

APPLICATION *for entrance to Bob Jones Academy*



● Legal name: _____
last (family) first middle

Name usually called: _____ Gender: Male Female

● Date of birth: _____ Social Security Number: _____ - _____ - _____
month day year

Country of birth: _____ Country of citizenship: _____

● If you are not a United States citizen but are currently residing in the United States, please indicate your status:

Permanent resident

Non-immigrant visa: visa type: _____

Other: specify: _____

● Phone numbers: (_____) _____ home work cell fax pager other
area code number
(_____) _____ home work cell fax pager other
area code number
(_____) _____ home work cell fax pager other
area code number

● E-mail address: _____

● Current mailing address: _____
number street
_____ city state zip country

● Indicate your present marital status:

Single

Separated

Divorced and remarried

Married

Divorced

Widow or widower

● Indicate the term you plan to begin your studies:

Fall semester Year _____

Spring semester Year _____

Summer session Year _____

● Indicate the grade you expect to enter:

Ninth Tenth Eleventh Twelfth

● Are you requesting a residence hall reservation? yes no

All students must live in the residence halls unless they live nearby with their parents.

- 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:

name address

Type of school: Public Christian Private Home Other

- Please give the names of references you would like to use for recommendations. *References must be adults who are not related to you and who have known you for at least six months prior to the time of your application.*

Pastor: _____ Phone: () _____

Reference: _____ Phone: () _____

Reference: _____ Phone: () _____

- “I certify that the information given on this application is complete and accurate. I accept financial responsibility for the payment of this account according to the terms stated in the current BJA Catalog, including all costs of collection on any past due charges referred to a collection agency.”

Date: _____

Applicant's signature: _____

Signature of parent, guardian or sponsor: _____

Relationship to applicant: _____ Social Security Number: - -

Be sure to enclose your \$45 application fee.

- If you wish to pay your application fee with your credit card, please complete the following:

Name on card: _____ Account number: _____

Type of card: Visa MasterCard Discover Expiration date: _____

- Mail your completed application and the application fee to the Admissions Department, Bob Jones Academy, Greenville, SC 29614. Or, you may fax your application to us toll-free. Transmit **both sides** of the completed application to 1-800-2-FAX-BJU. (Outside the United States, fax to 001-864-770-1323.)