



MAIL TO, ADMISSIONS

QUACHITA HILLS COLLEGE

P.O. Box 170 Amity, AR 71921 USA
870-342-6210 FAX: 870-342-9569

APPLICATION FOR ADMISSION

I. PERSONAL INFORMATION

Legal Name: Last _____ First _____ Middle _____

PERMANENT Address: Street _____ City _____ State _____ Zip _____

Country _____ Phone: _____ E-mail: _____

TEMPORARY Address: Street _____ City _____ State _____ Zip _____

Country _____ Phone: _____ E-mail: _____

Gender: Male / Female Date of Birth (MM/DD/YY): _____ Birth Place: City _____ State _____ Country _____

Marital Status: Single Married Separated Divorced Number of dependent children: _____

Applicants with children should refer to the OHC Student Handbook for applicable admission requirements.

Social Security Number: _____ / _____ / _____ Citizenship Country and State/Province _____

NON-US CITIZENS. Are you a permanent resident of the United States? **YES / NO**

If **YES**, indicate Country _____ Alien Card Number _____

If **NO**, please indicate your **Visa** type _____

Native Language: _____ Years of study in English-speaking school: _____

List languages in which you are fluent: _____

Your response to the following is voluntary and will be used in a nondiscriminatory manner consistent with applicable civil rights laws. Check one:

- Black / African American
- Native American
- Asian / Pacific Islander
- Hispanic
- White / Caucasian
- Other / Unknown

Have you ever been suspended, dismissed or asked to withdraw from high school or college? **YES / NO**

If **YES**, please give date and nature of offense: _____

Do you have an unpaid school account? **YES / NO**

School: _____ Amount Owed: \$ _____

Have you ever been convicted of any crime (other than traffic violations) or sentenced to a corrective institution? **YES / NO**

If **YES**, please give date and nature of offense: _____

Have you used alcohol, tobacco, or other mind altering drugs in the past two years? **YES / NO**

Church Membership: _____ Date of Baptism _____ Name of Pastor _____

SDA **YES / NO** Other: _____

II. ENROLLMENT

Anticipated date of enrollment: Fall Semester (August) _____ Year _____ Spring Semester (January) _____ Year _____

Applications should be submitted by the following dates: Fall - August 1; Spring - December 1.

II. ENROLLMENT (continued from page 1)

Type of enrollment: New College entrance Transfer student Auditing only

Degree Choice: Associate in Personal Evangelism Bachelor in Elementary Christian Education (choose one add'l content area)
 Associate in Christian Media Bachelor in Secondary Christian Education (choose two content areas)
 Bachelor in Theology **Content Areas:** Religion English
 Bachelor in Biblical Studies (choose one content area) Social Studies Math
 Bachelor in Christian Business Management Business Biology
 Chemistry General Science

Credit hours enrolling for: 12 or more (full time) 6-11 (half time) 1-5 (less than half time)

III. EDUCATIONAL HISTORY

Have you previously attended Ouachita Hills Academy or College? **YES / NO** Which? _____ Year(s): _____

List each Academy, College, or University you have attended, beginning with the most recent first. (use add'l sheet if necessary)

Institution	City / State / Country	Degree	Year Grade	Dates of Attendance

Tests you have taken: SAT ACT GED
 Michigan Test of English TOEFL CLEP

Please send test results to **ADMISSIONS** at Ouachita Hills College.

IV. WORK EXPERIENCE

List most recent first:

Position	Employer - Name and Address	(MM/YY) to (MM/YY)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Are you presently employed? **YES / NO**

Employer: _____ Work Phone: _____

Do you have journeyman, or higher trade skills? **YES / NO**

List skills with office or outdoor equipment with which you have had experience for 1 or more years: _____

V. REFERENCES

The enclosed **Reference Forms** must be sent to the following people. If you would like to send reference forms to others, please list their names and addresses on a separate sheet of paper. References from relatives will not be accepted.

- 1. Instructor (within the last 2-years). If home schooled, Sabbath School or Music Teacher
- 2. Minister / Pastor or Head Elder
- 3. Employer or Work Supervisor
- 4. Academy Dean or Advisor (if applicable)

Do you know anyone living at Ouachita Hills College or Ouachita Hills Academy? If so, who? _____

Who interested you in Ouachita Hills College? _____

VI. FINANCIAL

Who will be responsible for your Ouachita Hills College account?

	Phone	Relationship
Name		
	City	State/Province
Street Address	ZIP	Country

What amount of your educational fees each year do you expect to be paid by our own work? \$ _____

By outside sources? \$ _____

Are you expecting to take part in the Canvassing Scholarship Program as outlined in the OHC Student Handbook? **YES / NO**
(Students not paying tuition in advance are expected to participate in the Canvassing Program.)

VII. SELF-EVALUATION

Please answer the following questions as thoroughly and yet as briefly as possible. Use a separate sheet of paper if necessary.

1. Do you "know" Jesus Christ? **YES / NO**

2. How do you know for sure? _____

3. As you have prayed about your possible involvement as a student at Ouachita Hills College, how have you seen God working in your life?

4. Do you take time for personal Bible study and prayer? Daily Sometimes Never

5. How would you describe your familiarity with the Bible and the Spirit of Prophecy? _____

VII. SELF-EVALUATION (continued from page 3)

6. How has your study of the Bible and the Spirit of Prophecy affected your life experience? _____

7. Please respond to the following paragraph:

Ouachita Hills College seeks to provide an education founded on the Word of God as seen in the Bible and the Spirit of Prophecy. Spiritual, physical, emotional, and intellectual growth will be emphasized. Dating, competitive sports and amusements are not part of student life on our campus.

8. In a paragraph or two explain why you have chosen to seek admission to Ouachita Hills College.

VIII. APPLICANT'S SIGNATURE

When you have read and understood all the information in this **APPLICATION FOR ADMISSION** and in the **OUACHITA HILLS COLLEGE STUDENT HANDBOOK** please enter your signature and date on the appropriate lines below indicating your agreement with the principles and policies therein.

I certify that the above statements are correct and complete. I understand that incomplete or false information may make me ineligible for admission to, or continuing my education at, Ouachita Hills College.

Signature _____

Date _____