

Southern California Christian College



PO Box 5060
Palm Springs, CA 92263
760.770.7568

OFFICIAL APPLICATION FOR ADMISSION

\$75.00 APPLICATION FEE*

(Non-Refundable)

INSTRUCTIONS

1. Please complete all requests for information in the application. Any omissions could result in delays or rejection. Give the enclosed Pastor's Recommendation Form to the appropriate persons for them to respond and forward to the Office of Admissions. All forms must be in before the application can be approved.
2. Students requesting advanced standing should request the Official Transcripts from all schools attended above high school be sent directly to the Office of Admissions.

GENERAL INSTRUCTIONS

Name – Mr./Mrs./Rev _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Business Phone _____

Cell Phone _____ Email _____

Age _____ Date of Birth _____ Sex () Male () Female Citizenship _____

Social Security Number _____ - _____ - _____

High School Graduation Date _____ Name of High School _____

Please list all Schools attended above High School

School / Address	City/State	Attended From/To	Degree	Date Received

Occupation _____ Years Employed _____

Business Address _____

All approvals will be considered "tentative" until attached items and all transcripts are received in the Records office.

*Application fee includes: Application Processing, Registration Fees and Lifetime Transcript Fees

DESIRED ENTRY (Fill in year) FALL _____ SPRING _____

Church Membership _____

Church Address _____

City _____ State _____ Zip _____

Marital Status () Single () Married () Divorced

Spouse's Name _____ Number of Children _____

INDICATE WHAT CHRISTIAN EXPERIENCE YOU HAVE AND APPROXIMATELY HOW MANY YEARS FOR EACH

Pastor _____ Missionary _____ Evangelist _____ Chaplain _____

Youth Worker _____ CE Director _____ SS Teacher _____ Church Officer _____

If Licensed, When? _____ By What Organization ? _____

If Ordained, When? _____ By What Organization? _____

State carefully your reasons for believing you are a Christian:

References: Submit complete names and addresses with zip codes (No Relatives)

Pastor: _____

Employer: _____

Or _____

Friend _____

RETURN THIS APPLICATION TO THE OFFICE OF ADMISSIONS ALONG WITH THE NON-REFUNDABLE \$75.00 APPLICATION FEE.