



# THE KING'S UNIVERSITY

## THE KING'S COLLEGE

Jack W. Hayford, Founder

OFFICE OF ADMISSIONS  
14800 Sherman Way, Van Nuys CA 91405-2233  
Phone: 818-779-8040 • Fax: 818-779-8429

Please attach  
a 2½" x 3" glossy  
head and shoulders  
photograph

## APPLICATION FOR ADMISSION

### INSTRUCTIONS

1. Please type or print (in ink) all information requested.
2. Submit Application with a non-refundable \$75 application fee.
3. Have official transcripts from high school and colleges sent directly to The King's University, Office of Admissions.

I request admission for:

- Fall Quarter     Winter Quarter     Spring Quarter     Summer Quarter     Year \_\_\_\_\_
- Full Time     Part Time
- New Student     Transfer Student     Re-Admitted Student     On-line Student Only

### BIOGRAPHICAL INFORMATION

Name \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN

Preferred First Name \_\_\_\_\_

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

Mailing Address if different from Above:

\_\_\_\_\_  
\_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Gender  Male  Female

Date of Birth (MM/DD/YY) \_\_\_\_\_ Place of Birth \_\_\_\_\_

CITY STATE NATION

**Marital Status**    Never Married                       Separated                       Re-Married  
 Married     Divorced                       Widowed

Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**Prior Military Service?**    Yes    No    If Yes, please specify:    Army    Navy    Airforce    Other \_\_\_\_\_

**Ethnicity**                       Nonresident Alien                       Hispanics/Latinos of any race  
 American Indian or Alaskan Native     Asian     Black or African-American     White  
 Native Hawaiian or Other Pacific Islander     Two or more races     Other \_\_\_\_\_

**List languages other than English that you speak fluently:** \_\_\_\_\_

**Citizenship**     U.S. Citizen     Permanent Resident Alien     Non-Immigrant     Visa Type \_\_\_\_\_

If not a US Citizen, *Please attach a notarized photocopy of your visa.*

## **EDUCATIONAL AND EMPLOYMENT INFORMATION**

High School \_\_\_\_\_ Date Graduated \_\_\_\_\_

Address \_\_\_\_\_

Rank in Class \_\_\_\_\_ out of \_\_\_\_\_ High School GPA \_\_\_\_\_

SAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_ Date taken \_\_\_\_\_

GED Date \_\_\_\_\_ Place \_\_\_\_\_

*List in order of attendance all post-secondary schools attended*

Name of College/University	City	State	Dates		Major Field of Study	Number of Hours Completed / GPA
			From	To		

Are you currently employed?    Yes    No    How many hours do you work weekly? \_\_\_\_\_

Name of Company \_\_\_\_\_ Current Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Telephone Number of Supervisor (\_\_\_\_) \_\_\_\_\_

How long have you held current position? \_\_\_\_\_

*Starting with current employment list employment history*

Company	City	State	Position	Dates	
				From	To

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## PROGRAM SELECTION

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For which program are you applying?  Bachelor of Theological Studies

**Declared area of Concentration:**  
Please choose one.

- |  |   |
|--|---|
| <input type="checkbox"/> Christian Ministries    | <input type="checkbox"/> Internet Ministry*       |
| <input type="checkbox"/> Biblical Studies*       | <input type="checkbox"/> Music and Worship*       |
| <input type="checkbox"/> Christian Education     | <input type="checkbox"/> Urban Ministries*        |
| <input type="checkbox"/> Biblical Counseling     | <input type="checkbox"/> Messianic Jewish Studies |
| <input type="checkbox"/> Evangelism and Missions |   |

\*Van Nuys Campus Only

- |  |   |
|--|---|
| <input type="checkbox"/> Associate of Christian Ministries |   |
| <input type="checkbox"/> Certificate                       | <input type="checkbox"/> Biblical Studies             |
|  | <input type="checkbox"/> Christian Ministry           |
|  | <input type="checkbox"/> Messianic and Jewish Studies |

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## SPIRITUAL DATA

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What church do you currently attend? \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Full Official Title of denomination/Fellowship \_\_\_\_\_

Are you a member?  Yes  No      Years of attendance \_\_\_\_\_

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## REFERENCES

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Please list two (2) persons, other than family members, who have known you for at least one year and whom The King's College may contact for supplementary information.

Name \_\_\_\_\_ Relationship/Position \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship/Position \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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## PERSONAL STATEMENTS

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On a separate sheet of paper, briefly share your spiritual pilgrimage. Please include your salvation experience, your family's church background and spiritual background, the major traumas that have occurred in your life or that of your family, your key growth and development points with the Lord, and your current participation/involvement in your local church. Please be specific. Your essay should be approximately two to three pages (single spaced) in length. This important essay will constitute a sample of your English grammar /composition skills, and your ability to communicate clearly in written form.

Have you ever undergone psychological counseling?  Yes  No

If yes, please include explanation on separate sheet.

Have you ever been convicted of a felony?  Yes  No

If yes, please include explanation on separate sheet.

What are your educational and ministry goals and how do you perceive that The King's College can help you attain these goals? Please include explanation on separate sheet.

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## FINANCIAL INFORMATION

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How do you plan to pay for your education?

- Personal Funds       Federal Title IV Funding       Active Duty Military Assistance       VA Benefits
- Vocational Rehabilitation: Type \_\_\_\_\_
- Scholarship: Define the scholarship you have \_\_\_\_\_
- Other \_\_\_\_\_
- 

The King's College may require a personal interview, psychological testing, or other information in order to process your application for admissions.

I hereby apply for admission to **The King's College** and certify that to the best of my knowledge the information given in this form is correct. If admitted, I will uphold and abide by all the regulations and standards of **The King's**, including the Standards of Conduct. I understand that confidential forms may be requested of persons named in this application. Such forms will be returned directly to the Admissions Office with the understanding that their contents are not available to me. I hereby waive my right to their content. I understand that the information contained in my application and student file is available to the faculty and administration of The King's for evaluation and advisement purposes.

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*Signature*

*Date*

The King's College admits students without regard to race, color, sex, national or ethnic origin, handicap or disability, age, marital or veteran status.

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## APPLICATION CHECKLIST

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- |   |  |
|---|--|
| <input type="checkbox"/> Completed application with attached essays               | <input type="checkbox"/> Attached photograph     |
| <input type="checkbox"/> Official transcripts requested from all schools attended | <input type="checkbox"/> \$75.00 Application Fee |

Please submit this completed application to:

The King's University, Office of Admissions  
14800 Sherman Way, Van Nuys, CA 91405-2233  
Phone: 818-779-8040 • Fax: 818-779-8429 • [admissions@kingsuniversity.edu](mailto:admissions@kingsuniversity.edu)

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## OFFICE USE ONLY

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Date Received \_\_\_\_\_ Application Fee Received \_\_\_\_\_

The King's University 05/10