



# **BETHESDA UNIVERSITY**

**APPLICATION FOR ADMISSION  
(INTERNATIONAL)**

Dear Applicant,

We are thankful that you have decided to apply for admission to Bethesda University (BU). Since its founding in 1976, BU has been committed to providing a biblically-centered education, encouraging scholarship, and equipping men and women in the mind and character of Christ that they may impact the world for Jesus Christ.

Students will fulfill a comprehensive foundation in the Bible, which is necessary in developing a life of worship and the ability to think as Christians within their respective disciplines.

The university seeks students who desire an education that integrates their faith to their learning. Additionally, BU reviews applicants whose Christian commitment, academic record(s), and moral character reflect the university's standards.

To apply for admission:

1. File an **Application for Admission**. Complete all pages legibly. Specify when you plan to enroll.
2. Include a **non-refundable \$50 application fee** (\$100 for international students) payable by check or money order to Bethesda University. Please include the applicant's name on the check.
3. Request **official transcripts** from your high school and from every school attended after high school graduation. If enrolled at another college/university at the time the application is filed, be sure to request transcripts of your completed units and your final transcripts upon the completion of the course of study whether it is high school or college. Transcripts must be submitted in a sealed envelope.
4. **Submit a Christian Experience essay/Personal Statement**. (Follow the guidelines given in the application).
5. You must also submit a **Medical Examination Clearance** report (simple blood & allergy test).
6. International Students must submit an **Official Bank Statement, Affidavit of Support, I-20 App Fee (\$200), F-2 Dependent Form, and proof of Health Insurance** (at the time of registration). In addition to the requirements above, F-1 students who are already in the U.S. must submit a '**Notice of Intent to Transfer**' form.
7. If you want to get your I-20 via DHL or FEDEX, additional(\$100) shipping fee will be charged.

**The Family Education Rights and Privacy Act (FERPA)**

The Family Education Rights and Privacy of 1974 permits enrolled university students access to certain credentials in their files. Bethesda University has long permitted students access to their previous educational records, such as high school transcripts and college transcripts (if the student is a transfer).

## Application Checklist

Student Name		Semester	Spring ___ Fall ___ 20___
Major		Athlete	Yes / No Sport: _____
Phone		Status	R ___ Int'l ___
Email		Primary Language	

### All Applicants

		APPLICATION FORM
		PROOF OF MEDICAL CLEARANCE
		OFFICIAL TRANSCRIPT(S)
		PERSONAL ESSAY
		COPY OF PHOTO I.D
		NON-REFUNDABLE APP FEE (\$ _____ )
		STUDENT FINANCIAL RESPONSIBILITY AGREEMENT

### Additional Documentation for INTERNATIONAL STUDENTS

		OFFICIAL BANK STATEMENT (\$20,000 minimum AND \$5,000 for each additional F-2 dependent)
		SIGNED AND NOTARIZED AFFIDAVIT OF SUPPORT (If the bank statement is not the student's)
		F-2 DEPENDENT INFO SHEET (If married)
		NON-REFUNDABLE I-20 APP FEE (\$ _____ )

### Supplementary Documentation for I-20 (TRANSFER) STUDENTS

		PREVIOUSLY RECEIVED I-20 COPY STATEMENT
		I-20 TRANSFER CLEARANCE REQUEST FORM

### Documents to be turned in at the time of the Registration

		COPY OF VISA/PASSPORT/I-94
		COPY OF MEDICAL INSURANCE POLICY WITH TABLE OF BENEFITS

*Do Not Write in the Space Below - For Office Use Only*

	LMS	Application	Admission	Acceptance Letter	I-20	Registrar
Completion						

# Application for Admission

Please write *legibly* and *complete* all sections.



Semester Applying for:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_  
 Winter 20\_\_\_\_  Other \_\_\_\_\_

## ACADEMIC DEGREE

Degree Applied For:  B.A./B.S.  M.A.  M.DIV  M.B.A  D.MIN

Program Applied For:  Certificate  ESL  Audit

Name of Intended Major: \_\_\_\_\_ Alternative Major (optional): \_\_\_\_\_

## ACADEMIC INFORMATION

Location:  Anaheim Campus  Online Degree Program (Distance Learning)

Current Status:  Exchange Student  First-Year Student

Transfer Student \_\_\_\_\_  BU Alumni (returning student) \_\_\_\_\_

## PERSONAL INFORMATION

Name (as in passport): \_\_\_\_\_  
Last or Family Name First Middle

Other Names Used: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
M D YR

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address City State Zip Country

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Country

Birthplace: \_\_\_\_\_ Marital Status: Married  Single   
City State Country

Name(s) of Parent(s) or Guardian(s) (if unmarried dependent): \_\_\_\_\_

## RESIDENCY/ COUNTRY OF CITIZENSHIP

U.S. Citizen  U.S. Permanent Resident

F1 Visa  J1 Visa  Country of Citizenship \_\_\_\_\_  Other \_\_\_\_\_

## ETHNIC IDENTITY

Asian or Pacific Islander  African American  Native American  Latin American  White  Other/Unknown

Is English your primary language?  Yes  No If no, explain \_\_\_\_\_  
(Language)

*This information will be used for purposes of statistical analysis only; it is not used in the admissions process and will have no bearing on your admission status. Bethesda University does not discriminate on the basis of race, sex, color, age, veteran status, national or ethnic origin, or disability in its admissions policies or in the administration of its college-administered programs and activities.*

## EDUCATION

High School:

\_\_\_\_\_ Name City State Country

Date Attended: \_\_\_\_\_ Did you graduate?  Yes  No

## COLLEGES/ UNIVERSITIES

1. \_\_\_\_\_  
Name City State Country

Date Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Units Earned: \_\_\_\_\_ Degree Conferred: \_\_\_\_\_

2. \_\_\_\_\_  
Name City State Country

Date Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Units Earned: \_\_\_\_\_ Degree Conferred: \_\_\_\_\_

3. \_\_\_\_\_  
Name City State Country

Date Attended: \_\_\_\_\_ Major: \_\_\_\_\_ Units Earned: \_\_\_\_\_ Degree Conferred: \_\_\_\_\_

Have you ever been dismissed or placed on academic or disciplinary probation?  Yes  No

If yes, explain the circumstances:

\_\_\_\_\_

## WHY BETHESDA?

Which was the most significant factor influencing your choice to attend Bethesda University? Check one square only.

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> BU Staff                        | <input type="checkbox"/> Pastor's referral                         | <input type="checkbox"/> Athletic |
| <input type="checkbox"/> BU Faculty                      | <input type="checkbox"/> Parent                                    | <input type="checkbox"/> Agent    |
| <input type="checkbox"/> BU Website                      | <input type="checkbox"/> Relative                                  |                                   |
| <input type="checkbox"/> BU Alumni                       | <input type="checkbox"/> Newspaper Advertisement (which one) _____ |                                   |
| <input type="checkbox"/> Current BU student/friend _____ | <input type="checkbox"/> Other _____                               |                                   |

## REFERENCES/ RECOMMENDATIONS

Each applicant is required to have **two** references (**three** for graduate applicants) submitted that attests to the student's ability and character. Please supply the names and addresses of these references. At least one must be from a pastor, teacher, or club/organization leader. Employer references are preferred.

## CHRISTIAN COMMITMENT

Bethesda University seeks Christians who are serious about their faith. The following questions, as well as a pastor's reference, will help us understand your Christian background and how Bethesda University can impact your faith.

Do you consider yourself to be a Christian?  Yes  No

Do you regularly attend church?  Yes  No How often? \_\_\_\_\_

Name of your church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Address: \_\_\_\_\_

Are you an ordained minister?  Yes  No

If yes, with whom do you hold your credentials? \_\_\_\_\_

## CHRISTIAN EXPERIENCE/ PERSONAL ESSAY

Each applicant must attach an essay to this application answering the following questions: **1. Why do you wish to attend BU? 2. If you are a Christian, how did you become a Christian? 3. What do you hope to gain from BU?** Graduate students must also include a statement on how they came to accept their call in ministry. Applicants should respond to all questions using at least 500 words. Use 8.5" x 11" (Letter Size or A4) white paper for your personal statement. Write in black ink or type using double-spaced 12-point type in a clear and legible font. Print your name on each page.

### AGREEMENT

I certify that all the information provided in my application is complete, factually correct, and honestly presented. I also certify that I am the author of the attached personal statement. I understand that Bethesda University may verify any information I have provided in my application, including my personal statement, and may deny me admission or enrollment if any information is found to be incomplete or inaccurate. If admitted to Bethesda University, I agree to abide by the university regulations and to support the values of the university.

x

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**MEDICAL EXAMINATION CLEARANCE FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Vital Signs: \_\_\_\_\_ Pulse: \_\_\_\_\_

Temperature: \_\_\_\_\_ Respirations: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

Review Systems: \_\_\_\_\_

Physical Examination: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any medical history/problems the university should know about:

\_\_\_\_\_

\_\_\_\_\_

Name of Examining Physician: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

**MEDICAL RELEASE: I hereby authorize the release of this medical information for health care purposes to the appropriate health care providers.**

If 18 or older: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 Guardian Sign: \_\_\_\_\_ Date: \_\_\_\_\_

# Student Financial Responsibility Agreement

Bethesda University

## **PAYMENT OF FEES/PROMISE TO PAY**

I understand that when I register for any class at Bethesda University or receive any service from Bethesda University I accept full responsibility to pay all tuition, fees and other associated costs assessed as a result of my registration and/or receipt of services. I further understand and agree that my registration and acceptance of these terms constitutes a promissory note agreement (i.e., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. §523(a)(8)) in which Bethesda University is providing me educational services, deferring some or all of my payment obligation for those services, and I promise to pay for all assessed tuition, fees and other associated costs by the published or assigned due date.

I understand and agree that if I drop or withdraw from some or all of the classes for which I register, I will be responsible for paying all or a portion of tuition and fees in accordance with Bethesda University's published tuition refund policy/schedule. I have read the terms and conditions of the published tuition refund schedule and understand those terms are incorporated herein by reference. I further understand that my failure to attend class or receive a bill does not absolve me of my financial responsibility as described above.

## **DELINQUENT ACCOUNT/COLLECTION**

**Financial Hold:** I understand and agree that if I fail to pay my student account bill or any monies due and owing Bethesda University by the scheduled due date, Bethesda University will place a financial hold on my student account, preventing me from registering for future classes, requesting transcripts, or receiving my diploma.

**Late Payment Charge:** I understand and agree that if I fail to pay my student account bill or any monies due and owing Bethesda University by the scheduled due date, Bethesda University will assess a monthly late payment and/or finance charges at the rate of \$20 per month on the past due portion of my student account.

**Collection Agency Fees:** I understand and accept that if I fail to pay my student account bill or any monies due and owing Bethesda University by the scheduled due date, and fail to make acceptable payment arrangements to bring my account current, Bethesda University may refer my delinquent account to a collection agency. I further understand that I am responsible for paying the collection agency fee which may be based on a percentage at a maximum of 40% percent of my delinquent account, together with all costs and expenses, including reasonable attorney's fees, necessary for the collection of my delinquent account. Finally, I understand that my delinquent account may be reported to one or more of the national credit bureaus.



## COMMUNICATION

**Method of Communication:** I understand and agree that Bethesda University uses e-mail (along with other means) as an official method of communication with me, and that therefore I am responsible for reading the e-mails I receive from Bethesda University on a timely basis.

**Contact:** I authorize Bethesda University and its agents and contractors to contact me at my current and any future cellular phone number(s), email address(es) or wireless device(s) regarding my delinquent student account(s)/loan(s), any other debt I owe to Bethesda University, or to receive general information from Bethesda University. I authorize Bethesda University and its agents and contractors to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages, and personal calls and emails, in their efforts to contact me. Furthermore, I understand that I may withdraw my consent to call my cellular phone by submitting my request in writing to Bethesda University accountant or in writing to the applicable contractor or agent contacting me on behalf of Bethesda University.

**Updating Contact Information:** I understand and agree that I am responsible for keeping Bethesda University records up to date with my current physical addresses, email addresses, and phone numbers. Upon leaving Bethesda University for any reason, it is my responsibility to provide Bethesda University with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to Bethesda University.

## FINANCIAL AID

I understand that aid described as “estimated” on my Financial Aid Award does not represent actual or guaranteed payment, but is an estimate of the aid I may receive if I meet all requirements stipulated by that aid program.

I understand that my Financial Aid Award is contingent upon my continued enrollment and attendance in each class upon which my financial aid eligibility was calculated. If I drop any class before completion, I understand that my financial aid eligibility may decrease and some or all of the financial aid awarded to me may be revoked.

If some or all of my financial aid is revoked because I dropped or failed to attend class, I agree to repay all revoked aid that was disbursed to my account and resulted in a credit balance that was refunded to me.

I agree to allow financial aid that I receive to pay any and all charges assessed to my account at Bethesda University such as tuition, fees, service fees, fines, or any other amount, in accordance with the terms of the aid.

**Federal Aid:** I understand that any federal Title IV financial aid that I receive, except for Federal Work Study wages, will first be applied to any outstanding balance on my account for tuition and fees. Title IV financial aid includes aid from the Pell Grant, Supplemental Educational Opportunity Grant (SEOG), Direct Loan, PLUS Loan, Perkins Loan, and TEACH Grant programs. I authorize Bethesda University to apply my Title IV financial aid to other charges assessed to my student account such as service fees and fines, and any other education related charges. I further understand that this authorization will remain in effect until I rescind it.

**Prizes, Awards, Scholarships, Grants:** I understand that all prizes, awards, scholarships, and grants awarded to me by Bethesda University will be credited to my student account and applied

toward any outstanding balance. I further understand that my receipt of a prize, award, scholarship, or grant is considered a financial resource according to federal Title IV financial aid regulations, and may therefore reduce my eligibility for other federal and/or state financial aid (i.e., loans, grants, Federal Work Study) which, if already disbursed to my student account, must be reversed and returned to the aid source.

### **ENTIRE AGREEMENT**

This agreement supersedes all prior understandings, representations, negotiations and correspondence between the student and Bethesda University, constitutes the entire agreement between the parties with respect to the matters described, and shall not be modified or affected by any course of dealing or course of performance. This agreement may be modified by Bethesda University if the modification is signed by me. Any modification is specifically limited to those policies and/or terms addressed in the modification.

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Student Name (please print)

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Date

---

Student Signature

# AFFIDAVIT OF SUPPORT

I, \_\_\_\_\_, residing at \_\_\_\_\_  
Name Address City State Zip Country

**Being duly sworn depose and say:**

1. I was born on (mo/day/yr) \_\_\_\_\_ in \_\_\_\_\_  
(City, State)

a. Are you a United States citizen?  Yes  No

b. If you are not a U.S. citizen, in which country do you hold your citizenship? \_\_\_\_\_  
(Country)

2. I am \_\_\_\_\_ years of age and have resided in \_\_\_\_\_ since \_\_\_\_\_  
Country Date

3. This affidavit is executed on behalf of the following person:

Name		Gender	Age
Citizen of (Country)	Marital Status	Relationship to Sponsor	
Presently resides at (Street and Number)		(City )	(State ) (Country )

Name of spouse and children accompanying or following to join person:

<b>Spouse</b>	Gender	Age	<b>Child</b>	Gender	Age
<b>Child</b>	Gender	Age	<b>Child</b>	Gender	Age
<b>Child</b>	Gender	Age	<b>Child</b>	Gender	Age

4. This affidavit is made by me for the purpose of assuring Bethesda University and the Bureau of Citizenship and Immigration Services that the person named in Item 3 will be sponsored for the following amount per year:

\$ \_\_\_\_\_ (U.S.)\*

5. I am willing and able to receive, maintain and support the person named in Item 3. I am ready and willing to deposit a bond, if necessary, to guarantee that this person will not become a public charge during his/her stay in the United States, and to guarantee that the above named will maintain his/her student status if admitted and will depart prior to the expiration of his or her authorized stay in the United States.

6. I understand that this affidavit will be binding upon me until after the person named in Item 3 has received his/her certificate or degree at our university, and that the information and documentation provided by me may be made available to the American Embassy and/or the Bureau of Citizenship and Immigration Service of the United States.

7. I am employed as, or engaged in the business of \_\_\_\_\_  
(Work/Occupation)

with \_\_\_\_\_ at \_\_\_\_\_  
Name of Company or Employer Address

8. I derive an annual income. (If self-employed, I have attached a copy of my last income tax return or bank statement which I certify to be true and correct to the best of my knowledge and belief).

\$ \_\_\_\_\_ (U.S.)

9. I have a savings deposit at (bank's name) \_\_\_\_\_

\$ \_\_\_\_\_ (U.S.)

10. I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief.

\$ \_\_\_\_\_ (U.S.)

11. I have life insurance in the sum of:

\$ \_\_\_\_\_ (U.S.)

12. With a cash surrender value of:

\$ \_\_\_\_\_ (U.S.)

13. I own real estate valued at:

\$ \_\_\_\_\_ (U.S.)

14. With mortgages or other encumbrances amounting to \$ \_\_\_\_\_ (U.S.) which is located at

\_\_\_\_\_  
Address

**Oath or Affirmation of Sponsor**

(The below portion of the form should be completed in the presence of a Notary Public.)

I, \_\_\_\_\_, by signing this contract, am under full obligation to provide the amount listed in Item 4 for the student listed in Item 3. Failure to carry out my obligation could result in the dismissal of the student from the university, as the university cannot provide for the student's expenses.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of Sponsor \_\_\_\_\_

Subscribed and sworn to (affirmed) before me this (day) \_\_\_\_\_ of (mo/day/yr) \_\_\_\_\_

at (where) \_\_\_\_\_. My commission expires on \_\_\_\_\_.

Signature of Officer Administering Oath \_\_\_\_\_ Title: \_\_\_\_\_

If the affidavit is prepared by someone other than the sponsor, please complete the following: I declare that this document has been prepared by me at the request of the sponsor and is based on all the information given to me by the sponsor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**DEPENDENT F-2 INFORMATION (SPOUSE AND CHILDREN OF F-1 STUDENT)**

Name of the Student/Applicant: \_\_\_\_\_  
Last First Middle

**If you plan to bring your family with you when you study at Bethesda University, please list each family member's name, date of birth, country of birth, country of citizenship and relationship to the student in English.**

Please answer the following questions:

1. My family will come (when): \_\_\_\_\_
2. In which U.S. consulate do you plan to apply for your visa? (city, country) \_\_\_\_\_
3. If you are already in the U.S., what kind of visa do you have? \_\_\_\_\_
4. Please list the phone number where you can be reached: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please fill out the following chart (Include copy of passport):

Family Member's Name	Date of Birth	Country of Birth	Country of Citizenship	Gender	Relationship
				Male / Female	Spouse / Child
				Male / Female	Spouse / Child
				Male / Female	Spouse / Child
				Male / Female	Spouse / Child
				Male / Female	Spouse / Child

## SEVIS PAYMENT INFORMATION

\*Indicates that the information is required.

\*NON-REFUNABLE APP FEE: \$200

Please fill out your credit card information below.

1. **Applicant's Name:** \_\_\_\_\_
2. **\*Cardholder's Name:** \_\_\_\_\_
3. **\*Card Type:**      **VISA**      **MASTER CARD**      **AMERICAN EXPRESS**      **DISCOVER**  
(Circle One)
4. **\*Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(16 Numbers in Total)
5. **\*Expiration Date (mo/yr):** \_\_\_\_\_ (Month) / \_\_\_\_\_ (Year)
6. **\*Credit Card Security Code:** \_\_\_\_\_  
(3 Numbers in Total)
7. **\*Cardholder's Street Address:** \_\_\_\_\_
8. **\*Cardholder's City/Province:** \_\_\_\_\_
9. **\*Cardholder's State:** \_\_\_\_\_
10. **\*Cardholder's Zip/Postal Code:** \_\_\_\_\_  
(U.S. Addresses Only)
11. **\*Cardholder's Country:** \_\_\_\_\_
12. Please note that there is a non-refundable application fee for all applicants.
  - \$100 for new I-20 students
  - \$50 for transfer students from a U.S university
  - \$100 extra mailing fee for shipping I-20 to foreign countries

**Charges will be applied to your debit/credit card that you have provided us from above**  
**If you'd like to use a different debit/credit card to pay for the application fee, please provide us with a new card here**

**\*\* THIS INFORMATION WILL BE KEPT CONFIDENTIAL \*\***

**NOTICE OF INTENT TO TRANSFER TO BETHESDA UNIVERSITY**

**SECTION I: To be completed by the student.**

Student Name: \_\_\_\_\_ (DOB: / / )

SEVIS ID # / I-94 #: \_\_\_\_\_

I verify that the above information is accurate and hereby authorize the Designated School Official of my current school to release my SEVIS record to Bethesda University.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**SECTION II: To be completed by the Designated School Official.**

The student named above intends to transfer to Bethesda University. In accordance with regulations of the U.S. Citizenship and Immigration Services (USCIS), please complete the certification and return this form to Bethesda University. (School Code: **LOS214F01280000**)

1. Dates of attendance at your school: (From \_\_\_\_\_ To \_\_\_\_\_)

2. SEVIS ID #: \_\_\_\_\_

3. SEVIS Transfer Release Date: \_\_\_\_\_

4. Student is currently: In Status / Not in Status

5. Is this student eligible to transfer? Yes / No

If not eligible to transfer, please provide a reason why.

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

6. Does the student have any outstanding financial obligation to your school? Yes / No

If yes, please explain: \_\_\_\_\_

**Thank you for your cooperation. Please return this form in person, by fax, or mail to Bethesda University.**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

INS School File Number / INS: \_\_\_\_\_ 214F \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Official College Seal or Stamp**



## Influences Survey (for application packet)

1. How did you hear about Bethesda University?

2. Which of these were major factors in why you became interested in Bethesda University?

...	You may mark more than one item	...	You may mark more than one item
	A) Website		H) Contact with a professor
	B) Newspaper Advertisement		I) Contact with student
	C) Radio Advertisement		J) Contact with an alumnus
	D) On-campus event (e.g., open house, concert)		K) Contact with a coach
	E) Recommendation from your church		M) Contact with a recruiter
	F) Recommendation from a pastor		N) Contact with President
	G) Recommendation from someone else		
	O) Other (specify):		

2. What do you hope to do after studying at BETHESDA UNIVERSITY (mark all that applies):

...	You may mark more than one item	...	You may mark more than one item
	A) Work in the sports industry (e.g., coach, sports marketing)		H) Teach in a pre-school
	B) Work in a law office (e.g., paralegal, legal assistant)		I) Enter or continue in full-time ministry
	C) Work in the music industry		J) Enter or continue in part-time (paid) ministry
	D) Be involved in worship ministry		K) Enter or continue in volunteer ministry (e.g., lead a Bible study, serve in children's ministry, lead small group, lead worship, etc.)
	E) Work in a business		M) Enter a bachelor's program at another school (what type and/or what school)
	F) Start or own a business		N) Enter a graduate program at another school (what type and/or what school):
	G) Direct a preschool		
	O) Other (specify):		

3. What is your religion?

- A) Christian  
 B) Jewish  
 C) Buddhist  
 D) Hindu  
 E) Moslem  
 F) None  
 G) Other: \_\_\_\_\_

4. How do you participate in your religious community (e.g., church, temple, mosque, or synagogue)?

- A) I do not regularly attend religious meetings  
 B) I do regularly attend religious meetings  
 C) I serve as a volunteer in my religious community (e.g., Sunday School Teacher, Home Group Leader, Youth Leader, Member of Worship Team)  
 D) I am a paid religious leader (e.g., minister, imam, rabbi, priest)  
 E) Other: \_\_\_\_\_