

**INSTRUCTION SHEET**  
**FOR PROSPECTIVE STUDENTS OF LONE STAR BAPTIST COLLEGE**

**APPLICATION FORM—First Step:**

Complete the enclosed 4-page application and return it to the Admissions Office. Please include a small, good quality passport or wallet-size photo and the \$30.00 application fee. This should be a check or money order.

**HIGH SCHOOL TRANSCRIPT:**

For high school **SENIORS**: Give the enclosed Transcript Release Form and Transcript Form to your high school principal or counselor. For high school **GRADUATES**: Send the enclosed forms to your high school and have a completed transcript sent to Lone Star Baptist College promptly. In both cases, transcripts must be sent directly from the high school to Lone Star Baptist College.

**PERSONAL REFERENCES:**

Take or send a reference form and a business reply envelope to three of your friends or business associates. Each should complete this form and return it to the Admissions Office. You are not to see the information; therefore, it is not to go through your hands again. No references may be received from relatives.

**PASTOR'S PERSONAL REFERENCE FORM:**

Take the form and a business reply envelope to your pastor. If your father is your pastor, the Pastor's Reference Form should be completed by one of the following: assistant pastor, youth pastor, or the chairman of the board of deacons. He should complete this form and return it to the Admissions Office. You are not to see the information; therefore, it is not to go through your hands again.

**MEDICAL HISTORY AND REPORT FORM:**

Take the enclosed form to your medical doctor and have him fill out the appropriate section. (You may have the blood test done by another physician or your County Health Department.) You are to complete the top portion and return the medical form to the Admissions Office.

**FOR APPLICANTS OF FOUR-YEAR PROGRAMS:**

The American College Testing (ACT) scores are required for admission. See your local high school counselor about registering for these tests. We prefer that high school seniors be tested at the first or second testing dates. **The ACT college code for LSBC is 6422.** Please indicate this when you take the test so your scores will be sent directly to the Admissions Office. If you have trouble securing data locally, please write our Admissions Office.

**FOR TRANSFER APPLICANTS:**

Have official transcripts sent directly to Lone Star Baptist College from the Registrar's Office of each college, university or other school that you have attended since high school. Also have your official high school transcript sent to our office.

**ENTRANCE REQUIREMENTS:**

Married men must be at least 20 years old by registration day. Married women must be at least 19 years old by registration day. For additional requirements, see the college catalog.

**WORK SCHOLARSHIP:**

A limited number of Work Scholarships are available to dorm students only. If you would like to apply for a Work Scholarship or to know more about this program, you should write the Work Scholarship Director at the college.

**ALL ITEMS ARE REQUIRED FOR PROPER ADMISSIONS. PAPERWORK MUST BE RECEIVED BY THE ADMISSIONS OFFICE SIX WEEKS PRIOR TO REGISTRATION DAY.**

Admissions Office  
LONE STAR BAPTIST COLLEGE  
1729 Gross Road  
Mesquite, Texas 75149  
(972) 613-7833

**NOTICE TO APPLICANT:**

In all correspondence with Lone Star Baptist College, please use your full name, address, and zip code.

**INSTRUCTION AND CHECK LIST  
FOR PROSPECTIVE STUDENTS APPLYING TO  
LONE STAR BAPTIST COLLEGE**

**APPLICATION FORM:**

Complete the enclosed 4-page application and return it to the Admissions Office.

Date sent to Lone Star Baptist College: \_\_\_\_\_

**PASSPORT PHOTO:**

Please attach a small, good, quality passport photo to the application. Check with your local travel agent or photographer. Seniors may use a current wallet size senior picture.

**APPLICATION FEE - \$30.00:**

A check or money order for \$30.00 must accompany the application.

**HIGH SCHOOL TRANSCRIPT:**

For high school **SENIORS**: Give the enclosed Transcript Release Form and Transcript Form to your high school principal or counselor. For high school **GRADUATES**: Send the enclosed forms to your high school and have a completed transcript sent to Lone Star Baptist College promptly. In both cases, transcripts must be sent directly from the high school to Lone Star Baptist College.

Date given to school: \_\_\_\_\_

**PERSONAL REFERENCES:**

Take or send a reference form and a business reply envelope to **three** of your friends or business associates. Each should complete this form and return it to the Admissions Office. It would be good to stamp and put the college address on the envelope before you give it to your reference. You are not to see the information; therefore, it is not to go through your hands again. No references may be received from relatives.

Reference #1: \_\_\_\_\_

Reference #2: \_\_\_\_\_

Reference #3: \_\_\_\_\_

**PASTOR'S PERSONAL REFERENCE FORM:**

Take the form and a stamped addressed business reply envelope to your pastor. If your father is your pastor, the Pastor's Reference Form should be completed by one of the following: assistant pastor, youth pastor, or the chairman of the board of deacons. He should complete this form and return it to the Admissions Office. You are not to see the information; therefore, it is not to go through your hands again.

Date given to Preacher: \_\_\_\_\_

**MEDICAL HISTORY AND REPORT FORM:**

Make an appointment for a college physical with your doctor. Take the enclosed form to your medical doctor and have him fill out the appropriate section. (You may have the blood test done by another physician or your County Health Department.) You are to complete the top portion and return the medical form to the Admissions Office.

Appointment Date: \_\_\_\_\_

**EMERGENCY PERMIT FORM:**

This permit is required of every student. For those students under 18 years of age, the person legally responsible must sign for him. This form must be notarized and returned to the Admissions Office.

**FOR APPLICANTS OF FOUR-YEAR PROGRAMS:**

The American College Testing (ACT) scores are required for admission. See your local high school counselor about registering for these tests. We prefer that high school seniors be tested at the first or Second testing dates. If you have trouble securing data locally, please write our Admissions Office.

Test Date: \_\_\_\_\_

**FOR TRANSFER APPLICANTS:**

Have official transcripts sent directly to Lone Star Baptist College from the Registrar's Office of each college, university or other school which you have attended since high school. Also have your official high school transcript sent to our office.

Date college notified: \_\_\_\_\_

**WORK SCHOLARSHIP:**

A limited number of Work Scholarships may be available. If you would like to apply for a Work Scholarship or to know more about this program, you should write the Work Scholarship Director at the college.

**ALL ITEMS ARE REQUIRED FOR PROPER ADMISSIONS**

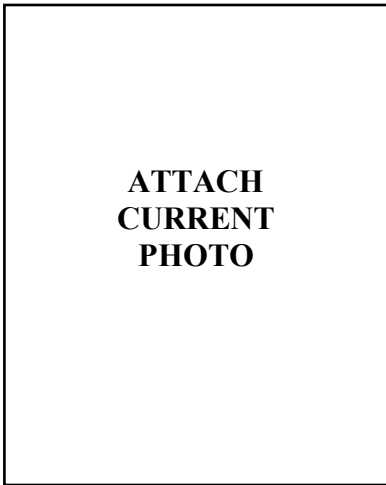
LONE STAR BAPTIST COLLEGE  
Attention: Admissions Office  
1729 Gross Road  
Mesquite, Texas 75149  
(972) 613-7833

**NOTICE TO APPLICANT:**

In all correspondence with Lone Star Baptist College, please use your full name, address, and zip code.

**LONE STAR BAPTIST COLLEGE  
APPLICATION FOR ADMISSION**

ADMISSIONS OFFICE  
LONE STAR BAPTIST COLLEGE  
1729 Gross Road  
Mesquite, Texas 75149  
(972) 613-7833



Official Use Only

Date App Rec'd \_\_\_\_\_  
App Fee Paid \_\_\_\_\_  
References \_\_\_\_\_  
Med. Form \_\_\_\_\_  
Emerg. Permit \_\_\_\_\_  
H.S. Transcript \_\_\_\_\_  
ACT Scores \_\_\_\_\_  
Coll. Transcript \_\_\_\_\_  
Dorm Fee Paid \_\_\_\_\_  
Approved \_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

*Please complete all information legibly and clearly*

Anticipated date of entrance \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer of \_\_\_\_\_ Date of Application submitted \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Area Code

Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_ I am: Deaf \_\_\_\_\_ Hearing \_\_\_\_\_

Have you ever applied to Lone Star Baptist College before? \_\_\_\_\_ When? \_\_\_\_\_

Are you presently married? \_\_\_\_\_

Will you be living on campus? \_\_\_\_\_ If yes, will you have an automobile on campus? \_\_\_\_\_

Name and address of parents or guardians \_\_\_\_\_  
\_\_\_\_\_

Name and address of the church that you attend \_\_\_\_\_ Church phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Name of Pastor \_\_\_\_\_ Pastor's home phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code

How long have you been saved? \_\_\_\_\_

What practical Christian experience do you have? \_\_\_\_\_

Was there any one person who influenced you to apply for admission at Lone Star Baptist College? If so, who? \_\_\_\_\_

# PERSONAL INFORMATION

Place of Birth \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Are you a citizen of the U.S.A.? \_\_\_\_\_

If no, what country? \_\_\_\_\_

If no, do you have a resident alien card? \_\_\_\_\_

If no, are you applying for a student visa? \_\_\_\_\_

Marital status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Annulment \_\_\_\_\_ Widow(er) \_\_\_\_\_

If married, name of spouse \_\_\_\_\_

Have you ever been divorced or had a marriage annulled? \_\_\_\_\_ If yes, please enclose a statement concerning the circumstances.

Do you have any children? \_\_\_\_\_ If yes, please list number of children \_\_\_\_\_

What is the general condition of your health? \_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ Have you ever? \_\_\_\_\_ If so, when did you last use it? \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ Have you ever? \_\_\_\_\_ If so, when did you last drink? \_\_\_\_\_

Do you attend movies? \_\_\_\_\_ Have you ever? \_\_\_\_\_ If so, when did you last attend? \_\_\_\_\_

Do you attend dances? \_\_\_\_\_ Have you ever? \_\_\_\_\_ If so, when did you last attend? \_\_\_\_\_

Have you ever used drugs? \_\_\_\_\_ If yes, how long were you on drugs? \_\_\_\_\_ When did you last use them? \_\_\_\_\_

Are there any side effects? \_\_\_\_\_

Have you ever sold drugs? \_\_\_\_\_ If yes, how long did you sell? \_\_\_\_\_ When was the last time you sold drugs? \_\_\_\_\_

Do you have a court record? \_\_\_\_\_ If yes, please enclose a statement concerning offenses and dates.

Have you ever sought psychiatric counsel? \_\_\_\_\_ If yes, please enclose a statement concerning circumstances, dates, and medications given.

Is there anything in your past life about which we should know? \_\_\_\_\_

What is your present occupation? \_\_\_\_\_ Business phone (\_\_\_\_) \_\_\_\_\_  
Area Code

What is your father's occupation? \_\_\_\_\_ Business phone (\_\_\_\_) \_\_\_\_\_  
Area Code

What is your mother's occupation? \_\_\_\_\_ Business phone (\_\_\_\_) \_\_\_\_\_  
Area Code

Are you prepared to handle your first year's expenses? \_\_\_\_\_

Are you in debt? If so, how much? \_\_\_\_\_

# EDUCATIONAL INFORMATION

Name of High School \_\_\_\_\_

City/State \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date of Graduations \_\_\_\_\_  
Area Code

If not graduated, years attended \_\_\_\_\_ Have you earned a G.E.D. \_\_\_\_\_

Was any of your high school work completed through home schooling? \_\_\_\_\_ If yes, which years? \_\_\_\_\_

If yes, which home-schooling program was used? \_\_\_\_\_

If home schooled, who will issue your diploma? (please list name of school or parents) \_\_\_\_\_

Have you taken the ACT? \_\_\_\_\_ Have your ACT scores been sent to us? \_\_\_\_\_

List any colleges previously attended:

Name	Address	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you seeking admission to any other college? \_\_\_\_\_

Have you ever been denied admission to an institute of learning on a high school or collegiate level? \_\_\_\_\_

If yes, give name of school, dates and reason: \_\_\_\_\_

How did you first hear of Lone Star Baptist College? \_\_\_\_\_

What prompted you to apply to Lone Star Baptist College? \_\_\_\_\_

What plans do you have after graduating from Lone Star Baptist College? \_\_\_\_\_

## COURSE OF STUDY (Please **check one** box to indicate the course of study you plan to take.)

- |                                       |                                       |                                      |
|---------------------------------------|---------------------------------------|--------------------------------------|
| _____ Christian Manhood/Womanhood     | _____ Associate – Pastoral Theology   | _____ Bachelor – Elementary Ed       |
| _____ Theological Studies             | _____ Associate – Theological Studies | _____ Bachelor – Secondary Ed        |
| _____ Associate – General Studies     | _____ Bachelor – Pastoral Theology    | _____ Bachelor – Music Ed            |
| _____ Associate – Elementary Ed       | _____ Bachelor – Pastoral Assistant   | _____ Bachelor – Secretarial Science |
| _____ Associate – Secretarial Science | _____ Bachelor – Missions             | _____ Bachelor – General Studies     |

## POSTGRADUATE STUDIES

- \_\_\_\_\_ Master of Ministry      \_\_\_\_\_ Master of Theology      \_\_\_\_\_ Doctor of Theology

# Salvation and God's Call for Your Life

Please write a short resume on this page about your salvation experience, your reasons for attending Lone Star Baptist College, and your call of service.

I hereby certify that this application is true and complete with no omissions in any area. I also understand that any untrue statement will make me subject to immediate dismissal from Lone Star Baptist College. Upon matriculation I agree to comply with the doctrines, rules, regulations, and financial obligations of the institution and to maintain standards of conduct in accordance with the aims and objectives of Lone Star Baptist College.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT RELEASE FORM**

The following student has applied to Lone Star Baptist College for the \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer of 20\_\_\_\_. They are requesting that their \_\_\_\_\_ college transcript \_\_\_\_\_ high school transcript be sent to the Admissions Office at Lone Star Baptist College.

**PERSONAL INFORMATION**

(to be completed by student only)

Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

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

Social Security # \_\_\_\_\_ Birthdate: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Semester/Year last attended: \_\_\_\_\_

Name at time of enrollment if different from above: \_\_\_\_\_

\*\*\* Please return the **PERSONAL INFORMATION** (given above) with the transcript that will be sent to Lone Star Baptist College

I grant permission and make request for my school, \_\_\_\_\_  
to send my academic transcript and personal records to:

**Lone Star Baptist College  
Admissions Office  
1729 Gross Road  
Mesquite, Texas 75149**

Please include A.C.T., I.Q., and other standardized test scores, if available.

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

Parent's Signature: \_\_\_\_\_  
(Required if the student is under 18 years of age)

\*\*\* This portion of the form may be retained for school records if desired.

**\*\*\*\*\* SPECIAL NOTE TO HIGH SCHOOLS \*\*\*\*\***

If this student is currently a high school senior, please send us a partial transcript of his first seven semesters. Upon the student's graduation, please send the transcript of his final semester so that we will have a COMPLETE transcript on file. The transcript must include the student's date of graduation and total number of units of credits to be considered final. Please include the official school seal/signature.

If you have any questions, please call our Admissions Office at (972) 613-7833.

Thank you for your help!



# LONE STAR BAPTIST COLLEGE

Office of Admissions and Records  
1729 Gross Road  
Mesquite, Texas 75149  
(972) 613-7833

## MEDICAL HISTORY FORM

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Marital Status \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_  
Occupation \_\_\_\_\_  
Do you intend to enroll - Part-time? \_\_\_\_\_ Full-time? \_\_\_\_\_  
Do you intend to live in the dormitories? \_\_\_\_\_

### THIS TO BE COMPLETED BY STUDENT

(Required of everyone)

#### STUDENT HISTORY

(Circle those you have had)

Drug Flashbacks	Mumps	Frequent Tonsillitis	Diabetes	Anemia
Sinus Disease	Epilepsy	Frequent Chest Colds	Measles	Thyroid Disease
Diphtheria	Rheumatic Fever	Chicken Pox	Fainting Attacks	Frequent Headaches
Arthritis	Pleurisy	Whooping Cough	Scarlet Fever	Typhoid Fever
Venereal Disease	Allergies	Frequent Head Colds	Kidney / Bladder Disease	AIDS
Pneumonia	Jaundice	High Blood Pressure	Trouble with Eyes	Liver Disease
Low Blood Pressure	Heart Disease	Malaria	Tuberculosis	Asthma
Service with USA Overseas			Weight Loss of Over 10 Pounds During Last Year	

#### FAMILY HISTORY

(Parents, grandparents, brothers, and sisters)

Allergy	Venereal Disease	Mental Disease	Brain Tumors	Diabetes
Arthritis	Epilepsy	Cancer	Tuberculosis	Leukemia
	Heart Disease	High Blood Pressure	Kidney Disease	

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History of Injuries: If any, give short account. In none, indicate "none."

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History of Operations: If any, what? If none, indicate "none."

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List any medications you take regularly:

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Have you ever sought psychiatric counsel? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain in a separate letter, including the circumstances and the medication -which was given.

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**LONE STAR BAPTIST COLLEGE**

Office of Admissions and Records  
1729 Gross Road  
Mesquite, Texas 75149  
(972) 613-7833

**MEDICAL REPORT FORM**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**THIS TO BE COMPLETED BY YOUR PHYSICIAN**

Not to be completed more than one year prior to enrollment

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Date \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Temperature \_\_\_\_\_ Pulse \_\_\_\_\_  
Vision without glasses: Right \_\_\_\_\_ / \_\_\_\_\_ Left \_\_\_\_\_ / \_\_\_\_\_  
Vision with glasses: Right \_\_\_\_\_ / \_\_\_\_\_ Left \_\_\_\_\_ / \_\_\_\_\_

**E.E.N.T.**

Heart \_\_\_\_\_ Extremities \_\_\_\_\_  
Lungs \_\_\_\_\_ Reflexes \_\_\_\_\_  
Abdomen \_\_\_\_\_ Genitals (males only) \_\_\_\_\_  
Urine: Sugar \_\_\_\_\_ Albumin \_\_\_\_\_ Microscopic \_\_\_\_\_  
TB Tine \_\_\_\_\_ Chest X-ray, if positive \_\_\_\_\_

The following blood tests **MUST** be completed: VDRL \_\_\_\_\_ CBC \_\_\_\_\_

Does this person seem physically capable of being enrolled in school? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any limitations  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CONFIDENTIAL**  
**PASTOR'S PERSONAL REFERENCE FORM**  
**LONE STAR BAPTIST COLLEGE**  
**1729 Gross Road**  
**Mesquite, Texas 75149**  
**(972) 613-7833**

**THIS AREA TO BE COMPLETED BY APPLICANT**

APPLICANT'S NAME \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CHRISTIAN CHARACTER	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
DEPENDABILITY	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
COOPERATION	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
GENERAL INTELLIGENCE	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____
ABILITY TO GET ALONG WITH OTHERS	Excellent _____	Good _____	Average _____	Poor _____	Unknown _____

IN CONSIDERING THIS APPLICANT, WOULD YOU RECOMMEND HIM?  
 YES, WITH ENTHUSIASM \_\_\_\_\_ YES \_\_\_\_\_ YES, WITH CAUTION \_\_\_\_\_ NO \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_ DOES APPLICANT PAY HIS BILLS ON TIME? \_\_\_\_\_

WOULD YOU HIRE THIS APPLICANT TO WORK FOR YOU? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

EXPLAIN \_\_\_\_\_

IS THIS APPLICANT THE KIND OF PERSON WITH WHOM YOU WOULD WANT YOUR SON OR DAUGHTER TO BE  
 CLOSE FRIENDS? \_\_\_\_\_ YES \_\_\_\_\_ NO IF NO, EXPLAIN. \_\_\_\_\_

IS THE APPLICANT FAITHFUL TO ALL PUBLIC SERVICES? \_\_\_\_\_ IS THE APPLICANT A FAITHFUL TITHER? \_\_\_\_\_

DO YOU HAVE A TEEN SOUL-WINNING PROGRAM? \_\_\_\_\_ DOES APPLICANT ATTEND FAITHFULLY? \_\_\_\_\_

IF NOT A TEENAGER, DOES APPLICANT ATTEND AN ADULT SOUL-WINNING PROGRAM FAITHFULLY? \_\_\_\_\_

LIST ACTIVITIES THE APPLICANT IS INVOLVED IN AT YOUR CHURCH: (i.e.. Bus Ministry, mow grass, Children's Church, clean church, etc.) \_\_\_\_\_

TO WHAT EXTENT DOES THE APPLICANT FOLLOW YOUR ADVICE? \_\_\_\_\_ COMPLETELY, WITHOUT QUESTION;  
 \_\_\_\_\_ COMPLETELY, WITH QUESTION, \_\_\_\_\_ FOR THE MOST PART, \_\_\_\_\_ SELDOM.

PLEASE LIST ANY SIGNIFICANT FACTORS IN APPLICANT'S BACKGROUND WHICH WE NEED TO  
 KNOW \_\_\_\_\_

PASTOR'S NAME AND CHURCH'S NAME (Please Print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 (STREET) (CITY) (STATE) (ZIP)

**NOTE: Send this form directly to the school. Do not return to the applicant!**







**LONE STAR BAPTIST COLLEGE**

1729 Gross Road  
Mesquite, Texas 75149  
(972) 613-7833

**EMERGENCY PERMIT FORM**

**Student's Name:** \_\_\_\_\_

In the event that an emergency should arise, I hereby give Lone Star Baptist College permission to authorize emergency anesthesia, surgery, and/or procedures deemed necessary.

(This permit is required of every student. For those students under 18 years of age, the person legally responsible must sign for him.)

Date \_\_\_\_\_

\_\_\_\_\_  
Signature Relationship

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Area Code Phone Number

As prescribed and sworn to before me this the \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public