

■ Legal name \_\_\_\_\_  
FIRST MIDDLE LAST (FAMILY) SUFFIX

Preferred Name \_\_\_\_\_ Gender:  Male  Female

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YEAR

■ Current Mailing Address

ADDRESS CITY STATE ZIP COUNTRY

Home phone ( \_\_\_\_\_ ) Cell phone ( \_\_\_\_\_ ) E-mail \_\_\_\_\_

■ Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

■ If you are not a U.S. citizen, please indicate your status:

I am not in the U.S.

I am in the U.S. on a non-immigrant visa:

Visa type: \_\_\_\_\_

I am in the U.S. with an immigrant status:

U.S. Permanent Resident

Applied for U.S. Permanent Resident

Refugee/Asylee without work authorization

Other: \_\_\_\_\_

■ Ethnic Background (optional):

1. Are you Hispanic or Latino?  Yes  No

2. Regardless of your answer to question 1, please mark one or more races that you consider yourself to be:

White  Black  Asian  American Indian or Alaskan Native  Native Hawaiian or other Pacific Islander

## Enrollment Information

■ I intend to enroll  Full-time  Part-time

■ Academic term:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

■ Indicate the grade you expect to enter:  Ninth  Tenth  Eleventh  Twelfth

■ Are you requesting a residence hall reservation?  Yes  No (Unless living nearby with parents, students must live in the residence hall.)

■ Please give the complete name and address of the high school or the junior high school you are now attending or the last one you attended:

\_\_\_\_\_ Attendance Dates \_\_\_\_\_ to \_\_\_\_\_  
SCHOOL NAME MM/YY MM/YY

ADDRESS CITY STATE ZIP COUNTRY

School Phone ( \_\_\_\_\_ ) Type of School  Christian School  Homeschool  Public School  Private School  Other

# Recommendations

- Bob Jones Academy requires three recommendations from non-relatives who are at least 25 years old and have known you for the past six months: one from a church leader such as a pastor or youth pastor; one from a school official such as a principal or counselor; and one general recommendation (holds leadership role in your life such as an employer, Sunday school teacher, deacon/elder, coach, etc.) Homeschool students should substitute the school official with a second general recommendation. BJA will contact these references.

Church Leader: \_\_\_\_\_  
FIRST LAST (FAMILY) POSITION

E-mail \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE

School Official: \_\_\_\_\_  
FIRST LAST (FAMILY) POSITION

E-mail \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE

General: \_\_\_\_\_  
FIRST LAST (FAMILY) POSITION

E-mail \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE

# Billing Information and Agreement

- If you are accepted, to whom should we send the bill?  Self  Father  Mother  Other  
 If other, give the complete name and address of the person to whom the bill should go.

\_\_\_\_\_  
TITLE FIRST MIDDLE LAST (FAMILY) SUFFIX

\_\_\_\_\_  
ADDRESS CITY STATE ZIP COUNTRY

E-mail \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE

- Read and sign the statement below for the Admissions Committee to consider this application.  
**"I certify that the information given on this application is complete and accurate. I also understand that I accept financial responsibility for the payment of my account if I enroll."**

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN OR SPONSOR DATE

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT

If you wish to pay your \$45 application fee with a credit card, please complete the following.

Type of Card:  Visa  MasterCard  Discover      Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
NAME ON CARD ACCOUNT NUMBER CVV # (3-DIGIT NUMBER ON SIGNATURE PANEL)

- **Please submit** (choose one)
  - Mail to **Admissions, Bob Jones Academy, Greenville, SC, 29614**
  - Fax to **1-800-2-FAX-BJU** (outside the United States fax to **001-864-770-1323**)
  - Scan and e-mail to **admissions@bj.edu**