



Return with \$20 non-refundable application fee to:

300 E. 27th Street | North Newton, KS 67117-8061 | 800.522.1887

Waive your application fee by bringing your application with you when you come for a campus visit.

Application for Admission and Scholarships

- When do you plan to begin at Bethel College? Fall Interterm Spring Year _____
- Classification New to college Transfer student Former Bethel student Teacher certification only
- I plan to enroll Full time (12-16 hours per semester) Part time (6-11 hours per semester) 5 hours or less per semester

Personal Data

Name	Last	First	Middle	Preferred/Nickname
Mailing Address	Street or P.O. Box		City	State
Home Phone	Cell Phone	E-mail		
If you live in Kansas, what county? _____		Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer's Phone Number _____
Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Non-U.S.	Name of Country _____		Country of Birth _____	
I you are a non-U.S. citizen, are you a permanent resident of the United States? _____				
Birth Date _____	Sex _____	Social Security Number _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	Spouse's Name _____		Maiden Name _____	
Church Name (Optional) _____		Denomination (Optional) _____		
Address _____				

Voluntary Section

These questions are voluntary and do not in any way influence your acceptance to Bethel

This voluntary information will be used in a nondiscriminatory manner, consistent with applicable civil rights laws

I wish to be identified as Hispanic, Latino or of Spanish origin. Yes No

I wish to be identified as one or more of the following racial categories.

- White American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander

Family Data

Father's Name _____	Occupation/Employer _____			
Mother's Name _____	Occupation/Employer _____			
Parent E-mail _____	Cell Phone(s) _____			
Parent's Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Do you live with <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Other Living Situation				
Parent's or Guardian's Address _____				
(If different from your own)	Street	City	State	ZIP
Other Family Members	Relationship	Date of Birth	Grade in School	Year of H.S. Grad

Have any members of your family attended Bethel? Yes No

Name	When	Relationship to You

Education

List all high schools and colleges attended. (if more room is needed, use an additional sheet.)

_____	<input type="checkbox"/> H.S. <input type="checkbox"/> College _____	_____
Name	City/State	Dates Attended
_____	<input type="checkbox"/> H.S. <input type="checkbox"/> College _____	_____
Name	City/State	Dates Attended
_____	<input type="checkbox"/> H.S. <input type="checkbox"/> College _____	_____
Name	City/State	Dates Attended

ACT/SAT

I have taken the ACT test Date _____ Score _____ SAT test Date _____ Score _____

I plan to take ACT test Date _____ Score _____ SAT test Date _____ Score _____ I have not taken ACT test/SAT test

Interest Information

Have you tentatively decided on an educational major? Yes No

If yes, what area(s)? _____ If no, what academic area(s) are of interest to you now? _____

List high school achievements and activities _____

List any college activities in which you plan to participate (athletics, music, drama, forensics, etc.) _____

Reason for wanting to attend Bethel _____

From what source(s) did you learn about Bethel? _____

I have applied or plan to apply for admission to the following other colleges and universities _____

Hometown newspaper _____
Name City State

I give Bethel permission to release news about me Yes No

References

Teacher/Counselor

Name Title Daytime phone

Address Street City State ZIP

Personal (employer/pastor)

Name Title Daytime phone

Address Street City State ZIP

Signature and Authorization for Release of High School Records

With your permission we will request your high school records. Transfer and pre-college students should contact each college or university attended to request that an official transcript be sent directly to Bethel College.

I authorize _____ to release my academic transcript (including ACT/SAT scores) to Bethel College.

Date of high school graduation or GED test _____

My signature below certifies that the information provided is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

Bethel admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded to students at the school. It does not discriminate on the basis of race, color, sex, handicap, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school-administered programs.