

* **Health** *

How is your general health? Good Fair Poor

Do you have any physical limitations or medicine we should know about? YES NO

If yes, please explain: _____

* **Church** *

Pastor's Name: _____

Church: _____

Denomination: _____

Address 1: _____

Address 2: _____

City: _____ Province/Territory: _____

State: _____ Zip: _____ Country: _____

Pastor's email address: _____

Are you a member of this church? YES NO If yes, how long member? _____

Have you been baptized? YES NO Explain what is 'baptism' _____

Do you attend faithfully every week? YES NO If no, explain: _____

List church activities in which you participate? _____

* **Education** *

Education Level Completed (Please circle): Primary (Elementary) Secondary (High School)

Associate's Bachelor's Master's Doctorate

Beginning with most recent, list all schools (high school, colleges, universities) you attended.

Name of School City, State Degree or Major Years Graduated?

Name of School	City, State	Degree or Major	Years	Graduated?

* **Finances** *

Funding:

USA Government prohibits all F-1 students from working in your first year so you must attach proof of income with this application (bank statements, affidavit, or letters from sponsors). We are a small college and **unable** to provide scholarship or financial assistance, or work at campus.

Please list how you plan to fund your education: _____

* **Enrollment** *

I would like to attend CBDC because: _____

WHEN DO YOU WANT TO ENROLL? _____

(Please send your application around six weeks before August 16th or January 16th)

CHECKLIST:

(Please keep it with you, do not include in the mail)

REQUIRED (Please put them with your application):

- Written Salvation Testimony
- Application Fee of \$35.00 (CHECK or MONEY ORDER: Pay to the order of Capital Baptist Deaf College) (*You can use Western Union to wire the money, contact Registrar*)
- Letters of personal reference
- Pastor reference
- Copy of High School Diploma or Certification
- Copy of English level completed (*TOEFL or any English tests result*)
- College/University transcript
- Proof of financial support (*bank statements, affidavit, or letters from sponsors*)
- Statement from spouse approving your attendance (*for married only*)

CONTACT INFORMATION:

Capital Baptist Deaf College
Office of Registrar
360 Ednor Road
Silver Spring, MD 20905

Dan Nemeth
Email: HVBDC@aol.com
(301) 830-6557 (VP/Voice)
Website: <http://www.deafbiblecollege.com>