



\* **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: \_\_\_\_\_

Pastor's email address: \_\_\_\_\_

Church: \_\_\_\_\_

Denomination: \_\_\_\_\_

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

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

Are you a member of this church?    Yes    No    If yes, how long church member? \_\_\_\_\_  
\_\_\_\_\_

Do you attend faithfully every week?    Yes    No    If no, explain: \_\_\_\_\_  
\_\_\_\_\_

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

List church activities in which you participate? \_\_\_\_\_  
\_\_\_\_\_

\* **Education** \*

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

**Please request college/university transcript each to be sent directly to us.**

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

\* **Finances** \*

Circle how do you plan to support yourself:    Personal savings            Off-campus work            SSI/Welfare            Others

If other, please explain: \_\_\_\_\_

\_\_\_\_\_

Circle your debt situation (How much you owe):    No debt                            some debt                            Heavy in debt

\* **Enrollment** \*

I would like to attend CBDC because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHEN DO YOU WANT TO ENROLL? \_\_\_\_\_

*(Please send your application around six weeks before August 16<sup>th</sup> or January 16<sup>th</sup>)*

## **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
- College/University transcript (*if needed*)
- 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](mailto:HVBDC@aol.com)  
(301) 830-6557 (VP/Voice)  
Website: <http://www.deafbiblecollege.com>