



CLEARWATER COLLEGE
OF BIBLICAL STUDIES

Part-Time Student Application

For Office Use Only
Student Id#:

CLASSES APPLYING FOR:	1.	2.
Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring	3.	4.
Year:	5.	6.

PERSONAL INFORMATION (PLEASE PRINT OR CHECK APPROPRIATE BOXES)			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Male	First Name:	Middle Name:	Last Name:
<input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Female			
Date of Birth (yyyy/mm/dd):	Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> US <input type="checkbox"/> Other:		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Spouse's Name:	No. of children still living at home:		
Mailing Address:	City:	Province/State:	PC/Zip:
Home Phone:	Cell Phone:	Email:	
Do you have any disabilities which require consideration? <input type="checkbox"/> Learning disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Emotional/Mental Health Condition <input type="checkbox"/> Medical Illness/Condition. Please explain:			
Are you presently on any form of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			

CURRENT CHURCH INFORMATION			
Name of Church:	Pastor's Name:		
Mailing Address:	City:	Province/State:	PC/Zip:
Church Phone:	Church Fax:	Church Email:	

EDUCATIONAL HISTORY			
Name of High School:	Date of Graduation:		
School Address:	City:	Province/State:	PC/Zip:
Post Secondary Institutions Attended:	Dates of Attendance:		
Degree/Content of Education:			

How did you hear about Clearwater College (referral, internet, ministry tour, Youth Encounter, radio, etc.)? Please explain:	
To the best of my knowledge all information I have given in this application is complete and true. I authorize Clearwater College to disclose relevant personal information collected on this form as required and I understand that the contents of this application become the property of Clearwater College.	
Applicant's Signature:	Date:

Please return this by mail to:
Clearwater College, Admissions
Box 100, Caroline, AB T0M 0M0

Or by email:
admissions@clearwatercollege.com
Or Fax: (403) 722-2459