

# Southern Methodist College

Post Office Box 1027, Orangeburg, SC 29116-1027

## APPLICATION FOR ADMISSION

This application should be completed and returned to the Office of Admissions at least 30 days prior to the registration date with a \$25 non-refundable processing fee.

\*Please attach a recent photo of yourself which will not be returned.

### FOR OFFICE USE ONLY

_____ Date Received	_____ Pastor Reference
_____ Date Processed	_____ High School Transcript
_____ Fee Received	_____ College Transcript
_____ Essay	_____ Health Certificate
_____ General Reference	_____ Other _____
_____ General Reference	_____ Accepted

**NOTE:** The philosophy of Southern Methodist College focuses on the development of the whole person (see Luke 2:52). To accomplish this purpose the College expects the students to comply with its rules and regulations. These will be explained during orientation and are set forth in the Student Handbook. For more information please contact the Office of Admissions.

### PERSONAL INFORMATION

Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Miss \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Preferred \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Male  Female

Place of Birth \_\_\_\_\_ Of what country are you a citizen? \_\_\_\_\_

**Ethnic Origin:** *Southern Methodist College does not discriminate on the basis of age, gender or ethnic origin. The Office of Civil Rights, Dept. of Education, requires that we furnish the following information, and it is used for statistical purposes only.*

Asian  American Indian or Alaskan Native  Black or African American  Hispanic or Latino

Native Hawaiian or Other Pacific Islander  White  Other \_\_\_\_\_

Email Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Place of Employment \_\_\_\_\_

Have you been arrested and/or convicted of a public crime?  Yes  No If Yes, explain on a separate sheet of paper.

Marital Status (Please check one):  Single  Married  Divorced  Divorced & Remarried  Separated  Widowed

Name of Spouse (if married) \_\_\_\_\_

OR  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Person to be contacted in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date Graduated or Dates Attended \_\_\_\_\_  
High School \_\_\_\_\_  
College \_\_\_\_\_  
College \_\_\_\_\_

**Note:** Please have each of the above institutions send an official copy of your transcripts to Southern Methodist College.

**ENROLLMENT PLANS**

I am applying as  a day student  an evening student (*must be 25 years of age or older to apply for the evening program*).

Are you applying for a dormitory reservation?  Yes  No

**Note:** All students under twenty-one years of age must live in the College dormitories unless they are married or live nearby with close relatives.

When do expect to begin?  Fall (August)  Spring (January) 20\_\_\_\_\_

What is your educational objective? (Please check only one box below).

**BACHELOR of ARTS DEGREE in BIBLE**

**ASSOCIATE of ARTS Degree in:**

**With a Minor in:**

General & Religious Education

- Pastoral Studies (*Pre-seminary*) (Day Program)
- Missions (Day Program)
- Christian School Education (Day Program)
- Youth Work (Day Program)
- Christian Ministries (Day or Evening Program)

**SPECIAL Certificate Programs:**

- One Year Certificate in Biblical Studies
- Basic Certificate in Pastoral Education (MAP)
- Advanced Certificate in Pastoral Education (MAP)

**With a Double Major in:**

- Leadership & Ethics (Evening Program)

**CHURCH AFFILIATION**

What church do you call home? \_\_\_\_\_

Address \_\_\_\_\_

Mailing \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Attendance Status: (Please check one)  Member  Associate Member  Regular Attendee  Occasional Attendee

**CHRISTIAN LIFE AND VOCATION**

Have you made a commitment and profession of faith in Jesus Christ as Savior and Lord? \_\_\_\_\_

Approximately what year? \_\_\_\_\_ Are you presently involved in Christian service? \_\_\_\_\_ How? \_\_\_\_\_

How do you feel that Southern Methodist College will benefit you personally and professionally? \_\_\_\_\_

Do you respect the College's Biblical Foundations doctrinal statement and agree to abide by its Christian Code of Conduct? \_\_\_\_\_

**FINANCIAL INFORMATION**

How do you expect to finance your education?

- From your own income  Parents, relatives  Outside employment  Need-based Scholarship  Academic Scholarships  Other

Will you seek aid through Southern Methodist College?  Yes  No

Are you a legal dependent?  Yes  No *Legal dependents for these purposes are those whose parents claim them on Form 1040 or equivalent.*

Who will be responsible for the student's account?

Name \_\_\_\_\_

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

Signature of person responsible for account \_\_\_\_\_ Date \_\_\_\_\_

**REFERENCES**

NAME	ADDRESS	CITY/STATE	ZIP
Pastor _____	_____	_____	_____
General _____	_____	_____	_____
General _____	_____	_____	_____
General _____	_____	_____	_____

**Special Note:** According to the public law you have the right to review the reference forms received by Southern Methodist College after your enrollment, if you so desire. However, in order to obtain a more accurate evaluation of the applicant, Southern Methodist College requires that this information remain confidential and that you waive this right by signing the following statement:

I understand that I am waiving my right under public law to review any of my reference forms.

_____ Signature of Applicant	_____ Date
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**FOR OUR INFORMATION**

How did you hear about Southern Methodist College? Check the appropriate one(s):

- Radio/Television ad   
 Newspaper ad   
 College Fair   
 Guidance Counselor   
 Brochure   
 Friend  
 SMC Student   
 SMC Personnel   
 Alumnus   
 Pastor/Church Bulletin   
 Other \_\_\_\_\_

Please give the names and relationship of any immediate family who have been or are now students at Southern Methodist College:

\_\_\_\_\_

\_\_\_\_\_

**CHRISTIAN EXPERIENCE ESSAY**

Using a separate sheet of paper, give the details on the following phases of your Christian life: (1) personal history; (2) conversion to Christ; (3) personal spiritual development; (4) involvement in Christian service; (5) educational and career objectives. This paper should be two to three pages in length.

**Please check application carefully**—all questions must be answered and processing fee must be submitted before the application can be considered or processed.

**Have you:**

- |  |                              |                             |                                  |
|--|------------------------------|-----------------------------|----------------------------------|
| Answered all questions and reviewed application?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Will do |
| Requested your high school transcript be sent to Southern Methodist College? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Will do |
| Requested any college transcripts be sent to Southern Methodist College?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Will do |
| Applied for Veterans Educational Benefits? (If applicable)                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Will do |
| Had health certificate completed and sent to Southern Methodist College?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Will do |
| Completed and submitted Christian Experience Essay with application?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Will do |

_____ Signature of Applicant	_____ Date
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The parent or guardian of the student making application must sign in the space provided below unless the applicant is over twenty-one years of age or is entering the institution under Veterans benefits.

_____ Signature of Parent or Guardian	_____ Date
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If signature is that of legal guardian, the following information is necessary:

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

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