



Application for Admission & Scholarship

Please print plainly and complete the entire form.

\$20 fee waived if you use this application form!

If you are NOT a citizen of the United States or Canada, and NOT an eligible noncitizen, request our "APPLICATION FOR INTERNATIONAL ADMISSION"

Student Information

Name _____
Last (Maiden Name) First Middle (Prefer to be called)

Home Address _____ Home Phone (____) _____
Number, Street City, State Zip

Current Address _____ Current Phone (____) _____
(if different) (if different)

At current address until _____ E-Mail _____ Parent(s)' E-mail _____

Cell Phone _____ Social Security # _____ Date of Birth _____

Gender: Male Female

Ethnic Origin (optional)

Country of Birth

- Nonresident Alian
- Race & Ethnicity Unknown
- Hispanics of any race

- U.S.
- _____

Marital Status (optional)

- Single Married

Primary language spoken at home

Spouse's Name: _____

- Divorced Widowed

For non-Hispanics only:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races

- English Spanish
- _____

Country of Citizenship

- United States Canada
- Eligible noncitizen

Primary language spoken in high school

- English Spanish
- _____

ALIEN REGISTRATION NUMBER

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ENCLOSE A COPY OF YOUR GREEN CARD WITH THIS APPLICATION

I am eligible for Veteran's Administration Benefits Have you ever been convicted of a felony? Yes No

I graduated, or will graduate from high school in (year): _____ High School phone number _____
(Guidance Counselor or Registrar)

List all grades (K-12) for which you have been homeschooled _____

High School/Church Activities/Honors _____

Church Name _____ Address/City/State/Zip _____

Denomination _____ Pastor's Name _____ Pastor's Phone Number _____

Family Information

Father Name: _____
First Last

Title: Mr. Dr. Rev.

Address: _____
Number, Street City, State Zip

Attended Central: Yes No

Occupation: _____

Mother Name: _____
First Last

Title: Ms. Mrs. Dr. Rev.

Address: _____
Number, Street City, State Zip

Attended Central: Yes No
If yes, maiden name:

Occupation: _____

Brothers & Sisters still at home:

NAME (first, last)

Year of High School Graduation

Date of Birth

1. _____
2. _____
3. _____

(over...)

APW

Admissions Information

	Name of School	Address	City/State/Zip	Dates Attended	
				From	To
High School					
College(s)					

Freshmen and transfer applicants must have official transcripts from each school listed above sent to Central Christian College

I plan to enroll:

- Fall Semester–August 20_____
- Interterm–January 20_____
- Spring Semester–February 20_____

Classification:

- New Freshman
- Transfer Freshman
- Transfer Sophomore
- Transfer Junior
- Transfer Senior
- Returning Alumnus

Status:

- Full Time
- Half Time (6 hours or more)
- Part Time (less than 6 hours)
- Part Time (high school student)

Proposed Major: _____

- Undecided

Anticipated Vocation: _____

Degree Sought:

- Bachelor of Science in Business (4 years)
- Bachelor of Science in Ministry (4 years)
- Bachelor of Science (4 years)
 - Communication Education
 - English Exercise Science
 - Music Natural Science
 - Psychology Social Science
 - Sports Management
 - Liberal Studies (two areas of concentration)
- Associate (2 years)

I wish to participate in these collegiate sports at Central:

(Circle your primary sport.)

- Baseball (men)
- Basketball (men)
- Basketball (women)
- Cheerleading (men)
- Cheerleading (women)
- Cross Country (men)
- Cross Country (women)
- Golf (men)
- Golf (women)
- Soccer (men)
- Soccer (women)
- Softball (women)
- Tennis (men)
- Tennis (women)
- Volleyball (women)

I wish to participate in these activities at Central:

- Choir/Chorus Band
- Yearbook Drama
- Contemporary Christian Music

Hometown Newspaper (for publicity):

Name _____ Address _____

City/State/Zip _____

How did you first learn of Central Christian College? (if a person, please list name) _____

People I know who have attended or are currently attending Central _____

Explain what meaning the Christian faith has for you. A profession of Christian faith is not required for admission to Central. However, the College seeks to serve students who desire or appreciate a distinctively Christian educational environment.

Please print plainly the **name and full mailing address of two non-relative ADULTS** to whom we may send our Personal Reference Form. (examples: high school counselor or teacher, pastor, youth worker, or your boss)

Name _____ Address _____

Name _____ Address _____

I understand that withholding information on this application or giving false information will make me ineligible for admission. With this in mind, I certify that the above statements are correct and complete.

Applicant's Signature _____ Date _____

In accordance with federal laws and regulations, it is the intent of this college's policy on equal opportunity to comply with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972 Executive Order 11246, Section 504 of the Rehabilitation Act of 1973, and all related regulations. Central Christian College does not discriminate against any student or prospective student on the basis of sex, race, handicap, religion or national origin in its educational programs or activities. A complete notice of non-discrimination is printed on page 7 of the current Central Christian College Catalog. Any persons having inquiries concerning this may contact: Dean of Student Services at Central Christian College, (620) 241-0723.

Please send to:
Office of Admissions
Central Christian College
P.O. Box 1403, McPherson, KS 67460
Call Toll Free 1-800-835-0078 ext. 337

Central Christian College Transcript Request

Student

Student: Please complete the information in this box and deliver to the Guidance Office

I hereby release my right to see this document after you have completed it.

Signature of Student _____ Social Security # _____

Address _____

High School Guidance Office

Counselor: Please complete the evaluation below and send it with an official transcript to the Office of Admissions, Central Christian College, P.O. Box 1403, McPherson, KS 67460.

	Poor	Below Average	Average	Superior	Exceptional	No Information
Academic Motivation						
Emotional Stability						
Leadership						
Social Adjustment						
Dependability						
Cooperation						

Has this student	Yes	No	No Info	Explain "yes" answers here or below
Had adjustment problems in school?	_____	_____	_____	_____
Had adjustment problems in community?	_____	_____	_____	_____
Had adjustment problems with others?	_____	_____	_____	_____

Your estimate of the probable success of the student at Central Christian College:

Failure _____ Questionable Success _____ Average _____ Above Average _____ Excellent _____

Comments:

Sources of Information:

- Records and reports only _____
- Personal acquaintance _____
- Casual contacts _____
- Counseling contacts _____
- Committee evaluation _____

Signed _____ Date _____

Title _____

Phone _____

Name of School _____

Address _____

Note to Counselor: If you would like additional information about Central Christian College to use in assisting students, please call our Admissions Office at 1-800-835-0078, ext. 337.

Detach here and take or mail this transcript request to your high school or college guidance office.