



SOUTH FLORIDA CHRISTIAN COLLEGE



1125 Grant Street
West Palm Beach, FL 33407
Fax (561) 557-8973
Website: www.thelifctr.org

APPLICATION FOR ADMISSION

I hereby request admission to South Florida Christian College (SFCC); whereby, I may “study to show myself approved to God, a workman that need not be ashamed.” I submit myself to the Lordship of Jesus Christ, my Lord, and my Savior. I submit this application to South Florida Christian College in the witness of God, and in obedience to His call upon my life. I hereby declare I will fulfill His “calling” upon my life, to complete all studies as directed by the Lord and representatives of SFCC, and to enter the harvest fields, a laborer for the GOSPEL MINISTRY of Jesus Christ.

STUDENT ID # _____ (School Use Only)

PLEASE PRINT LEGIBLY

DATE OF APPLICATION: _____ SOCIAL SECURITY NUMBER: _____

HOME PHONE NUMBER: (_____) _____ CELL PHONE NUMBER: (_____) _____

DATE OF BIRTH: _____ MALE: _____ FEMALE: _____

NAME OF APPLICANT: _____
(Last) (First) (MI)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

Your acceptance package will be emailed to you.

PLEASE ENCLOSE A RECENT PHOTO AND A \$50.00 APPLICATION FEE.



SOUTH FLORIDA

CHRISTIAN COLLEGE



PLEASE SELECT DESIRED DEGREE AND AREA OF STUDY

ASSOCIATE DEGREES AVAILABLE

Associate of Biblical Studies _____

Associate of Practical Ministry _____

BACHELOR DEGREE PROGRAMS

Bachelor of Ministry in Biblical Studies _____

Bachelor of Ministry in Christian Counseling _____

Bachelor of Ministry in Christian Education _____

Bachelor of Ministry in Christian Business _____

Bachelor of Ministry in Ministerial Studies _____



SOUTH FLORIDA CHRISTIAN COLLEGE



VOCATION & WORKING HISTORY

Please list your vocational and work history beginning with your most recent first.

1. EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

City: _____ State: _____ Zip: _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION & TYPE(S) OF WORK PERFORMED: _____

2. EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

City: _____ State: _____ Zip: _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION & TYPE(S) OF WORK PERFORMED: _____

3. EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

City: _____ State: _____ Zip: _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION & TYPE(S) OF WORK PERFORMED: _____

4. EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

City: _____ State: _____ Zip: _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION & TYPE(S) OF WORK PERFORMED: _____



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CHRISTIAN COLLEGE



EDUCATION HISTORY: *Please list your educational history, starting with the high school attended, then any vocational, college, university, Bible College, or Seminary studies completed. If you did not graduate from high school, please list the number of credits that you completed. If you did not graduate from any of the colleges listed, please list the number of Credit hours completed for each college listed. Please do not list any educational history that you are unable to provide OFFICIAL DOCUMENTATION FOR!*

Name of School City and State	Years Attended (____ - ____)	Diploma, Degree Units/Credits Earned	Area of Study

SEMINAR & CEU HISTORY: *Please list any documented Seminars, Workshops, Study Courses, or Continuing Education Programs you may have attended starting with the most recent first, then going back...use additional paper if necessary.*

Name of Seminar/Training City and State	Dates Attended (____ - ____)	Certificate Earned	Number of Clock Hours

MILITARY HISTORY:

BRANCH OF SERVICE: _____ YEARS OF SERVICE: _____

TOTAL YEARS SERVED: _____ COMMISSION UPON DISCHARGE: _____

STATUS OF DISCHARGE: _____ POSITION & DUTIES: _____



SOUTH FLORIDA

CHRISTIAN COLLEGE



CHURCH HISTORY: *Please complete the following information listed below regarding your relationship with Jesus Christ, the local church you attend and any positions or responsibilities you may be involved with to support your church (Pastor; Praise and Worship, Teacher; Nursery, Helps, etc.), and any other ministries you may support or be involved with; i.e. missions, evangelism, food banks, etc. Please continue on additional paper if necessary.*

DATE YOU RECEIVED JESUS CHRIST AS YOUR LORD AND SAVIOR. _____

HAVE YOU BEEN WATER BAPTIZED? _____ DATE: _____

NAME OF THE CHURCH THAT YOU PRESENTLY ATTEND: _____

ADDRESS: _____

PASTOR'S NAME: _____ TELEPHONE:() _____

YEARS IN ATTENDANCE: _____ POSITION or RESPONSIBILITIES: _____

NAME OF THE CHURCH THAT YOU PREVIOUSLY ATTENDED: _____

ADDRESS: _____

PASTOR'S NAME: _____ TELEPHONE:() _____

YEARS IN ATTENDANCE: _____ POSITION or RESPONSIBILITIES: _____

NAME OF THE CHURCH THAT YOU PRESENTLY ATTEND: _____

ADDRESS: _____

PASTOR'S NAME: _____ TELEPHONE:() _____

YEARS IN ATTENDANCE: _____ POSITION or RESPONSIBILITIES: _____

*I hereby state that all of the information listed on this application is true and accurate as unto the Lord as my witness. I hereby grant permission to South Florida Christian College to verify all of the information listed above. I further agree to and understand that any and all "Earned" Life Credit Hours, Educational Credit Hours, and Ministry Credit Hours based upon this application are granted at the discretion of South Florida Christian College. I hereby agree and understand that I will complete all course requirements as unto the Lord Jesus Christ, and I will comply with all SFCC Policies and Financial Commitments in pursuit of academic excellence in the Word of God. I hereby further understand that all of the courses and degrees of South Florida Christian College are of an ecclesiastical nature and, whether granted or conferred, are in the restricted area of religion with the special purpose of preparing persons to work in the area of religion - whether Educational, Ministerial, or Counseling - and are **NOT** designed to be used in general academic circles.*

APPLICANT'S SIGNATURE: _____ DATE: _____



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CHRISTIAN COLLEGE



Transcript Request Form

PLEASE SEND AN OFFICIAL TRANSCRIPT OF MY RECORDS TO:

SOUTH FLORIDA CHRISTIAN COLLEGE
1125 GRANT STREET
WEST PALM BEACH, FLORIDA 33407

THIS RECORD IS REQUIRED BY SOUTH COLLEGE TO COMPLETE MY ADMISSIONS FILE.

LAST NAME FIRST MIDDLE MAIDEN OTHER LAST NAME

BIRTH DATE SOCIAL SECURITY NUMBER DATES ATTENDED OR GRADUATION DATE

CURRENT STREET ADDRESS TELEPHONE NUMBER

CITY STATE ZIP CODE

NAME OF HIGH SCHOOL/COLLEGE/SEMINARY ATTENDED OR GRADUATED FROM

ADDRESS: (STREET OR POST OFFICE BOX) CITY ZIP CODE

STUDENT SIGNATURE DATE

NOTE: FAILURE TO SUBMIT PROOF OF HIGH SCHOOL/COLLEGE/ SEMINARY TRANSCRIPTS WILL BLOCK FUTURE REGISTRATION.

Please mail this form to the school(s) where your transcripts are located.
MAKE COPIES AS NEEDED FOR ALL INSTITUTIONS



SOUTH FLORIDA

CHRISTIAN COLLEGE



Credit Card Payment

Student's Printed Name: _____

Card Holder's Printed Name: _____

Credit Card Type: Master Card _____ Visa _____ Other _____

Credit Card Number: _____

Expiration Date: _____

Total Charge Amount: _____

Date of Charge: _____

Billing Zip Code: _____

Authorized Signature: _____