



ADMISSIONS INFORMATION

Admissions Policy

All candidates for admission must give satisfactory evidence of knowing Jesus Christ as Lord and Saviour. They should have a genuine desire to be obedient to the will of God. Candidates must demonstrate good character, personal integrity and academic ability.

Canadian Baptist Bible College accepts students of any race or ethnic background. We are a Baptist college by conviction.

Applications and other pertinent forms are provided in the back of this catalog. Each of these forms should be completed prior to enrollment. Be sure your name is on all forms before returning them.

International Students

Canadian Baptist Bible College is a Designated Learning Institution for the province of Manitoba. The Designated Learning Institution number for Canadian Baptist Bible College is 0113889884617. This designation allows international students the opportunity to study at Canadian Baptist Bible College.

International students who meet the English language and application requirements may be given an acceptance letter. Final approval to study at Canadian Baptist Bible College is determined by Citizenship and Immigration Canada.

International students with a six month or longer study permit issued by Citizenship and Immigration Canada are eligible to work twenty hours per week during the academic sessions and to enter the Manitoba Health Care system at no cost.

Admissions Procedure

To apply for admission to Canadian Baptist Bible College, the following paperwork must be completed and submitted to Canadian Baptist Bible College:

- ❑ **Application for Admission Form**

This would also include a photograph, \$50.00 non-refundable application fee, testimonial and most recent report card or transcript.

- ❑ **Pastoral Reference Form**

The waiver statement should be filled out by the student before it is submitted to the pastor. It should then be sent directly to the college.

- ❑ **Personal Medical Form Part One**

This is to be completed by the applicant before examination by a physician.

- ❑ **Medical Form Part Two**

This is to be completed by a licensed physician and sent directly to the college.

- ❑ **Personal Reference Form (1)**

The waiver statement should be filled out by the student before it is submitted to the reference. It should be sent directly to the college from the reference.

- ❑ **Personal Reference Form (2)**

The waiver statement should be filled out by the student before it is submitted to the reference. It should be sent directly to the college from the reference.

All paperwork and the non-refundable application fee of \$50 must be received by the College Administration before acceptance can be determined.

Canadian Baptist Bible College

Box 415, 120 Manitoba Road, Winkler, Manitoba R6W 4A6
(204) 325-8648
cbbc@pvbc.ca

www.CanadianBaptistBibleCollege.com

Application for Admission

(Complete, detach and mail to Registrar at above address.)

DATE: _____ 20____

PHOTO

Please attach a recent photo to be used for permanent college records.

Tape photo here.

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

Street/P.O. Box

City

Prov./State

Postal/Zip Code

Country

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Email Address: _____

Date of Birth: _____

Social Insurance Number: _____

Medical Insurance Number: _____

1. I am applying for: (choose one)

September 20 ____ January 20 ____

2. I will be a: (check all that apply)

- First Year Transfer Full-time
 Re-entry Part-time

3. PERSONAL INFORMATION

Marital Status:

- Single Married Engaged
 Widowed Divorced Separated
 Remarried

If single, are you living with your parents?

- Yes No

If you are married and are moving to this area to attend Canadian Baptist Bible College, please answer the following.

Name of spouse: (if married) _____

Will your spouse be moving to this area with you?

- Yes No

If not, why?

Do you have children? _____

If yes, please list their names and ages.

Will your children accompany you in your move to this area? Yes No

If not, why?

Will you have adequate funds to attend college and support your family?

How will you support your family while attending Canadian Baptist Bible College?

4. **SPIRITUAL INFORMATION**

Have you personally accepted Jesus Christ?

Yes No

If yes, when?

Name of church you attend:

Address:

Street/P.O. Box City

Prov./State

Postal/Zip Code

Country

Church Denomination:

Are you a member of this church? Yes No

Have you been scripturally baptized upon your confession of faith? Yes No

If yes, where? _____

5. Please answer the following questions on a separate sheet of paper. (8.5 x 11) Please type or print in ink.

- A. When and how did you personally come to Jesus Christ?
- B. How are you growing in your present walk with the Lord?
- C. What kind of Christian service or practical ministry have you done?
- D. What are your reasons for coming to Canadian Baptist Bible College?
- E. What goals do you intend to achieve?
- F. Indicate whether you have used or been involved in the occult, tobacco, alcohol or non-medicinal drugs during the past year.
- G. Explain your present belief and attitude toward each of these items.

6. FAMILY BACKGROUND

Parent or guardian's name:

Address:

Street/P.O. Box

City

Prov./State

Postal/Zip Code

Country

Phone: () _____

Is your father living? ____ Is your mother living? ____

If so, please name their occupation(s):

Are your parents separated or divorced?

Yes No

Are your parents born-again? Yes No

Of which church and denomination are your parents members?

Do your parents or spouse approve of your attending Canadian Baptist Bible College?

Yes No

7. EDUCATION

List in chronological order the secondary schools, colleges or universities attended:

Institution: _____

Date Attended: _____

Location: _____

Graduation: _____

Institution: _____

Date Attended: _____

Location: _____

Graduation: _____

Enclose a transcript from the secondary school(s) you attended.

8. ACADEMIC

Which program of study do you plan to take:

- Pastoral Missions Second Man
- Sacred Music Church Ministries
- Secondary Christian Education
- Elementary Christian Education

Are you planning on working towards your

- Diploma Degree

Do you intend to enroll in private music lessons?

- Yes No

If yes, please indicate: Piano Voice Violin

9. HOBBIES AND RECREATION

What are your hobbies or recreational interests?

10. FINANCIAL

What employment or business experience have you had? (state kind and length)

What is your present occupation or last place of employment?

Will you have sufficient funds to pay for each semester on registration day? Yes No

How do you plan to meet all your financial obligations, including school expenses?

Are you presently in debt?

Yes No

If yes, please explain:

Do you expect to live in the student dormitory?

Yes No

I declare my willingness to cooperate in maintaining the regulations which govern the educational, social and spiritual life of Canadian Baptist Bible College.

Signature

Pastoral Reference Form

Waiver Statement (to be completed by applicant)

Name: _____

Last

First

Middle

Address: _____

Street/P.O. Box

City

Prov./State

Postal/Zip Code

Country

I voluntarily waive any right to inspect or challenge the contents of this reference form, the contents of which will be held in confidence by Canadian Baptist Bible College.

The individual named above is completing an application to attend Canadian Baptist Bible College. Please answer the following questions as accurately as possible to assist in the application process.

1. How long have you known the applicant?

2. To your knowledge, is the applicant a born-again Christian?

Yes, When? _____

No Don't know

3. Does the applicant's daily life give evidence of spiritual growth? Please comment:

4. To your knowledge, are the applicant's parent(s)/ guardian(s) born-again Christians?

Yes, When? _____

No Don't know

5. In what ways has the applicant been involved in church and/or youth activities?

6. Please describe the applicant's home-life (include information about the spiritual and moral leadership of the parent(s) relationships among family members and relationships of applicant to parents).

7. With what kind of friends does the applicant associate?

8. How is the applicant influenced by his/her peers?

9. Please list any skills, talents, personality and character strengths you have observed.

10. Please note any personality or character weaknesses you have observed.

11. Have you had occasion to question the applicant's morals? No Yes If yes, please explain.

12. How does the applicant respond to authority and discipline at home, church and school?

13. Does the applicant participate in any of the following: (check and make comments)

Activity	Habitua	Selectiv	Unknown		Comments
	I	e	None	n	
Use of Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use of Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use of Drugs (non-medicinal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pornography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Occult Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

14. Do you see potential for future Christian ministry as:

Lay worker Pastor Missionary

Other: _____

15. Do you recommend that we accept this applicant?

Yes No With Reservation Unsure

If other than yes, please explain:

16. Please provide any additional information that could help in the application process. Use a separate sheet, if necessary.

Name and address of pastor filling out form:

Church: _____

Name: _____

Last First Middle

Address: _____

Street/P.O. Box City

Prov./State Postal/Zip Code Country

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Email Address: _____

Date: _____

M / D / Y

Signature

Thank you for completing this form. Please do not give this form back to the applicant. Mail it directly to:

Canadian Baptist Bible College
Box 415, Winkler, Manitoba R6W 4A6

Personal Medical Form

To be completed by the student **before** examination by a physician.

1. Name: _____
Last First Middle

Address: _____

Street/P.O. Box City

Prov./State Postal/Zip Code Country

Home Phone: () _____

Cell Phone: () _____

Birthday: _____ (MM/DD/YY)

Female Male

2. Name of Parent Guardian:

Address: _____
Street / P.O. Box City

Prov./State Postal/Zip Code Country

Phone: () _____

Work: () _____

3. Person to be notified in emergency:

Name & Relationship to Applicant

Phone: () _____

4. Medical Insurance #: _____

Province/State: _____

Other Insurance: _____

Type: _____

5. Immunization History:

Diphtheria Initial Series: __/__/__ Booster: __/__/__
Tetanus Initial Series: __/__/__ Booster: __/__/__
Polio Initial Series: __/__/__ Booster: __/__/__
Other Initial Series: __/__/__ Booster: __/__/__

6. Name any medical drugs you use frequently:

7. Has anyone in your family or a close relative had any of the following:

- Tuberculosis Diabetes Heart Disease
 Migraines Allergies

8. Have you ever had any of the following?

(This information is required to determine whether there are any activities in which the student cannot participate.)

Check if you have any of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Nervous Disorders |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Injuries | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Malaria | <input type="checkbox"/> Small Pox |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Measles | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Migraines | <input type="checkbox"/> Typhoid |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Other: _____ | | |

Comment on any you checked:

NOTE TO APPLICANT: After you complete this form, please take it to your doctor so he/she can complete part two of the Medical Health Form.

Medical Health Form

Part Two

To be completed by a licensed physician. Please review and evaluate the history as completed by the student. Describe under "Remarks" any abnormality found.

1. How long have you attended (known) this person?

2. Height: _____ Weight: _____

Temp.: _____ Pulse: _____ B.P.: _____

3. Vision (Snellen) R20/ L20/

Corrected R20/ L20/

Last refraction: _____

4. Hearing: R _____ L _____

Check		Remarks: Describe any abnormality
	General Appearance	
	Face and Skin	
	Eyes	
	ENT	
	Teeth	
	Neck, thyroid	
	Lymph nodes	
	Chest	
	Heart	
	Lungs	
	Abdomen	
	Hernia	
	Back	
	Extremities	

5. Describe any other abnormality, including emotional disturbances, which should be known to the Medical Officer.

6. Laboratory:

Urinalysis: Alb. _____ Sug. _____ pH _____

Micro (if indicated) _____

Blood studies (if indicated) _____

7. Is this individual able to take physical education classes? _____

If not, explain: _____

8. Does any condition exist which would make participation in athletics inadvisable?

9. Recommendations: _____

PLEASE PRINT:

Doctor's Name: _____

Address: _____

Street / P.O. Box

City

Prov. / State

Postal / Zip Code

Country

Phone: () _____ Date: _____

_____, MD

Signature

Thank you for completing this form. Please mail it directly to:

Canadian Baptist Bible College

Box 415, Winkler, Manitoba R6W 4A6

Personal Reference Form (1)

Adult Christian Friend (Age 21 or Over)

Waiver Statement

(to be completed by applicant)

Name: _____

Last

First

Middle

Address: _____

Street/P.O. Box

City

Prov./State

Postal/Zip Code

Country

I voluntarily waive any right to inspect or challenge the contents of this reference form, the contents of which will be held in confidence by Canadian Baptist Bible College.

The individual named above is completing an application to attend Canadian Baptist Bible College. Please answer the following questions as accurately as possible to assist in the application process and understanding the needs of the applicant.

1. How long have you known the applicant?

_____ years _____ months

2. Relationship to the applicant:

Pastor

Associate Pastor

Youth Pastor

Deacon

Sunday School Teacher

Other

3. To your knowledge, is the applicant a born-again Christian?

Yes, When? _____ No Don't know

4. Does the applicant's daily life give evidence of spiritual growth? Please comment:
-
-
5. To your knowledge, are the applicant's parents(s)/ guardians(s) born-again Christians?
 Yes, When? _____ No Don't know
6. In what ways has the applicant been involved in church and/or youth activities?
-
-
7. Please describe the applicant's home life (include information about the spiritual and moral leadership of the parent(s), relationships among family members and relationships of applicant to parents).
-
-
-
8. With what kind of friends does the applicant associate?
-
-
9. How is the applicant influenced by his/her peers?
-
10. Please list any skills, talents, personality and character strengths you have observed.
-
-

11. Please note any personality or character weaknesses you have observed.

12. Have you had occasion to question the applicant's morals?

No Yes: If yes, please explain.

13. How does the applicant respond to authority and discipline at home, church and school?

14. Does the applicant participate in any of the following: (check and make comments)

Activity	Habitua	Selectiv	Non	Unknow	Comments
	I	e	e	n	
Use of Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Use of Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Use of Drugs (non-medicinal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Pornography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Occult Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>

15. Do you see potential for future Christian ministry as:

Lay worker

Pastor

Missionary

Other:

16. Please check the qualities that best describe the applicant's character. Additional helpful comments can be added in the space provided.

ACCEPTANCE BY OTHERS

- Highly respected
 - Well accepted
 - Poorly accepted
 - Cannot report
- Comments
-

ATTITUDE TOWARD WORK

- Enthusiastic
 - Generally positive
 - Below potential
 - Usually negative
 - Cannot report
- Comments
-

ATTITUDE TOWARD PEERS

- Relates very well
 - Usually relates well
 - Some difficulty in relating
 - Reluctant to interact
 - Cannot report
- Comments
-

CONCERN FOR OTHERS

- Genuinely concerned
 - Moderately concerned
 - Somewhat concerned
 - Indifferent
 - Cannot report
- Comments
-

EMOTIONAL STABILITY

- Consistently well-balanced
 - Usually well-balanced
 - Subject to mood swings
 - Unstable
 - Cannot report
- Comments
-

INDUSTRY

- Does more than assigned work
 - Does only assigned work
 - Needs occasional prodding
 - Works only under compulsion
 - Fails to do required work
- Comments
-

INTEGRITY

- Consistently trustworthy
 - Generally honest
 - Questionable at times
 - Not dependable
 - Cannot report
- Comments _____
-

LEADERSHIP

- Organizes and directs others
 - Occasionally leads others
 - Somewhat dependent
 - Follower
 - Cannot report
- Comments _____
-

MOTIVATION

- Highly-motivated
 - Usually motivated
 - Somewhat motivated
 - Lacks motivation
 - Cannot report
- Comments _____
-

RESPONSIBILITY

- Totally responsible
 - Usually responsible
 - Sometimes responsible
 - Not dependable
 - Cannot report
- Comments _____
-

SOCIAL SKILLS

- Good social skills
 - Average social skills
 - Below average
 - Lacking social skills
 - Cannot report
- Comments _____
-

TEACHABILITY

- Outstanding
 - Readily teachable
 - Slow but retains well
 - Needs repeated instruction
 - Cannot report
- Comments _____
-

17. If accepted, in what areas might the applicant need help or guidance?

18. Do you recommend that we accept this applicant?

Yes With Reservation Unsure No

If other than yes, please explain:

19. Please provide any additional information that could help in the application process. Use separate sheet, if necessary.

Name and address of person filling out form:

Name: _____

Last

First

Middle

Address: _____

Street/P.O. Box

City

Prov./State

Postal/Zip Code

Country

Home Phone: () _____

Cell Phone: () _____

Date: _____

MM/DD/YY

Signature

Thank you for completing this form. Please mail it directly to:

Canadian Baptist Bible College
Box 415, Winkler, Manitoba R6W 4A6

Personal Reference Form (2)

Adult Christian Friend (Age 21 or Over)

Waiver Statement

(to be completed by applicant)

Name: _____

Last

First

Middle

Address: _____

Street/P.O. Box

City

Prov./State

Postal/Zip Code

Country

I voluntarily waive any right to inspect or challenge the contents of this reference form, the contents of which will be held in confidence by Canadian Baptist Bible College.

The individual named above is completing an application to attend Canadian Baptist Bible College. Please answer the following questions as accurately as possible to assist in the application process and understanding the needs of the applicant.

1. How long have you known the applicant?

_____ years _____ months

2. Relationship to the applicant:

Pastor

Associate Pastor

Youth Pastor

Deacon

Sunday School Teacher

Other

3. To your knowledge, is the applicant a born-again Christian?

Yes, When? _____ No Don't know

4. Does the applicant's daily life give evidence of spiritual growth? Please comment:
-
-
5. To your knowledge, are the applicant's parents(s)/ guardians(s) born-again Christians?
 Yes, When? _____ No Don't know
6. In what ways has the applicant been involved in church and/or youth activities?
-
-
7. Please describe the applicant's home life (include information about the spiritual and moral leadership of the parent(s), relationships among family members and relationships of applicant to parents).
-
-
-
8. With what kind of friends does the applicant associate?
-
-
9. How is the applicant influenced by his/her peers?
-
10. Please list any skills, talents, personality and character strengths you have observed.
-
-

11. Please note any personality or character weaknesses you have observed.

12. Have you had occasion to question the applicant's morals?

No Yes: If yes, please explain.

13. How does the applicant respond to authority and discipline at home, church and school?

14. Does the applicant participate in any of the following: (check and make comments)

Activity	Habitua	Selectiv	Non	Unknow	Comments
	I	e	e	n	
Use of Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Use of Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Use of Drugs (non-medicinal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Pornography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Occult Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>

15. Do you see potential for future Christian ministry as:

Lay worker

Pastor

Missionary

Other:

16. Please check the qualities that best describe the applicant's character. Additional helpful comments can be added in the space provided.

ACCEPTANCE BY OTHERS

- Highly respected
 - Well accepted
 - Poorly accepted
 - Cannot report
- Comments
-

ATTITUDE TOWARD WORK

- Enthusiastic
 - Generally positive
 - Below potential
 - Usually negative
 - Cannot report
- Comments
-

ATTITUDE TOWARD PEERS

- Relates very well
 - Usually relates well
 - Some difficulty in relating
 - Reluctant to interact
 - Cannot report
- Comments
-

CONCERN FOR OTHERS

- Genuinely concerned
 - Moderately concerned
 - Somewhat concerned
 - Indifferent
 - Cannot report
- Comments
-

EMOTIONAL STABILITY

- Consistently well-balanced
 - Usually well-balanced
 - Subject to mood swings
 - Unstable
 - Cannot report
- Comments
-

INDUSTRY

- Does more than assigned work
 - Does only assigned work
 - Needs occasional prodding
 - Works only under compulsion
 - Fails to do required work
- Comments
-

INTEGRITY

- Consistently trustworthy
 - Generally honest
 - Questionable at times
 - Not dependable
 - Cannot report
- Comments _____

LEADERSHIP

- Organizes and directs others
 - Occasionally leads others
 - Somewhat dependent
 - Follower
 - Cannot report
- Comments _____

MOTIVATION

- Highly-motivated
 - Usually motivated
 - Somewhat motivated
 - Lacks motivation
 - Cannot report
- Comments _____

RESPONSIBILITY

- Totally responsible
 - Usually responsible
 - Sometimes responsible
 - Not dependable
 - Cannot report
- Comments _____

SOCIAL SKILLS

- Good social skills
 - Average social skills
 - Below average
 - Lacking social skills
 - Cannot report
- Comments _____

TEACHABILITY

- Outstanding
 - Readily teachable
 - Slow but retains well
 - Needs repeated instruction
 - Cannot report
- Comments _____

17. If accepted, in what areas might the applicant need help or guidance?

18. Do you recommend that we accept this applicant?
 Yes With Reservation Unsure No
If other than yes, please explain:

19. Please provide any additional information that could help in the application process. Use separate sheet, if necessary.

Name and address of person filling out form:

Name: _____
Last First Middle

Address: _____
Street/P.O. Box City

Prov./State Postal/Zip Code Country

Home Phone: () _____

Cell Phone: () _____

Date: _____
MM/DD/YY

Signature

Thank you for completing this form. Please mail it directly to:
Canadian Baptist Bible College
Box 415

