require accommodations on-campus? Yes No

**First Year single students are expected to live on-campus. If you are requesting to reside off-campus during the first year, please explain on a separate piece of paper why you would prefer to do so. Permission must be granted from the VBCI Dean.*



Personal Testimony:

On a separate piece of paper, please include approximately a **400 word typed** personal Testimony. This should be a statement of your Christian experience, commitment and date of salvation. Please feel free to include your understanding of God's calling on your life and how you feel coming to VBCI will prepare you for it.

References:

It is required that two reference forms be completed as part of the application process. Please have your pastor and one person who is not a relative fill out the applicable forms and mail them directly to VBCI as soon as possible. Failure to do so will result in a delay in processing your application. All information collected on this form, and any reference forms, is collected in accordance with the Freedom of Information & Protection Act.

Medical History:

It is the policy of VBCI to have students fill out a Medical History Form. Please use the form included with this application package. (On-campus students only)

Application fee:

Canadian students please enclose an application fee of \$40 (CDN) with your completed application. The fee is \$100 (CDN) for International Applicants. **Please do not mail cash with the completed application, fee is payable by cheque, money order, visa or master card.*

Check List:

Please ensure that you return the following items to VBCI Registrar's office to complete your application:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Application Form | <input type="checkbox"/> Medical History | <input type="checkbox"/> Reference Forms | <input type="checkbox"/> Applicable Transcripts |
| <input type="checkbox"/> Typed Testimony | <input type="checkbox"/> Picture (wallet size) | <input type="checkbox"/> Application Fee | <input type="checkbox"/> High School Transcripts
(if under age 21) |

Referral Data:

How did you hear about VBCI?

- | | | | |
|---------------------------------------|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Church | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Radio | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Television | <input type="checkbox"/> Magazine/Newsletter | <input type="checkbox"/> Web Site | |
| <input type="checkbox"/> Campus Visit | <input type="checkbox"/> Conference | <input type="checkbox"/> College Tour | |

Statement of Intent:

All information presented on this application is true and accurate to the best of my knowledge. If accepted by VBCI, I will uphold the values and standards of VBCI and seek to live a Christian life that brings glory and honour to the Lord Jesus Christ.

Signature _____ Date _____

Victory Bible Colleges International



Confidential Health Form

Complete fully and mail to: Box 65077 North Hill P.O. Calgary, AB, T2N 4T6
Phone: (403) 286-8337, Fax: (403) 286-8335

****Not required for correspondence Students**

Name of Applicant _____

Address _____

City

Prov./ State

Zip code

Telephone # () _____ Birth date _____
(mm/dd/yy)

Canadian Students. Provincial Health Number _____ Province of Coverage _____

Do you have any additional health care coverage? Yes No

If Yes, please explain _____

International Students. It is **your** responsibility to obtain medical insurance while you are studying at Victory Bible Colleges International (VBCI). You will need to provide proof of coverage to the Registrar's office upon or before your arrival, if accepted to VBCI on-campus studies.

Person to Contact In Case of an Emergency:

Name _____ Telephone # _____

Address _____

Relationship _____

Personal History:

Do you wear contact lenses or glasses? Yes No Both

Are you presently taking medication? Yes No

If Yes, state what kind of medication, and how long you will be taking this medication.

Do you have any food or drug allergies? Yes No

If Yes, Please List _____

Have you ever received treatment for a mental, emotional or nervous disorder? Yes No

If yes, please explain. _____

Do you have any physical handicaps? Yes No

If yes, please explain. _____

Do you have any dignosed learning disabilities? Yes No

If yes, please explain. _____

Please Check if you have or had any of the following conditions:

- | | | |
|--|--|---|
| <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Eye Trouble | <input type="checkbox"/> Ear Trouble |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Recurrent Headaches | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepititis | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> Dislocation of Joints | <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Gall Bladder Problems | <input type="checkbox"/> Intestinal Trouble | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Tumor/Cancer | <input type="checkbox"/> Anemia | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Other _____ | | |

If other, please specify on a separate piece of paper.

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For more information please contact the Registrar's office:

Phone: (403) 286-8337 ext. 208

E-mail: info@vbci.org

Website: www.vbci.org

Victory Bible Colleges International



Pastor's Reference Form

Complete fully and mail to: Box 65077 North Hill P.O. Calgary, AB, T2N 4T6

Phone: (403) 286-8337, Fax: (403) 286-8335

Name of Applicant _____

Name of Pastor _____

Telephone # () _____ E-mail Address _____

Name of Church _____

Address _____

City

Prov./State

Postal/Zip Code

Each applicant for admission to VBCI must submit a recommendation form from his or her Pastor. Serious consideration is given to this recommendation; therefore, we request that you complete this form carefully and honestly. Please return this form directly to the Registrar's office at the above address. WE CANNOT PROCESS THE APPLICANT'S APPLICATION UNTIL WE HAVE RECEIVED THIS FORM.

***Waiver of Confidentiality Statement:** I, the undersigned, hereby voluntarily waive the right or privilege to inspect or challenge the content and comments expressed in this reference. I expect that the observations made shall remain confidential between the referee and VBCI, as limited by the Freedom of Information & Protection Act.

Date _____ Signature of Applicant _____

Confidential:

1. How long have you known the applicant? How well?

2. Is he or she an active member in your church? In what capacity?

3. What spiritual gifts and/or special abilities has this person demonstrated?

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For more information please contact the Registrar's office:

Phone: (403) 286-8337 ext. 208

E-mail: info@vbci.org

Website: www.vbci.org

4. How do you evaluate this person's character, commitment and/or relationships in the light of a church related vocation? _____

PLEASE CHECK THE FOLLOWING THAT BEST DESCRIBES THE APPLICANT:

1. Teachability

- Outstanding
- Learns readily
- Slow but retains well
- Repeated instructions necessary
- Not observed

2. Integrity

- Consistently reliable
- Conscientious/dependable
- Questionable at times
- Not dependable
- Not observed

3. Judgement

- Exceptionally discerning
- Uses sound judgement
- Impulsive
- Difficulty in making decisions
- Not observed

4. Leadership

- Judgement respected; makes things go
- Contributes in important affairs
- Usually a follower
- Generally passive
- Not observed

5. Communication

- Expresses ideas clearly
- Usually clear
- Occasionally misunderstood
- Unable to communicate clearly
- Not observed

6. Social Acceptability

- Sought by others, relates very well
- Liked, usually relates well
- Tolerated by others
- Not accepted by others
- Not observed

Would you recommend that we accept this applicant? Please check one of the following.

- Yes Reluctantly No

Please add any further comments that you feel will help us evaluate the applicant:

Date _____

Signature of Referee _____

*Please send this form directly to the office of the Registrar at Victory Bible Colleges International.

Victory Bible Colleges International



Friend's Reference Form

Complete fully and mail to: Box 65077 North Hill P.O. Calgary, AB, T2N 4T6

Phone: (403) 286-8337, Fax: (403) 286-8335

Name of Applicant _____
Name of Referee _____ Phone # _____
Address _____

City

Prov./State

Postal/Zip Code

Serious consideration is given to this recommendation; therefore, we request that you complete this form carefully and honestly. Please return this form directly to the Registrar's office at the above address. WE CANNOT PROCESS THE APPLICANT'S APPLICATION UNTIL WE HAVE RECEIVED THIS FORM.

***Waiver of Confidentiality Statement:** I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content and comments expressed in this reference. I expect that the observations made shall remain confidential between the referee and VBCI, as limited by the Freedom of Information & Protection Act.

Date _____ Signature of Applicant _____

Confidential:

1. How long have you known the applicant? How well?

2. Are you aware of any particular personality weaknesses and strengths?

3. Can you suggest some ways in which the applicant's effectiveness as a person, a professional and as a leader might be increased?

4. Have you noted any physical weaknesses or emotional problems that would hinder the applicant in an intensive academic environment?

5. Is the applicant's moral life (including conduct with the opposite sex) above reproach? If not, please explain.

6. Is the applicant living a consistent Christian Life? If not, please explain.

7. Briefly describe the applicants marriage and/or family relationships.

PLEASE CHEK THE FOLLOWING THAT BEST DESCRIBES THE APPLICANT:

1. Teachability

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- Not observed

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Would you reccommend that we accept this applicant? Please check one of the following.

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