



Application for Admission

These forms are also available on our website or you can contact the college office at: info@fbccanada.org or call 905-686-0951. Please remember to include a recent photo.

PERSONAL INFORMATION

Full Legal Name _____

Present Mailing Address _____
(Street Address) (City)

(Province / State) (Postal / Zip Code) (Country)

Telephone _____ Email _____

Place of Birth _____ Date of Birth _____

Male Female Citizenship _____ First Language _____

Father's Name _____

Father's Cell Number & Email _____

Mother's Name _____

Mother's Cell Number & Email _____

Semester you are applying for: Fall _____ (year) or Winter _____ (year)

Are you applying for a dormitory reservation? _____

Social Insurance Number _____ (for tuition tax receipt)

FOR INTERNATIONAL STUDENTS ONLY:

Student Visa Number: _____ Visa Expiry Date _____

Date of admittance to Canada _____

Please provide a copy of your student travel insurance certificate.

FAMILY INFORMATION

Present Marital Status Single _____ Married _____ Widow/Widower _____

Divorced or remarried? _____

If your status is single, have you ever been married? _____

(If the answer to this is affirmative, a letter of explanation must accompany this application)

Do you plan to be married before time of enrolment? _____

If you are married (or will be before enrolment), please give your spouse's name _____

If you are a married woman, please provide your maiden name _____

CHURCH INFORMATION

Are you a church Member? _____ Do you attend church regularly? _____

Name and address of church

Pastor's Name _____

Is this an Independent Baptist Church? _____

BACKGROUND INFORMATION

Are you now or have you ever been under the supervision of a parole officer or under the custody of a juvenile court? _____

Have you ever had a police record? _____

If the answer to either of the above questions is affirmative, give full information, including date, type of offence, and other pertinent information, including the name and address of the judge or probation officer on a separate sheet of paper.

Education information

High School Record

Is your high school work in progress? _____

In which year will you graduate? _____

Are you a high school graduate? _____

If yes, give the exact date the diploma was conferred? _____

Give the name and address of the high school you are attending or of the last high school in which you were enrolled.

(Name of school)

(Date of attendance)

(Complete school address)

College Level Record

List all colleges, Bible Institutes, professional schools, and technical schools that you have ever attended, whether or not you received any credit. Please be sure to list the full, official name of the school and give the complete address (use separate sheet if necessary).

(Name of School)

(Date of attendance)

(Complete address)

(Approximate number of credits)

(Degree received)

(Name of School)

(Date of attendance)

(Complete address)

(Approximate number of credits)

(Degree received)

FINANCIAL INFORMATION

The section dealing with the financial policies of this school is expected to be strictly adhered to.

Are you able to meet these financial requirements?

(Date)

(Signature of applicant)

MEDICAL INFORMATION

Each student enrolled at FaithWay Baptist College of Canada must maintain adequate health care. Do you have any physical limitations, medical conditions, or learning disabilities of which you would like the college personnel to be aware of in order to attempt to meet your needs? ____ Yes ____ No

If yes, please explain: _____

DECLARATION

I hereby make application for admission to FaithWay Baptist College of Canada and enclose the application fee with the understanding that the fee will be retained to cover the cost of processing my application. I hereby declare, on my word of honour, that I have not omitted the name of any school in which I was ever registered, even if for a brief period, and that I have answered all of the above questions truthfully and fully. Further, I give to the college my approval to gather my transcripts and other data from all schools which I have attended, together with other records and references that they believe to be necessary for the processing of my application.

I have read and agree to the financial information and policies contained in the FaithWay Baptist College of Canada catalogue.

(Date)

(Signature of applicant)

The parent or guardian of the student making application must sign in the space provided below unless the applicant is over eighteen years of age.

As a parent (or guardian) of the above applicant, I agree to cooperate with FaithWay Baptist College of Canada in the enforcement of the rules and regulations of the institution and to meet the terms of agreement about expenses, business details, etc. as outlined by FaithWay Baptist College of Canada.

(Date)

(Signature of Parent / Guardian)

Please mail this form to:
FaithWay Baptist College of Canada
Director of Admissions
1964 Salem Road
Ajax, ON L1T 4V3
Or email: info@fbccanada.org



MY SALVATION TESTIMONY

(part of the application form)

You may write out your salvation testimony here or type out and include it on a separate piece of paper.

Please mail this form to:
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Director of Admissions
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Ajax, ON L1T 4V3
Or email: info@fbccanada.org