

Spiritual Health

When were you born again? ___/___/___
mo dy yr

Have you received the baptism of the Holy Spirit (Acts 2:4)? Yes No If yes, when? ___/___/___
mo dy yr

Have you lived a consistent 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 _____

Telephone (____) _____ Are you a member? Yes No If yes, how long? _____

Please indicate if you have been involved in any of the following activities in the **past two years (only)** (from mo/yr to mo/yr).
If none, write "NA":

<input type="checkbox"/> Smoking/Tobacco use	from ___/___ to ___/___	<input type="checkbox"/> Drinking Alcohol	from ___/___ to ___/___
<input type="checkbox"/> Pornography	from ___/___ to ___/___	<input type="checkbox"/> Illegal Drug Use	from ___/___ to ___/___
<input type="checkbox"/> Homosexuality/Lesbianism	from ___/___ to ___/___	<input type="checkbox"/> Fornication/Adultery	from ___/___ to ___/___
<input type="checkbox"/> Child Abuse	from ___/___ to ___/___	<input type="checkbox"/> Other Immoral Acts	from ___/___ to ___/___
<input type="checkbox"/> Cult/Occult Involvement	from ___/___ to ___/___	Comments:	_____

Have you ever been arrested? Yes No If yes, please explain: _____

Date of arrest: ___/___/___ Were you convicted? Yes No

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

If yes, list dates and 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: _____

Referral

How did you hear about Valor Christian College?

Television Yellow Pages Facebook Yellow Pages Facebook Twitter
 Printed ad Special Event Web Site Referral Code Friend Name _____

***You must provide a response to these questions.**

Application Agreement

I understand that all items obtained by Valor Christian College in the application process become the permanent property of VCC 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 VCC 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 VCC. If VCC is notified at any time that any information is false or misleading, it will be grounds for my immediate dismissal from VCC.

I agree that the Admissions Committee at VCC 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.

Signature: _____ Date: _____

Race/Ethnicity:

- Caucasian
- African American/Black
- Hispanic/Latino Origin
- Asian
- Native American/Alaskan Native
- Non-Hispanic/Latino Origin
- Multiracial
- Native Hawaiian or other Pacific Islander
- Other _____

Citizenship:

Country of Birth: _____ Country of Citizenship: _____

Country of Permanent Residency: _____

International Applicants:

Do you have a Green Card? Yes No If yes, please include a copy. (A# _____)

Is English your primary language? Yes No If not, what is your primary language? _____

Family

Date Married: _____ Spouse's Full Name: _____

Will your family relocate to Columbus, Ohio with you? Yes No If no, why? _____

Children/Dependents:

Name	Age	Gender	Living With You?
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

Would you like information about Harvest Preparatory School (Pre-K thru 12th grade)? Yes No

What is the best way for Valor Christian College to communicate with you?

Home Phone Cell Phone Email Mail Facebook facebook.com/_____ Twitter @_____

(User ID) (Twitter user ID)

Parent Information

May we contact your parents (or legal guardian) regarding enrollment information (school costs, documents needed, etc)? Yes No

Parent Name: _____

Parent E-mail Address: _____

Parent Phone: (____) _____ Parent Cell Phone: (____) _____

Parent Mailing Address: _____
Street Apt.#

City State Zip

Education/Academic Information

Note: ALL applicants must have an official copy of ALL of their transcripts sent to the Admissions Office at Valor.

High School Attending/Attended: _____

City/State: _____ Year of graduation: _____

Have you been previously enrolled at VCC? Yes No *If yes, when?* _____

Please list ALL colleges and universities attended.

Name of College	Date Entered	Date Withdrew	Course of Study/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been dismissed from or placed on probation at any of the schools listed above?

Yes No *If yes, please explain:* _____

*If more space is needed for answers, please provide additional information on an attached sheet.

Housing On Campus Off Campus*

All singles under the age of 35 with no dependants are required to live in the Residence Halls and participate in a meal plan at Valor.

*If you are single with no dependents under the age of 25, you are required to live in the dorms and participate in the meal plan.

Financing

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

- Savings Parents/Relative Church Loans
- Personal Employment Veteran's Benefits* Other _____

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

Interests

Please check services/activities in which you are interested in being involved at Valor Christian College:

- Church Volunteer Music Program Mission Trips
- Prayer Group Church Leadership Sunday School Teacher
- Youth Group Community Service Drama/Performances
- Student Council Basketball Soccer
- Remnant Other _____

Are you an ordained or licensed minister? Yes No *If yes, credentials issued by:* _____