



## Application for Campus Admission

[admissions@valorcollege.edu](mailto:admissions@valorcollege.edu)

Valor Christian College admits students of any race, color, gender, nationality or ethnic origin to all rights, privileges, programs, and activities generally made available to students at the college. Valor Christian College does not discriminate on the basis of race, color, gender, nationality, ethnic origin, or disability in the administration of its educational policies, admissions policies or any school administered program.

### Your Information

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Name \_\_\_\_\_  
Last First Middle Suffix (Jr., III, etc)

Previous Name (other under which your transcripts might appear)

Name \_\_\_\_\_  
Last First Middle Suffix (Jr., III, etc)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  Male  Female  
mm/dd/yyyy

Social Security Number

**Please verify the accuracy of your Social Security Number before submitting your application.**

Marital Status Single:  Single  Engaged  Married  Separated  Divorced  Widowed

Are you an Ohio Resident?  Yes  No

### Permanent Address

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Street Address Apartment# City State Providence

Zip/Postal Code County Country

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Area Code) Phone Number (Area Code) Phone Number

**Emergency Contact Information**

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Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street Address Apartment #

City State/Province Zip/Postal Code

County Country (if not U.S.)

Phone Number \_\_\_\_\_ Phone Type  Home  Work  Cell

Relationship \_\_\_\_\_

E-mail \_\_\_\_\_

**Family Information**

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**Parent/Guardian 1**

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Name \_\_\_\_\_  
Last First

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Type  Home  Work  Cell

Relationship  Mother  Father  Step-Father  Step-Mother  Legal Guardian

**Parent/Guardian 2**

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Name \_\_\_\_\_  
Last First

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Type  Home  Work  Cell

Relationship  Mother  Father  Legal Guardian

Date Married (if applicable) \_\_\_\_\_ Spouse's Full Name: \_\_\_\_\_

### **Enrollment Information**

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I plan to enroll? Spring  Summer  Fall  2021  2022

First Time in College (FTIC)  Transfer Student

I plan to enroll in the following Program (check only one, please):

#### **Associates of Applied Science (AAS)**

Pastoral Leadership  Youth Ministries  Missions  Evangelism  Music Ministry

Advanced Leadership  Biblical Studies  Christian Ministries

Church Planting  Organizational Leadership  Organizational Management

Organizational Communication  Communications & Media

#### **Bachelor of Arts in Christian Ministry (Select your Minor)**

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Evangelism  Organizational Leadership  Pastoral Leadership  Music Ministry

### **Ethnic Background**

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This information is optional and will not be used for discriminatory purposes.

Are you Hispanic or Latino?  Yes  No American Indian or Alaskan Native  Yes  No

Asian  Yes  No Black or African American  Yes  No White  Yes  No

Native Hawaiian or Other Pacific Islander  Yes  No

Please explain: \_\_\_\_\_

**Military Status**

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Are you currently serving on active duty?

Yes  No

Are you a veteran of the U.S. Armed Forces?  Yes  No

Are you a member of the National Guard or the U.S. Armed Forces reserve?  Yes  No

If you are eligible for Veteran's Educational Benefits, please indicate Chapter you are under:

\_\_\_\_\_

**Referral**

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How did you hear about Valor Christian College?

Breakthrough TV  Social Media  Referral Who? \_\_\_\_\_

City Harvest Network  Internship

Printed Ad  VIP Event

Website  Special Event \_\_\_\_\_

**Christian Service**

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Please check services/activities in which you are currently involved in your church:

Church Volunteer  Music Program  Mission Trips

Prayer Group  Church Leadership  Youth Group

Student Council

Drama/Performances

Soul Winning

Other \_\_\_\_\_

### **Spiritual Health**

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When were you born again? \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

Have you received the baptism of the Holy Spirit (Acts 2:4)?  Yes  No If yes, when \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

Have you lived a Christian life since conversion? Yes  No  If no, please explain \_\_\_\_\_

\_\_\_\_\_

Church currently attending: \_\_\_\_\_ Senior Pastor's Name: \_\_\_\_\_

Church Denomination: \_\_\_\_\_ Church Address: \_\_\_\_\_  
Street

\_\_\_\_\_

City

State

Zip

Country

Phone Number: \_\_\_\_\_ Are you a member  Yes  No if yes, how long? \_\_\_\_\_

Is your Pastor a part of City Harvest Network?  Yes  No

### **Background**

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Please indicate if you have been involved in any of the following activities in the **past two years (only)**

Smoking/Tobacco Use

Drinking Alcohol

Pornography

Illegal Drug Use

Homosexuality/Lesbianism

Fornication/Adultery

Child Abuse

Other Immoral Acts

Cult/Occult Involvement

Comments: \_\_\_\_\_

Are you now or have you ever been charged with or under indictment for a felony?  Yes  No

Date of conviction (if applicable) \_\_\_\_\_  
mm/dd/yyyy

Are you now or have you ever been charged with or indicted for an act you committed as a child that would be a felony if committed by an adult?  Yes  No

Date of conviction (if applicable) \_\_\_\_\_  
mm/dd/yyyy

Please explain: \_\_\_\_\_

Have you ever sought psychiatric/professional counsel for a mental or emotional condition?  Yes  No

Please explain: \_\_\_\_\_

Please list any health issues, which require special attention or might limit your participation in any aspect of college life: \_\_\_\_\_

List any prescribed medication you are taking: Name of health insurance carrier: \_\_\_\_\_

\_\_\_\_\_

**Education**

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**(Applicants will need to secure an official transcript)**

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High School  Public  Private  Homeschool  GED

Name \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Phone Number \_\_\_\_\_

Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

Have you ever attended Valor Christian College or World Harvest Bible College? Yes  No

**College Background**

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**Applicants will need to secure an official transcript for each institution)**

Name \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Beginning Date of Attendance \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date of Attendance \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

Major Area of Study \_\_\_\_\_

Degree Earned \_\_\_\_\_ Date Degree Received/Expected \_\_\_\_/\_\_\_\_/\_\_\_\_

Graduated  Withdrew  Academically Dismissed  Socially Dismissed

Name \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Beginning Date of Attendance \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

End Date of Attendance \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

Major Area of Study \_\_\_\_\_

Degree Earned \_\_\_\_\_

Date Degree Received/Expected \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_

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City

State/Province

Country

Beginning Date of Attendance \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

End Date of Attendance \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

Major Area of Study \_\_\_\_\_

Degree Earned \_\_\_\_\_

Date Degree Received/Expected \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Graduated  Withdrew  Academically Dismissed  Socially Dismissed

Name \_\_\_\_\_

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City

State/Province

Country



Beginning Date of Attendance \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

End Date of Attendance \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

Major Area of Study \_\_\_\_\_

Degree Earned \_\_\_\_\_ Date Degree Received/Expected \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever attended Valor Christian College or World Harvest Bible College? Yes  No

If so, when? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy

Graduated  Withdrew  Academically Dismissed  Socially Dismissed

### **Finance**

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Please comment on your plans to fulfill your financial commitment to Valor for the next four years.  
(Please note: Valor does qualify for federal financial aid and loan programs at this time. Valor does offer limited scholarships, however; money from outside sources is accepted).

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How do you plan to pay for your education at Valor? (Optional)

- |   |  |
|---|--|
| <input type="checkbox"/> Savings          | <input type="checkbox"/> Veteran's Benefits  |
| <input type="checkbox"/> Church           | <input type="checkbox"/> Personal Employment |
| <input type="checkbox"/> Loans            | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Parents/Relative |  |

**Permission to text**  Yes, I give Valor Christian College permission to send me important updates and information about my application status. Contact methods may include text messaging and phone calls generated from an automated dialing system.

E-mail Address \_\_\_\_\_

Application Agreement I understand that all items obtained by Valor Christian College in the application process become the permanent property of Valor and will not be returned. I understand the information contained on the personal, pastoral and spousal recommendations is confidential. I waive my right to review this confidential material. I hereby state all the information I have provided in this application is true and correct. I understand that Valor reserves the right to revoke admission on the basis of misrepresentations or omissions in the application. Submission of this application in no way guarantees or implies acceptance and/or enrollment as a student to Valor. If Valor is notified at any time that any information is false or misleading, it will be grounds for my immediate dismissal from Valor.

I agree that the Admissions Committee at Valor is under no obligation to disclose the basis for my acceptance or denial.

I hereby grant authorization to Valor and any related physician to render and/or give emergency medical aid, care or treatment they deem necessary.

I agree that I am responsible for financial commitment of enrolling at Valor Christian College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Valor Christian College  
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Fax (614) 837-6904**