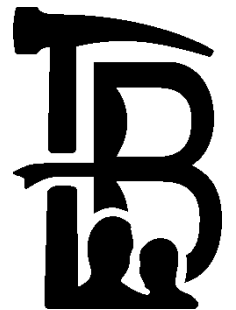


**FAITH BUILDERS  
TRAINING INSTITUTE**

***"Discipling the head, heart and hands"***

**Application for Admission**



Faith Builders Educational Programs  
28527 Guys Mills Rd  
Guys Mills, PA 16327  
814-789-4518  
814-789-3396 (fax)  
[fbep@fbep.org](mailto:fbep@fbep.org)



# **FBTI Admissions Packet**

**We welcome your application for admission to Faith Builders Training Institute.**

## **APPLICATION PROCESS**

1. Complete the application form. Answer all questions that apply to you.
2. Distribute the three reference forms to the appropriate people along with a stamped envelope addressed directly to FBEP. The person completing the reference form should mail the completed form to our admissions office. Do not use family members as references. For example, if your pastor is related to you, please use another church official. If you have recently been in college, voluntary service, or other ministry, ask a representative of that organization to complete a reference.
3. Mail the completed admissions packet to FBEP.
4. Have your official high school transcripts sent to FBEP by the school. You should also have records sent from any school attended after high school. All academic records must be sent directly from the academic institution in order to be official.
5. Have your SAT (code number 3711) or ACT (code number 3571) scores sent to FBEP. These scores are not necessary if you have 30 semester hours of transferable college credit with a GPA of 2.0 or greater, are over 24 years of age, or are an international student. We may also waive this requirement if you have studied previously at FB's Summer or Winter Terms. SAT and ACT scores should reach us by May 1.

*NOTE: The scholarship application may be submitted at the same time as the student application, but your scholarship application will not be considered until your student application has been approved. The scholarship application is a separate form available for download on [www.fbep.org](http://www.fbep.org).*

## **ADMISSIONS PROCESS**

### **Nondiscrimination**

FBEP does not discriminate on the basis of race, handicap, ancestry, national origin, age, or sex. However, we reserve the right to deny or revoke the admission of any candidate whose behavior or lifestyle is inconsistent with the doctrinal statement, biblical principles, or standards of the FB community.

### **Application Deadlines:**

December 1 and March 1

### **Application Review Schedule**

We review applications for admission in December and March. If an early review is desired, please indicate that with the application.

Unless we require additional input on an application, applicants will receive a letter of acceptance or denial by January 15 or April 15. FBEP does have a limit on the number of students who will be accepted. Early applications have the best chance of acceptance.

## **ADMISSIONS PACKET CHECKLIST**

Please include the following in your admissions packet.

- \$40 Application fee (All fees are payable in US dollars.)
- Completed application
- FBEP Health Form
- Recent personal photo – may send by email
- Christian Testimony essay page (see page four of application)

Please also arrange for the following:

- Distribute reference forms to designated persons; the completed forms should be mailed directly to FBEP
- Request a high-school transcript from your school to be mailed directly to FBEP
- Request that your high school send SAT or ACT scores directly to FBEP

Please mail your completed application to the following address:

Faith Builders Educational Programs  
ATTN: Admissions  
28527 Guys Mills Rd  
Guys Mills, PA 16327

You may also fax your completed application to 814-789-3396 or scan it and email as an attachment to [admissions@fbep.org](mailto:admissions@fbep.org).

# FBTI STUDENT APPLICATION

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Birth date: \_\_\_\_ | \_\_\_\_ | \_\_\_\_  
Last First Middle (Maiden) MM DD YYYY

Mailing address: \_\_\_\_\_  
Street or PO Box City State or Province ZIP

Telephone no: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency contact:  
 Name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_

Citizenship:  USA  Canada  Other \_\_\_\_\_

Residence:  US  US Permanent Resident  Canadian Citizen with Green Card or Student Visa  Other \_\_\_\_\_

Race or ethnicity \_\_\_\_\_

Marital status:  
 Single  
 Married Spouse's name \_\_\_\_\_ Anniversary date (mm/dd/yy) \_\_\_\_ | \_\_\_\_ | \_\_\_\_  
 Dating Friend's name \_\_\_\_\_  
 Engaged Fiancé's name \_\_\_\_\_ Wedding date (mm/dd/yy) \_\_\_\_ | \_\_\_\_ | \_\_\_\_  
 Other (please explain on separate paper)

Names / ages of dependent children: \_\_\_\_\_

Church name and affiliation: \_\_\_\_\_

Check any applying to you:  full-time missionary  minister  recent voluntary service (within one year prior to enrollment)

## FAMILY INFORMATION

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone number: (\_\_\_\_) \_\_\_\_\_  
 Deceased  Attended FBEP as a student  Full-time missionary  Minister

Mailing address: \_\_\_\_\_  
Street or PO Box City State or Province ZIP

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone number: (\_\_\_\_) \_\_\_\_\_  
 Deceased  Attended FBEP as a student  Full-time missionary

Mailing address:  (check if same as above) \_\_\_\_\_  
Street or PO Box City State or Province ZIP

## EDUCATIONAL HISTORY

School name*	Location (city, state)	Major course or subject	Dates (years)		Graduated	Degree
			From	To		
High school					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> College Prep <input type="checkbox"/> General Ed
Technical/trade					<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Other (list all)					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Aptitude test score</b>			<b>SAT:</b> Critical Reading ____ Math ____ Writing ____		<b>ACT:</b> Composite ____	

*\*If you did not complete high school, list the highest grade level completed. If you completed a GED, please send a copy with your application.*

## EMPLOYMENT HISTORY

Employer or Supervisor*	City, state	Phone number	Type of Work	Dates (years)	
				From	To

\*Include voluntary service as appropriate

**FBTI STUDENT APPLICATION**

**ENROLLMENT**

I am applying to begin studies in August \_\_\_\_\_ (YYYY).

I am applying for:

Teacher Apprenticing track

Classroom preference:

Grades 1-2

Grades 7-8

Grades 3-4

Grades 9-10

Grades 5-6

Grades 11-12

Christian Ministries track

Concentration:

Bible

Discipleship

General Studies track

Music\*

None

1 year Non-track studies

*\*Entrance requirements apply.*

*Classroom preferences and concentration selections are not binding and may be changed during the first semester of studies at Faith Builders.*

**CHRISTIAN TESTIMONY**

Summarize your relationship with your parents or legal guardian, including their attitude toward your plans to attend Faith Builders.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summarize your involvement with your local church and their attitude toward your plans to attend Faith Builders.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For each of these items, please attach a brief written response (typed or neatly written) in a paragraph of complete sentences.**

1. Describe your personal experience of coming to salvation through Jesus Christ and summarize your spiritual growth or development since your conversion.
2. Why are you interested in attending Faith Builders? Describe what you believe to be God's calling on your life and what you hope to receive from Faith Builders to develop that vision.

Please feel free to add any additional information (such as immigration issues, courtship relationships, or special considerations) you would like us to consider as we evaluate your application.

**REFERENCES**

Please give the names and phone numbers of the individuals to whom you are giving reference forms. These persons should mail reference forms directly to FBEP.

Pastor or minister \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Academic reference \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
(Teacher, Principal, Portfolio Evaluator, or Co-Teacher)

Character reference \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**AFFIRMATION AND COMMITMENT**

The primary goal for all students is development of Christ-likeness in what we call discipleship. Discipleship occurs in classes, in dorm life, at work places, and in other formal and informal situations as we discuss with one another our attitudes and actions. Since community life and spiritual growth depend on honesty, open communication, and love for others, all students must commit themselves to support of the standards at FBEP and openness to the counsel of others.

I affirm that the above information is accurate to the best of my knowledge. In addition, I commit myself to abide by the disciplines and guidelines of FBEP as well as the expectations of my home congregation. I will do my best to enhance the spiritual atmosphere of FBEP and to encourage others to do so. Should my conduct or practice be considered unacceptable, I welcome correction. I desire that FBEP maintain high moral and spiritual standards. Therefore, I voluntarily affix my signature.

Applicant Signature \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

## PASTOR'S REFERENCE FORM



Name of Applicant: \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Congregation Name \_\_\_\_\_

Pastor's Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

*Your input is important in this decision and will help us evaluate this application. Please answer frankly and to the best of your knowledge. We request your immediate attention, as the applicant will not be considered until all references are received. All information will be kept confidential. Use a separate paper to answer questions if necessary. Thank you for your help!*

1. In what ways is this person involved in the life of the church?
  
2. Describe what you know of the applicant's spiritual life.
  
3. What obstacles might you see to this person's success as a student at FB?
  
4. Limitations: Listed below are some of the tendencies which may reduce a person's effectiveness and may need to be addressed. Underline any characteristics which you have noted in the applicant.  
Impatient, intolerant, argumentative, domineering, sullen, critical  
Easily embarrassed, offended, discouraged, depressed, irritated  
Frequently worried, anxious, nervous, tense, lacking in humor  
Given to exclusive and absorbing friendships  
Given to lightness, jesting, shallowness  
Self-righteous, knows more than others, thinks his/her opinion is correct
  
5. Does the applicant come from a Christian home?
  
6. Is he or she discreet (careful) in conduct with the opposite sex?  
Has this person dated? \_\_\_\_\_ Is this person dating now? \_\_\_\_\_
  
7. Is this person respected in the community?
  
8. Have you had any occasion to question his or her morals?
  
9. Does this person uphold the standards of New Testament Christian living? \_\_\_\_\_ If the answer is yes, is this done out of obligation or personal desire?
  
10. Is this person open to correction and counsel?
  
11. We expect parents and pastors to inform us in the event that compliance with a school standard would cause their child or church member to violate a home or a church standard. We expect students to cheerfully uphold the highest standard, whether that of their home, their church, or FBEP. Do you have any expectations concerning standards that we should be aware of?
  
12. We feel it is important for students to maintain close ties with their home church. If this person comes to FBEP, would your congregation make an attempt to maintain communication? Explain.
  
13. Can you recommend this person to go to FBEP? Explain.

14. For each trait listed, underline the one statement which in your judgment best describes the applicant. If unable to respond, write "unknown" beside the trait.

<p style="text-align: center;"><b>COOPERATIVENESS</b></p> <p>Team worker: leads or follows as situation demands Works well with others Usually co-operative Prefers to work alone Frequently causes friction</p>	<p style="text-align: center;"><b>INDUSTRIOUSNESS</b></p> <p>Tireless, exceptionally hard worker Does more than the average amount of work A moderately good worker Does just enough work to pass; shirks responsibility Often fails to do required work</p>
<p style="text-align: center;"><b>SOCIAL MANNER</b></p> <p>Unusually courteous, well-mannered and poised Socially at ease Displays average social facility Lacking in social experience</p>	<p style="text-align: center;"><b>PERSONALITY ATTRACTIVENESS</b></p> <p>Exceptionally harmonious personality Friendly and pleasing in relationship with others Gets along reasonably well with others At times is unpleasant to live and work with</p>
<p style="text-align: center;"><b>DEPENDABILITY</b></p> <p>Most dependable Trustworthy; conscientious Usually fulfills obligations Reliability fluctuates Undependable</p>	<p style="text-align: center;"><b>CREATIVITY</b></p> <p>Highly creative; has original ideas Has workable ideas and applies them well Usually thinks for himself; occasionally leads out in constructive ventures Seldom thinks creatively; usually depends on opinions of others Does not think for himself; follows the crowd</p>
<p style="text-align: center;"><b>INTELLIGENCE</b></p> <p>Brilliant; exceptional mind Alert; has a good mind Average mental ability Learns and thinks slowly</p>	<p style="text-align: center;"><b>CONFIDENTIALITY</b></p> <p>Very trustworthy in confidential matters Fair judgment in confidential matters Frequently reveals confidential information to others Has a real problem in this area</p>
<p style="text-align: center;"><b>EFFICIENCY IN DUTIES</b></p> <p>Has exceptional organizational skills and accuracy Performs duties well with moderate speed and accuracy Slow worker but is accurate Works with speed but with low accuracy Fails to do work with average speed and accuracy</p>	<p style="text-align: center;"><b>EMOTIONAL STABILITY</b></p> <p>Shows exceptional stability, even under trying circumstances Usually well-controlled; appears at ease in difficult situations Fairly well-balanced Subject to moods of depression or elation Uncontrolled emotions</p>
<p style="text-align: center;"><b>PHYSICAL CONDITION</b></p> <p>Rugged and vigorous Good health Fairly healthy Somewhat below par Frequently incapacitated</p>	<p style="text-align: center;"><b>FINANCIAL MATTERS</b></p> <p>Handles finances wisely Lives within income Somewhat extravagant Does not always spend wisely Seems unable to live within income</p>
<p style="text-align: center;"><b>CHRISTIAN EXPERIENCE</b></p> <p>Profound and contagious Rich and growing Genuine but mild Relatively superficial</p>	<p style="text-align: center;"><b>RESPONSIVENESS (to feelings and needs of others)</b></p> <p>Responds with unusual insight and consideration Understanding and thoughtful Reasonably responsive Slow to sense how others feel</p>
<p style="text-align: center;"><b>LEADERSHIP</b></p> <p>An inspiring leader Easily organizes and directs others Occasionally leads in group affairs Seldom gains support from others Would never be asked to lead</p>	<p style="text-align: center;"><b>VIEW OF SELF AND OWN IDEAS</b></p> <p>Self-righteous, has high opinion of own view Expects others to accept his/her ideas Able to state personal views without expecting others to agree Keeps personal views to himself</p>

Please send form to Faith Builders, ATTN: Admissions, 28527 Guys Mills Road, Guys Mills PA 16327

## CHARACTER REFERENCE FORM

Name of Applicant: \_\_\_\_\_

Name of person filling out this reference \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_



*Your input is important in this decision and will help us evaluate this application. Please answer frankly and to the best of your knowledge. We request your immediate attention, as the applicant will not be considered until all references are received. All information will be kept confidential. Use a separate paper to answer questions if necessary. Thank you for your help!*

1. I know the applicant  extremely well  rather well  casually
2. I have known the applicant for  less than 1 year  1-3 years  3-5 years  more than 5 years
3. My relationship to the applicant is:  employer  teacher  supervisor  mentor/disciple  friend  other:
4. Is the applicant emotionally stable?  Yes  No Explain: \_\_\_\_\_
5. Does the applicant have any outstanding peculiarities or particular weaknesses?
6. Does the applicant have any remarkable talents?
7. Limitations: Below are some of the tendencies that can reduce a person's effectiveness and may need to be addressed. Underline any characteristics that you have noted in the applicant. Please indicate the form and intensity of such behavior on another sheet of paper.  
Impatient, intolerant, argumentative, domineering, sullen, critical  
Easily embarrassed, offended, discouraged, depressed, irritated  
Frequently worried, anxious, nervous, tense, lacking in humor  
Given to exclusive and absorbing friendships  
Given to lightness, jesting, shallowness  
Self-righteous, knows more than others, thinks his/her opinion is correct
8. Does the applicant come from a Christian home?
9. Is he or she discreet (careful) in conduct with the opposite sex?  
Has this person dated? \_\_\_\_\_ Is this person dating now? \_\_\_\_\_
10. Is this person respected in the community?
11. Have you had any occasion to question his or her morals?
12. Does this person uphold the standards of New Testament Christian living? \_\_\_\_\_ If the answer is yes, is this done out of obligation or personal desire?
13. Is this person open to correction and counsel?
14. I recommend this applicant for study at FBEP:  
 unreservedly  
 with reservations (please explain)  
 do not recommend (please explain)

15. For each trait listed, underline the one statement which in your judgment best describes the applicant. If unable to respond, write "unknown" beside the trait.

<p style="text-align: center;"><b>COOPERATIVENESS</b></p> <p>Team worker: leads or follows as situation demands Works well with others Usually co-operative Prefers to work alone Frequently causes friction</p>	<p style="text-align: center;"><b>INDUSTRIOUSNESS</b></p> <p>Tireless, exceptionally hard worker Does more than the average amount of work A moderately good worker Does just enough work to pass; shirks responsibility Often fails to do required work</p>
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<p style="text-align: center;"><b>DEPENDABILITY</b></p> <p>Most dependable Trustworthy; conscientious Usually fulfills obligations Reliability fluctuates Undependable</p>	<p style="text-align: center;"><b>CREATIVITY</b></p> <p>Highly creative; has original ideas Has workable ideas and applies them well Usually thinks for himself; occasionally leads out in constructive ventures Seldom thinks creatively; usually depends on opinions of others Does not think for himself; follows the crowd</p>
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Please send form to Faith Builders, ATTN: Admissions, 28527 Guys Mills Road, Guys Mills PA 16327



ACADEMIC REFERENCE FORM



Name of Applicant: \_\_\_\_\_

Name of person filling out this reference \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Your input is important in this decision and will help us evaluate this application. Please answer frankly and to the best of your knowledge. We request your immediate attention, as the applicant will not be considered until all references are received. All information will be kept confidential. Use a separate paper to answer questions if necessary. Thank you for your help!

1. I know the applicant  extremely well  rather well  casually
2. I have known the applicant for  less than 1 year  1-3 years  3-5 years  more than 5 years
3. My relationship to the applicant is:  employer  teacher  supervisor  mentor/disciple  friend  other:
4. Is the applicant emotionally stable?  Yes  No Explain: \_\_\_\_\_
5. Does the applicant have any outstanding peculiarities or particular weaknesses?
6. Does the applicant have any remarkable talents?
7. Describe what you have observed of the applicant's study habits and skills.
8. How well does this person work with others?
9. Does this person exert a positive influence on others? Explain.
10. Limitations: Below are some of the tendencies that can reduce a person's effectiveness and may need to be addressed. Underline any characteristics that you have noted in the applicant. Please indicate the form and intensity of such behavior on another sheet of paper.
  - Impatient, intolerant, argumentative, domineering, sullen, critical
  - Easily embarrassed, offended, discouraged, depressed, irritated
  - Frequently worried, anxious, nervous, tense, lacking in humor
  - Given to exclusive and absorbing friendships
  - Given to lightness, jesting, shallowness
  - Self-righteous, knows more than others, thinks his/her opinion is correct
11. Is (s)he discreet (careful) in conduct with the opposite sex?
 

Has this person dated? \_\_\_\_\_ Is this person dating now? \_\_\_\_\_
12. Have you had any occasion to question his or her morals?
13. Is this person open to correction and counsel?
14. I recommend this applicant for study at FBEP:
  - unreservedly
  - with reservations (please explain)
  - do not recommend (please explain)

15. For each trait listed, underline the one statement which in your judgment best describes the applicant. If unable to respond, write "unknown" beside the trait.

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Please send form to Faith Builders, ATTN: Admissions, 28527 Guys Mills Road, Guys Mills PA 16327

# FBEP HEALTH FORM

Information submitted on this form is kept confidential and is used only to enable staff members to assist during medical emergencies. Race, nationality, ethnic origin, gender, and disability are not factors in admissions.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

In the event of the incapacity of the individual, we will contact this person regarding medical treatment questions.

Does your church have an aid plan to help with medical expenses? \_\_\_NO \_\_\_YES

Do you have health insurance? \_\_\_NO \_\_\_YES

If yes, list Name of Company and Contact Phone Number \_\_\_\_\_

If you do not have health insurance, you are responsible for injuries or illnesses outside of FB-related causes.

Name of family physician \_\_\_\_\_

Drug allergies \_\_\_\_\_

Other allergies \_\_\_\_\_

Special diet requirements \_\_\_\_\_

Medications taking now \_\_\_\_\_

Past surgeries and year of surgery \_\_\_\_\_

Have you had a tetanus shot within the last 5 years? \_\_\_NO \_\_\_YES -- Year \_\_\_\_

Do you wear contact lenses? \_\_\_NO \_\_\_YES

Please indicate any health problems you have or have had which require(d) medication or treatment by a physician over an extended period of time:

- |                    |                                |                                  |
|--------------------|--------------------------------|----------------------------------|
| ___ Seizures       | ___ High blood pressure        | ___ Kidney disorders             |
| ___ Headaches      | ___ Gastric ulcers             | ___ Cancer                       |
| ___ Asthma         | ___ Diabetes mellitus          | ___ Arthritis                    |
| ___ Bronchitis     | ___ Low blood sugar            | ___ Dermatitis                   |
| ___ Heart disorder | ___ Gastrointestinal disorders | ___ Drug, alcohol or tobacco use |
| ___ Blood disorder |                                |                                  |

Other \_\_\_\_\_

# Request for Academic Transcript

**Applicant:** Please complete this form and send it to the high school from which you graduated and any college, university, or learning institution you have attended where you have completed classes for credit. Please be free to make additional copies if needed.

**Note:** Most schools/colleges require a transcript fee. Please contact each school/college and enclose payment when you mail this form to them.

**To:** Registrar  
Name of Institution: \_\_\_\_\_

**From:**

\_\_\_\_\_  
Name at time of attendance Years of attendance

\_\_\_\_\_  
Degree(s) earned Date of birth

\_\_\_\_\_  
Daytime phone Evening phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Please fax an official copy of my academic transcript to 814-789-3396 or mail to:

Faith Builders Educational Programs  
Admissions  
28527 Guys Mills Rd  
Guys Mills, PA 16327-0127

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date