



# Calvary Chapel Bible College Japan

## New Student Application

**E-mail Complete Application to:**  
 Joanna Ruiz (CCBC Japan Registrar)  
[joannanjc453@hotmail.com](mailto:joannanjc453@hotmail.com)

### Dear Applicant:

*This information, as with all of the application, will be held in strict confidence. This will not necessarily disqualify you from being accepted, however, any misleading or withheld information may lead to automatic disqualification. Please also note that your application will not be processed until the application fee is received. Please send your completed package to Joanna Ruiz, CCBC Japan Registrar, at the above e-mail address.*

Complete all parts of this application in **clear penmanship** with **blue or black ink**.

Collect all the following documents to be included in your completed application package.

- Signed & Dated Application Form
- Essay Question Responses
- \$50 Application Fee (non-refundable)
- 3 signed & sealed Reference Forms (One pastoral)
- Copy of High School Diploma, GED, California Proficiency Exam
- Official College Transcripts (if applicable)
- Wallet-size Photograph
- Liability Waiver Form
- Proof of valid Medical Insurance
- CCBC Extension Campus Transcripts (if applicable)
- TOEFL test results (Foreign Students Only)
- Financial Support Documentation (Foreign Students Only)
- Copy of Legal Permanent Resident Card (Foreign Students Only)
- Copy of Passport Information & Picture page (Foreign Students Only)



**Educational Information**

Please list all schools attended from High School to present

Name of Institution	Dates of Attendance	Degree

**Enrollment Information**

For which semester do you plan to attend? (Please check one)

Fall Semester     Spring Semester    Year \_\_\_\_\_

For which of the following are you applying? (Please check one)

On-Campus Full Time (minimum 17 credits)

Off-Campus Full Time (minimum 15 credits)

Off-Campus Part Time

For which program of study are you applying? (Please check one)

Degree - Associate of Theology

Degree - Bachelor of Biblical Studies

(Please submit evidence of Associate of Arts Degree in General Education)

Non-Degree - Certificate of Completion (credit/no credit)

Non-Degree - Audit

**Emergency Contact Information**

Contact #1 (Please indicate relationship)

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Full Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Father     Mother     Guardian     Spouse

Contact #2 (Please indicate relationship)

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Full Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Father     Mother     Guardian     Spouse

If your parents are divorced or separated, with whom do you live?

Father     Mother     Guardian

**Life Profile**

Are you a smoker or do you use tobacco products?  Yes  No

Do you drink alcoholic beverages?  No  Recovering  Occasionally  Often

Have you ever or are you currently using any illegal drugs?  Yes  No

Have you ever participated in a rehab program such as U-Turn or Teen Challenge?  Yes  No

Have you ever been involved in legal problems?  Yes  No

If yes, please explain including dates:

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Have you ever been convicted of a felony? Yes No

If yes, please explain including dates:

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Have you a personal history of violence or abuse towards others or sexual immorality?  Yes  No

If yes, please explain including dates:

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Is there any habitual sin in your life?  Yes  No

If yes, please explain including dates:

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**Christian Influences**

Please list the three Christian preachers/teachers who have most influenced your life.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Please list three Christian books (other than the Bible) that have most influenced your life. Provide both author and title.

1) Title: \_\_\_\_\_ Author: \_\_\_\_\_

2) Title: \_\_\_\_\_ Author: \_\_\_\_\_

3) Title: \_\_\_\_\_ Author: \_\_\_\_\_

## **Essay Questions**

Please complete the questions on a separate sheet of paper or document file.

### Personal Life

Describe your:

1. Personality
2. Relationships with others

List and describe your:

1. Personal Strengths
2. Weaknesses
3. Spiritual Gifts

List and describe your:

1. Talents
2. Hobbies
3. Interests

### Spiritual Life

1. Please describe your Salvation experience. How did you become a Christian? Please include an approximate date.
2. Please describe your current relationship with the Lord in terms of your devotional and prayer life.
3. Where do you attend Church? How long have you been part of this fellowship?
4. What is your current church involvement?
5. Why do you desire to attend Calvary Chapel Bible College Japan, and how do you see it enhancing your present spiritual life and future ministry plans?

### Statement of Faith

Please write a brief but concise statement of your belief regarding the following ten topics:

1. God
2. Salvation
3. Jesus Christ
4. Baptism of the Holy Spirit
5. Holy Spirit
6. Eschatology (End Time Events)
7. Sin
8. The Rapture/Millennial Kingdom
9. The Bible
10. Eternal Security

**English Skills (ESL Foreign Student Applicants only)**

What is the date of your last TOEFL test?

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

Score: \_\_\_\_\_

*You must pass the TOEFL with a score of 500 or more written, or 173 or more computer.*

**Medical Information (For Emergency Use Only)**

Calvary Chapel Bible College Japan requires that every student, who will be classified as a full time on-campus student, have a Health Insurance Policy through any term Health Insurance Provider.

Company Name: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Start Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you in good health?  Yes  No

Do you have any physical handicaps?  Yes  No

If yes, please explain:

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Do you have any communicable diseases?  Yes  No

If yes, please explain:

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Are you currently taking any prescription drugs?  Yes  No

If yes, please list what you are taking:

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When was your last complete physical examination: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

List any major illnesses you have had:

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Please place a check beside any known medical conditions and explain on lines provided below.

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Allergy- Bee Sting       | <input type="checkbox"/> Allergy - Food   | <input type="checkbox"/> Allergy - Medications | <input type="checkbox"/> Asthma         |
| <input type="checkbox"/> Asthma - On Medications  | <input type="checkbox"/> Eating Disorder  | <input type="checkbox"/> Epilepsy/Seizures     |   |
| <input type="checkbox"/> Glasses/contact lenses   | <input type="checkbox"/> Hearing Aid used | <input type="checkbox"/> Hearing Loss          | <input type="checkbox"/> Blood Disorder |
| <input type="checkbox"/> Cancer/Leukemia          | <input type="checkbox"/> Cerebral Palsy   | <input type="checkbox"/> Color Blindness       | <input type="checkbox"/> Diabetic       |
| <input type="checkbox"/> Partially sighted        | <input type="checkbox"/> Speech problems  | <input type="checkbox"/> Heart Problems        | <input type="checkbox"/> Other          |
| <input type="checkbox"/> No Known Health Problems |   |  |   |

Details & Explanations:

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**Medical Information**

Are you currently on medication or under a physician's care for physical issues?  Yes  No

If yes, please explain:

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Physician's Name:

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Have you been hospitalized or admitted to a treatment facility for any reason?  Yes  No

If yes, please explain including dates:

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Have you been, or are presently dealing with an eating disorder?  Yes  No

If yes, please explain including dates:

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Please provide Physician's name and contact information as well as medication(s) below:

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Medication(s): \_\_\_\_\_

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Have you been, or are presently under psychiatric or psychological care?  Yes  No

If yes, please explain including dates:

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Are you under a doctor's care for either mental or emotional issues?  Yes  No

If yes, please provide Physician/Psychiatrist/Psychologist Counselor's information and medication(s) below:

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

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Medication(s): \_\_\_\_\_

### **Terms And Conditions Of Enrollment**

Read the following terms and conditions of enrollment, initial each section and sign and date the bottom of the page.

#### M199 Practical Christian Ministry

I hereby understand that all students must enroll in four semesters of Practical Christian Ministry (M199). Each student serves weekly in a practical area of service. On Campus students serve an average of 8 hours per week.

Initials: \_\_\_\_\_

#### Financial Responsibility

I understand that my tuition is due and payable prior to enrollment.

Initials: \_\_\_\_\_

#### Liability Waiver and Damages Responsibility

During my attendance at CCBC Japan, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth in the liability waiver required for enrollment. I will assume all risks, I further agree to hold harmless Calvary Chapel Bible College Japan and have been informed that I am responsible of all costs of Injuries and damages.

Initials: \_\_\_\_\_

#### Policies and Procedures

I have received, read, understand and agree to be subject to the policies and procedures of CCBC Japan.

Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Calvary Chapel Bible College Japan does not discriminate on the basis of race, gender, ethnic background, native language, nationality or physical disability. Calvary Chapel Bible College Japan is an extension campus of Calvary Chapel Bible College.



### Liability Waiver & Damages Responsibility Document

Calvary Chapel Bible College Japan is operated by Calvary Chapel Ginowan in Ginowan, Okinawa with the desire to provide the most affordable cost to students who wish to attend the college. Therefore, the college does not and cannot afford to provide liability and medical insurance coverage for students attending it and the applicant, regardless of the fault of the college or not. By execution of this application and placing your initials below and submittal of the application, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth below.

Initials: \_\_\_\_\_

I understand that during my attendance at the college, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in this curricular activity. These risks include, but are not limited to personal injury (serious or otherwise), property damage and death ("Injuries and Damages") from such curricular participation.

I assume all risks inherent and occurring, whether foreseen or unforeseen, in participating in such activity as involving Calvary Chapel Bible College Japan and waive all liability against it in making the decision to be included in such curricular activity and being allowed use of the facilities (including but not limited to all rooms, open areas, dorm rooms and otherwise) for such activity. This waiver is intended by the parties to be as broad and inclusive as permitted by law. To the fullest extent by law, I also waive, discharge claims and release for liability Calvary Chapel Bible College Japan; its officers, directors, employees, agents, and leaders from any and all liability on account of, or in any way resulting from Injuries and Damages, even if caused by the negligence of Calvary Chapel Bible College Japan, its officers, directors, employees, agents, and leaders. I further agree to hold harmless Calvary Chapel Bible College Japan, its officers, directors, employees, agents, and leaders from any claims, damages, injuries or losses of any kind or nature whatsoever caused by my own negligence while participating in such curricular activity. I understand and intend that this assumption of risk, waiver and release be binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me during such curricular activity.

I have been informed that I need to provide my own coverage for medical and premises liability insurance and, that if I can not insure myself, I, alone, am responsible for all costs for Injuries and Damages.

Initial below indicating you have insurance and attach a copy of the proof of insurance to this form.

Initials: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print (Last name): \_\_\_\_\_ (First name): \_\_\_\_\_

**Pastoral and Personal References**

Three references are required for inclusion in your application package using the provided Reference Form on the CCBC website. References should be obtained from individuals who have known you well for at least one year. Please have your pastor or another leader in your church complete one Reference Form. Also two other individuals who are not related to you by blood or marriage should complete a Reference Form each. Please include all three references in your application package. You may e-mail reference forms to individuals. Individuals can send signed reference forms directly to Joanna Ruiz at [joannanjc453@hotmail.com](mailto:joannanjc453@hotmail.com). Reference forms can be downloaded off the CCBC Japan website.

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## REFERENCE FORM

## Japan Extension Campus

**Your name:**
**Applicants Name:**

1. How long have you known the applicant?

2. In what capacity have you known the applicant?

3. How long has the applicant been an active Christian?

4. Describe the evidences you see in the applicant's life that demonstrate his or her commitment to follow Christ.

5. Please circle the appropriate number on the following questions. Use the "?" if you feel your knowledge of the applicant is insufficient in that particular area.

**Responsibility – Ability to faithfully assume and carry out duties or obligations.**

?	1	2	3	4	5	6
Unknown	Not Responsible		Somewhat Responsible			Responsible

**Adaptability – Ability to adjust to changes in circumstances.**

?	1	2	3	4	5	6
Unknown		Difficult		Moderate Ability		Adapts Well

**Cooperation/Teamwork – Relates well to others in a living or work setting.**

?	1	2	3	4	5	6
Unknown	Unable to Cooperate			Reasonably Cooperative		Cooperative

**Communication – Able to express thoughts, feelings and ideas with others.**

?	1	2	3	4	5	6
Unknown	Poor Communication			Average		Communicates Well

**Spiritual Maturity – Demonstrates holiness, maturity and consistency.**

?	1	2	3	4	5	6
Unknown	Immature		Growing			Consistent Growth

**Church Involvement**

?	1	2	3	4	5	6
Unknown	Infrequent		Active			Heavily Involved

**Emotional Stability**

?	1	2	3	4	5	6
Unknown	Difficult		Average			Demonstrated Stability

**Personal Recommendation**

?	1	2	3	4	5	6
Unknown	Do Not Recommend		Recommend			Highly Recommend

6. Please state any concerns or recommendations that would assist us in the selection of this applicant.

Thank you for your cooperation in this matter. **Please return this reference online to:** joannanjc453@hotmail.com

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