



Dear Applicant,

Thank you for your interest in our school! We are excited that you are considering CBI and want to be available to answer questions and assist you in the enrollment process.

Please keep in mind that the purpose of Cornerstone Bible Institute is to equip men and women to serve the Lord in full time Christian living, whether or not that includes Christian ministry as a career. We anticipate that our students be willing to work hard, accept responsibilities, and be serious about their study of the Scriptures. We recognize that CBI is not for everyone. However, if you have a teachable spirit and an open heart to walk with Christ, we would welcome you.

As you complete the application packet, please follow these instructions:

- Fill out and complete the Application form, including a written testimony on a separate sheet of paper.
- Fill out the Emergency Authorization form.
- Along with a non-refundable \$25 application fee, return these items to CBI.
- Give References to appropriate people.
- Complete the Medical History form. Have your doctor review this and complete the Physical Examination form.
- Copy and send Transcript Request to your high school and any post- secondary school you have attended.

Applications are to be received no later than July 15 for the fall semester or November 15 for the spring semester. This will allow time to get necessary references and transcripts and to act on the application, so we may give you an answer in time for you to get ready for school.

Should you have any questions about our school or the application process, please call or Email our office and we will assist you.

Cornerstone Bible Institute
Admissions Department

PO Box 1158, Hot Springs, SD 57747
Office: 605.745.6878
Fax: 605.745.4421
Email: Corbible@gwtc.net
President: Corlib@gwtc.net
www.cornerstonebibleinstitute.com

Student # _____
Assigned by CBI)



CORNERSTONE
BIBLE INSTITUTE
P. O. Box 1158* Hot Springs, SD 57747
(605) 745-6878

**Attach
Recent
Photo
Here**

Semester you wish to enter:
 Fall 20____
 Spring 20____

Application for Admission

G E N E R A L	Legal Name: _____ <small>First Middle Last</small>	Nick name: _____
	Mailing Address: _____ <small>Street City State Zip</small>	
	Home Telephone: _____	Email Address: _____
	Other Numbers: _____	
	Date of Birth: _____ Social Security # _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	National Citizenship : _____	
	Under what citizen status will you enroll? <input type="checkbox"/> USA Citizen <input type="checkbox"/> Non-resident Alien <input type="checkbox"/> I-20	
	Are you a US military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you expect to receive VA benefits while your are a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	P E R S O N A L	Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed* <input type="checkbox"/> Divorced* <input type="checkbox"/> Separated* <input type="checkbox"/> Widowed/remarried* <input type="checkbox"/> Divorced/remarried* (*On a separate paper, please write details of dates and circumstances.)
Single Applicants		
Name of Parents or Guardians: _____		Telephone: _____
Address: _____		
Are they in favor of you attending CBI? <input type="checkbox"/> Yes <input type="checkbox"/> No With whom do you live? _____		
Are you dating or courting anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , the relationship is: <input type="checkbox"/> serious <input type="checkbox"/> casual <input type="checkbox"/> sporadic <input type="checkbox"/> just friends		
If engaged: name of fiance/fiancee: _____		
Is she/he a believer? <input type="checkbox"/> Yes <input type="checkbox"/> No planned date and place of wedding: _____		
Married Applicants		
Name of spouse: _____		Date of marriage: _____
Is your spouse in favor of you attending CBI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your spouse plan to take classes? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> No	
Does your spouse plan to be employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your spouse been involved in a previous marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Names and ages of children: _____		
S P I R I T U A L	Have you trusted Christ as your personal Saviour? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	
	Name of your home church: _____	
	Address: _____	
	Church Denomination or Affiliation (please be specific): _____	
	How long have you attended this church? _____	Number of services per week? _____ Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No
If home church is not established, please explain: _____		
B A C K G R O U N D	Are you or have you been involved in use of tobacco, drugs, alcohol, or occultism? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have a record with any law enforcement agency or court, including traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you a member of any secret fraternal societies, orders, or lodges? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes to any of these questions, please explain in your testimony.</i>		

ACADEMIC	Name of high school: _____ Year of Graduation: _____												
	Address: _____												
	Type of school: <input type="checkbox"/> Public School <input type="checkbox"/> Home School <input type="checkbox"/> Private Christian <input type="checkbox"/> Other Private School												
	Check all that apply: <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Post-secondary School <input type="checkbox"/> Post-secondary School Graduate												
ENROLLEMENT	List any post-secondary schools you have attended:												
	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 60%; border-bottom: 1px solid black;">Location</th> <th style="text-align: left; width: 20%; border-bottom: 1px solid black;">Dates Attended</th> <th style="text-align: left; width: 20%; border-bottom: 1px solid black;">Degree Earned</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Location	Dates Attended	Degree Earned	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Location	Dates Attended	Degree Earned										
	_____	_____	_____										
_____	_____	_____											
_____	_____	_____											
As things stand now, in which of our programs do you wish to enroll? <input type="checkbox"/> 1 year <input type="checkbox"/> 3 year													
Do you intend to enroll <input type="checkbox"/> Part time (less than 15 units) or <input type="checkbox"/> Full time (15 or more units)?													
Are you currently considering any other schools? <input type="checkbox"/> Yes <input type="checkbox"/> No How did you learn about CBI? _____													
Who most influenced your decision to apply? _____													
EMPLOYMENT	What is your present occupation? _____												
	Have you ever been dismissed from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain reason _____												
	What job skills do you have? _____												
FINANCIAL	How do you expect to finance your education? <input type="checkbox"/> Parents <input type="checkbox"/> Work <input type="checkbox"/> Work Scholarships <input type="checkbox"/> Savings <input type="checkbox"/> Loans <input type="checkbox"/> VA Benefits <input type="checkbox"/> Other (please explain): _____												
	Will you have any indebtedness at the time of enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain amount and payment arrangements: _____												
	On registration day, will you be able to pay the amount indicated in the financial regulations in the CBI catalog? <input type="checkbox"/> Yes <input type="checkbox"/> No												
DOCTRINAL	Have you read the doctrinal statement of CBI? <input type="checkbox"/> Yes <input type="checkbox"/> No												
	Please indicate your stand in relation to this doctrinal statement:												
	<input type="checkbox"/> I am in total agreement with the doctrinal statement.												
	<input type="checkbox"/> I do not understand the following: _____												
<input type="checkbox"/> I am in disagreement with following: _____													
<input type="checkbox"/> I have not formed an opinion about the following: _____													
REFERENCES	Please list four persons (adults over 21, not relatives) who can complete reference forms for you. Give them the appropriate forms to complete and <u>stamped, addressed envelopes</u> to submit these references to: Admissions Office, Cornerstone Bible Institute, PO Box 1158, Hot Springs, SD 57747. Please include name, mailing address, phone number and Email.												
	Pastoral Reference: _____												
	Educator Reference (if out of school more than 2 years, name employer): _____												
	General Reference: _____												
	General Reference: _____												

Application Checklist

- The \$25 application fee (US funds)
- A picture of yourself
- A written testimony explaining the dates, details and circumstances of your salvation, and in what you trust for your salvation

Signature

My signature indicates that the information I have provided in this application is complete and accurate.

My signature also indicates that I am willing to abide by the standards of Cornerstone Bible Institute and desire to live a lifestyle that is honoring to my Savior, Jesus Christ.

Signature _____

Date _____

Signature of parent or guardian _____
(if applicant is under 21)

Date _____



CORNERSTONE
BIBLE INSTITUTE

P. O. Box 1158* Hot Springs, SD 57747
(605) 745-6878

Medical History

To be Completed by Applicant and reviewed by the Care Provider

Name _____ Birth Date _____
In case of emergency, notify: Name _____ Relationship _____
Address _____
Phone Number: (day) _____ (night) _____

1. Do you have a history of any of the following? (Check those that apply and comment below)

- High blood pressure Thyroid problems Epilepsy/Seizures Frequent headaches Hepatitis
- Seasonal Allergies Infectious diseases Diabetes or migraines *Women: severe*
- Asthma Hearing problems Hypoglycemia Learning disability menstrual cramps
- Heart problems Psychiatric/mental Cancer Bleeding disorder
- Fainting spells health disorders Respiratory problems Kidney problems
- Other significant problem(s)-- *Please comment below.*

2. List any major accidents, illnesses, hospitalizations and/or surgeries and the date:

3. Immunizations (please check and give year of last immunization if possible):

Tetanus _____ Meningococcal _____ Other _____

4. Do you have allergies to any of these? (Check those that apply, then list items and reactions)

Foods _____ Medications _____
 Bites or stings _____ Environmental conditions _____

5. Do you use any "over the counter" medications regularly or periodically? _____ If yes, list product, frequency of use, dosage, and reason.

6. Do you use any prescription medications regularly or periodically? _____ If yes, list product, frequency of use, dosage, and reason.

7. Do you use corrective lenses (eyeglasses or contact lenses)? _____

8. Have you had or been treated for the following? (Check those that apply and comment below)

Serious bouts of depression Emotional disturbances Behavioral disturbances

COMMENTS (Attach extra sheet if necessary)

Please attach a copy of:

- Insurance Information Immunization Records

Signature _____ Date _____

Physical Examination

To be completed by Care Provider

Height _____ Weight _____ Blood pressure _____ Pulse _____

Vision: Uncorrected: O.D. (Right) _____ O.S. (Left) _____
Corrected: O.D. (Right) _____ O.S. (Left) _____

1. Mark each item as Normal, Abnormal or Not Examined. Please comment on any abnormality below.

<input type="checkbox"/> Eyes	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Lymphatic
<input type="checkbox"/> ENT	<input type="checkbox"/> Chest/breasts	<input type="checkbox"/> Skin
<input type="checkbox"/> Neck	<input type="checkbox"/> GI	<input type="checkbox"/> Neurological
<input type="checkbox"/> Respiratory	<input type="checkbox"/> GU/GYN	<input type="checkbox"/> Musculoskeletal

2. Does this person need a special diet? _____ If yes, please explain below.

3. Is there anything which would limit the amount of physical work or athletic participation for this person?
_____ If yes, please explain below.

4. Does this person have any condition which would prevent him/her from working in a kitchen or dining hall? _____ If yes, please explain below.

5. Do you have any recommendations for further or periodic checkups for this person? _____ If yes, please explain below.

COMMENTS

I have examined this person as to physical fitness and apparent evidence of communicable diseases. I believe this person (is/is not) fit to participate in school and/or dormitory life.

Signature of Provider _____

Provider's Name (please print) _____

Address _____

City, State, Zip Code _____

Phone Number (____) _____ Date _____



CORNERSTONE
B I B L E I N S T I T U T E
P. O. Box 1158♦ Hot Springs, SD 57747
(605) 745-6878

Emergency Authorization

Please fill in the information requested, sign and date this paper in the presence of a Notary Public, and have that Notary Public complete the Notary Statement. If the student is under 21 years of age, a parent or legal guardian shall sign the form. If the student is 21 or over, she/he may sign for herself/himself.

In the event that an emergency arises, I/we give to the personnel of Cornerstone Bible Institute and/or the licensed physician or surgeon selected by the personnel of Cornerstone Bible Institute permission to authorize hospitalization, anesthesia, surgery, medications, and/or any procedure deemed necessary at the time for

(name of student) _____

until such time as I can be contacted or am able to give my personal authorization

Signature _____ Relationship _____ Date _____

Signature _____ Relationship _____ Date _____

Notary Statement:



Pastoral Reference

Applicant: Please complete the information in this box. Then give this form, along with a stamped envelope addressed to the Admissions Office, Cornerstone Bible Institute, PO Box 1158, Hot Springs, SD 57747, to your pastor (or church leader if your church is without a pastor) for his completion and mailing.

Applicant's Name _____ Phone _____
 Address _____

Waiver of right of access to confidential statement:

I, the undersigned, hereby voluntarily waive the right of privilege to inspect the contents of this recommendation. I expect that the observations made shall remain confidential between the reference provider and Cornerstone Bible Institute.

Date _____ Applicant's Signature _____

To the Pastoral Reference: Please complete this reference to the best of your knowledge and send it to CBI as soon as possible. You may attach another sheet for comments if this sheet is not adequate to express your thoughts. Thank you.

Personal Information

- Your relationship to the applicant is Pastor Assistant Pastor Youth Minister Deacon or Elder Other _____
- How long have you known the applicant? _____
- Is the applicant in generally good health? Yes No Please explain any problems on separate comment sheet.
- What is the applicant's marital status? Never married Engaged Married Divorced Separated
Widowed/Remarried Divorced/Remarried
- If the applicant is married, has the spouse been involved in a previous marriage? Yes No
- If the applicant is married, how do you feel the spouse would affect spiritual growth and future ministry? Help Hindrance
Other _____ Comment on separate sheet if needed.
- Are you aware of the applicant's involvement with tobacco, alcoholic beverages, illicit drugs, occultism, lodges or secret societies, or inappropriate sexual conduct? Yes No If yes, please explain on separate comments sheet.
- To your knowledge, has the applicant ever been convicted of a legal offense or in a penal institution? Yes No If yes, please explain on separate comments sheet.

Emotional Qualities

- How well does the applicant relate to others of the same gender? _____
- How does the applicant relate to others of the opposite gender? _____
- Check the characteristics that describe this applicant:

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Works well with others | <input type="checkbox"/> Good sense of humor | <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Self-Starter |
| <input type="checkbox"/> Stays with a task | <input type="checkbox"/> Well mannered | <input type="checkbox"/> Easily angered | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Ambitious | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Set in ways | <input type="checkbox"/> Domineering |
| <input type="checkbox"/> Teachable | <input type="checkbox"/> Moody | <input type="checkbox"/> Cocky Attitude | <input type="checkbox"/> Unstable |

4. Which of these do you feel would best describe the applicant's response to correction from someone in authority?
 Excellent Good Fair Poor Anger Rebellion
5. Can you place full confidence in the applicant's honesty and integrity? Yes No
6. Does the applicant have any physical, mental, emotional, or spiritual problems, or personality traits, which would be a hindrance to training or future Christian ministry? Yes No If yes, please explain on separate comments sheet.

Spiritual Life

1. Does the applicant give clear evidence of having trusted Christ as personal Savior? Yes No
2. Is the applicant a member of your church? Yes No If yes, how long? _____
3. The applicant's church attendance is Regular Frequent Occasional Does not attend
4. In what forms of ministry has the applicant been involved in the local church? _____

5. In what forms of ministry outside of the local church has the applicant been involved? _____

6. How would you rate the spiritual progress of the applicant?
 Mature, shows discernment Growing well Moderate growth Immature, growing Immature, stagnant
7. Which of these would best describe the applicant's Christian testimony, both by spoken word and by conduct?
 Above reproach Strong Usually good Average Indifferent Careless Inconsistent
 Please make any comments on separate sheet.

Other Criteria: Please rate the applicant with a number from 1 through 5 (5 being the highest, 1 being the lowest) as to the following areas:

- | | | | |
|-----------------------|------------------------|----------------------------|------------------------|
| __College readiness | __Cooperation | __Emotional stability | __Intellectual ability |
| __Leadership | __Motivation | __Peer acceptance | __Self-discipline |
| __Social Maturity | __Initiative | __Judgement & common sense | __Reliability |
| __Influence on others | __Communication skills | __Personality | |

Recommendation Concerning Admission:

- Highly recommend Recommend Recommend with reservations
 Prefer not to recommend I wish to discuss this recommendation by phone

Signature _____ Date _____
 Name (Print) _____
 Church Name _____
 Address _____
 Phone _____ Email _____

We appreciate your cooperation in completing this reference form. Please mail it directly to CBI . Thank you.



Educator/Employer Reference

Applicant: Please complete the information in this box. Then give this form, along with a stamped envelope addressed to the Admissions Office, Cornerstone Bible Institute, PO Box 1158, Hot Springs, SD 57747, to your teacher, principal, or employer for his completion and mailing.

Applicant's Name _____ Phone _____
 Address _____

Waiver of right of access to confidential statement:
 I, the undersigned, hereby voluntarily waive the right of privilege to inspect the contents of this recommendation. I expect that the observations made shall remain confidential between the reference provider and Cornerstone Bible Institute.

Date _____ Applicant's Signature _____

To the Educator Reference: Please complete this reference to the best of your knowledge and send it to CBI as soon as possible. You may attach another sheet for comments if this sheet is not adequate to express your thoughts. Thank you.

Personal Information

- Your relationship to the applicant is Teacher Principal Employer Other_____
- How long have you known the applicant? _____
- Is the applicant in generally good health? Yes No Please explain any problems on separate comment sheet.
- What is the applicant's marital status? Never married Engaged Married Divorced Separated
Widowed/Remarried Divorced/Remarried
- If the applicant is married, has the spouse been involved in a previous marriage? Yes No
- If the applicant is married, how do you feel the spouse would affect spiritual growth and future ministry? Help Hindrane
Other_____ Comment on separate sheet if needed.
- Are you aware of the applicant's involvement with tobacco, alcoholic beverages, illicit drugs, occultism, lodges or secret societies, or inappropriate sexual conduct? Yes No If yes, please explain on separate comments sheet.
- To your knowledge, has the applicant ever been convicted of a legal offense or in a penal institution? Yes No If yes, please explain on separate comments sheet.

Emotional Qualities

- How well does the applicant relate to others of the same gender? _____
- How does the applicant relate to others of the opposite gender? _____
- Check the characteristics that describe this applicant:

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Works well with others | <input type="checkbox"/> Good sense of humor | <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Self-Starter |
| <input type="checkbox"/> Stays with a task | <input type="checkbox"/> Well mannered | <input type="checkbox"/> Easily angered | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Ambitious | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Set in ways | <input type="checkbox"/> Domineering |
| <input type="checkbox"/> Teachable | <input type="checkbox"/> Moody | <input type="checkbox"/> Cocky Attitude | <input type="checkbox"/> Unstable |

4. Which of these do you feel would best describe the applicant's response to correction from someone in authority?
 Excellent Good Fair Poor Anger Rebellion
5. Can you place full confidence in the applicant's honesty and integrity? Yes No
6. Does the applicant have any physical, mental, emotional, or spiritual problems, or personality traits, which would be a hindrance to training or future Christian ministry? Yes No If yes, please explain on separate comments sheet.
7. What aptitudes has the applicant displayed? _____

Education (If a Teacher or Principal)

1. Has the applicant taken part in classroom discussions or assignments? Yes No
2. Has the applicant been diligent in completing class assignments on time? Yes No
3. In what school activities has the applicant been involved? _____
4. In what forms of activities outside the school has the applicant been involved?

Work Habits (If an Employer)

1. Does the applicant show up on the job regularly, on time, and ready to work? Yes No
2. Does the applicant display an interest in the quality and quantity of work produced? Yes No
3. List any outstanding work skills or aptitudes the applicant may have: _____

4. List any areas which the applicant should work to improve: _____

5. In what forms of activities outside the work place has the applicant been involved? _____

Other Criteria: Please rate the applicant with a number from 1 through 5 (5 being the highest, 1 being the lowest) as to the following areas:

- | | | | |
|------------------------|-------------------------|-----------------------------|-------------------------|
| __ College readiness | __ Cooperation | __ Emotional stability | __ Intellectual ability |
| __ Leadership | __ Motivation | __ Peer acceptance | __ Self-discipline |
| __ Social Maturity | __ Initiative | __ Judgement & common sense | __ Reliability |
| __ Influence on others | __ Communication skills | __ Personality | |

Recommendation Concerning Admission:

- Highly recommend Recommend Recommend with reservations
 Prefer not to recommend I wish to discuss this recommendation by phone

Signature _____ Date _____

Name (Print) _____

Name of School or Organization _____

Address _____

Phone _____ Email _____

We appreciate your cooperation in completing this reference form. Please mail it directly to CBI . Thank you.



CORNERSTONE
 B I B L E I N S T I T U T E
 P. O. Box 1158* Hot Springs, SD 57747
 (605) 745-6878

General Reference

Applicant: Please complete the information in this box. Then give this form, along with a stamped envelope addressed to the Admissions Office, Cornerstone Bible Institute, PO Box 1158, Hot Springs, SD 57747, to your reference person for completion and mailing.

Applicant's Name _____ Phone _____
 Address _____

Waiver of right of access to confidential statement:

I, the undersigned, hereby voluntarily waive the right of privilege to inspect the contents of this recommendation. I expect that the observations made shall remain confidential between the reference provider and Cornerstone Bible Institute.

Date _____ Applicant's Signature _____

To the Reference Person: Please complete this reference to the best of your knowledge and send it to CBI as soon as possible. You may attach another sheet for comments if this sheet is not adequate to express your thoughts. Thank you.

Personal Information

- Your relationship to the applicant is _____
- How long have you known the applicant? _____
- Is the applicant in generally good health? Yes No Please explain any problems on separate comment sheet.
- What is the applicant's marital status? Never married Engaged Married Divorced Separated
 Widowed/Remarried Divorced/Remarried
- If the applicant is married, has the spouse been involved in a previous marriage? Yes No
- If the applicant is married, how do you feel the spouse would affect spiritual growth and future ministry? Help Hindrance Other_ _____
 Comment on separate sheet if needed.
- Are you aware of the applicant's involvement with tobacco, alcoholic beverages, illicit drugs, occultism, lodges or secret societies, or inappropriate sexual conduct? Yes No If yes, please explain on separate comments sheet.
- To your knowledge, has the applicant ever been convicted of a legal offense or in a penal institution? Yes No If yes, please explain on separate comments sheet.

Emotional Qualities

- How well does the applicant relate to others of the same gender? _____
- How does the applicant relate to others of the opposite gender? _____
- Check the characteristics that describe this applicant:

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Works well with others | <input type="checkbox"/> Good sense of humor | <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Self-Starter |
| <input type="checkbox"/> Stays with a task | <input type="checkbox"/> Well mannered | <input type="checkbox"/> Easily angered | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Ambitious | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Set in ways | <input type="checkbox"/> Domineering |
| <input type="checkbox"/> Teachable | <input type="checkbox"/> Moody | <input type="checkbox"/> Cocky Attitude | <input type="checkbox"/> Unstable |

4. Which of these do you feel would best describe the applicant's response to correction from someone in authority?
Excellent Good Fair Poor Anger Rebellion
5. Can you place full confidence in the applicant's honesty and integrity? Yes No
6. Does the applicant have any physical, mental, emotional, or spiritual problems, or personality traits, which would be a hindrance to training or future Christian ministry? Yes No If yes, please explain on separate comments sheet.

Spiritual Life

1. Has the applicant been born again through faith in Jesus Christ? Yes No
2. To what extent is the applicant involved in his/her local church?
Regular attendance, enthusiastically takes part in activities
Regular attendance, but seldom participates
Frequent attendance, is involved to some extent
Occasional attendance, limited involvement
Occasional attendance, very little involvement
Does not attend
3. Which of these would best describe the applicant's Christian testimony, both by spoken word and by conduct?
Above reproach Strong Usually good Average Indifferent Careless Inconsistent

Other Criteria: Please rate the applicant with a number from 1 through 5 (5 being the highest, 1 being the lowest) as to the following areas:

__College readiness	__Cooperation	__Emotional stability	__Intellectual ability
__Leadership	__Motivation	__Peer acceptance	__Self-discipline
__Social Maturity	__Initiative	__Judgement & common sense	__Reliability
__Influence on others	__Communication skills	__Personality	

Recommendation Concerning Admission:

- Highly recommend Recommend Recommend with reservations
Prefer not to recommend I wish to discuss this recommendation by phone

Signature _____ Date _____
 Name (Print) _____
 Address _____
 Phone _____ Email _____

We appreciate your cooperation in completing this reference form. Please mail it directly to CBI . Thank you.



CORNERSTONE
 B I B L E I N S T I T U T E
 P. O. Box 1158♦ Hot Springs, SD 57747
 (605) 745-6878

General Reference

Applicant: Please complete the information in this box. Then give this form, along with a stamped envelope addressed to the Admissions Office, Cornerstone Bible Institute, PO Box 1158, Hot Springs, SD 57747, to your reference person for completion and mailing.

Applicant's Name _____ Phone _____
 Address _____

Waiver of right of access to confidential statement:
 I, the undersigned, hereby voluntarily waive the right of privilege to inspect the contents of this recommendation. I expect that the observations made shall remain confidential between the reference provider and Cornerstone Bible Institute.

Date _____ Applicant's Signature _____

To the Reference Person: Please complete this reference to the best of your knowledge and send it to CBI as soon as possible. You may attach another sheet for comments if this sheet is not adequate to express your thoughts. Thank you.

Personal Information

- Your relationship to the applicant is _____
- How long have you known the applicant? _____
- Is the applicant in generally good health? Yes No Please explain any problems on separate comment sheet.
- What is the applicant's marital status? Never married Engaged Married Divorced Separated
 Widowed/Remarried Divorced/Remarried
- If the applicant is married, has the spouse been involved in a previous marriage? Yes No
- If the applicant is married, how do you feel the spouse would affect spiritual growth and future ministry? Help Hindrance
 Other _____ Comment on separate sheet if needed
- Are you aware of the applicant's involvement with tobacco, alcoholic beverages, illicit drugs, occultism, lodges or secret societies, or inapporpriate sexual conduct? Yes No If yes, please explain on separate comments sheet.
- To your knowledge, has the applicant ever been convicted of a legal offense or in a penal institution? Yes No If yes, please explain on separate comments sheet.

Emotional Qualities

- How well does the applicant relate to others of the same gender? _____
- How does the applicant relate to others of the opposite gender? _____
- Check the characteristics that describe this applicant:

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Works well with others | <input type="checkbox"/> Good sense of humor | <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Self-Starter |
| <input type="checkbox"/> Stays with a task | <input type="checkbox"/> Well mannered | <input type="checkbox"/> Easily angered | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Ambitious | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Set in ways | <input type="checkbox"/> Domineering |
| <input type="checkbox"/> Teachable | <input type="checkbox"/> Moody | <input type="checkbox"/> Cocky Attitude | <input type="checkbox"/> Unstable |

4. Which of these do you feel would best describe the applicant's response to correction from someone in authority?
Excellent Good Fair Poor Anger Rebellion
5. Can you place full confidence in the applicant's honesty and integrity? Yes No
6. Does the applicant have any physical, mental, emotional, or spiritual problems, or personality traits, which would be a hindrance to training or future Christian ministry? Yes No If yes, please explain on separate comments sheet.

Spiritual Life

1. Has the applicant been born again through faith in Jesus Christ? Yes No
2. To what extent is the applicant involved in his/her local church?
Regular attendance, enthusiastically takes part in activities
Regular attendance, but seldom participates
Frequent attendance, is involved to some extent
Occasional attendance, limited involvement
Occasional attendance, very little involvement
Does not attend
3. Which of these would best describe the applicant's Christian testimony, both by spoken word and by conduct?
Above reproach Strong Usually good Average Indifferent Careless Inconsistent

Other Criteria: Please rate the applicant with a number from 1 through 5 (5 being the highest, 1 being the lowest) as to the following areas:

- | | | | |
|-----------------------|------------------------|----------------------------|------------------------|
| __College readiness | __Cooperation | __Emotional stability | __Intellectual ability |
| __Leadership | __Motivation | __Peer acceptance | __Self-discipline |
| __Social Maturity | __Initiative | __Judgement & common sense | __Reliability |
| __Influence on others | __Communication skills | __Personality | |

Recommendation Concerning Admission:

- Highly recommend Recommend Recommend with reservations
Perfer not to recommend I wish to discuss this recommendation by phone

Signature _____ Date _____
 Name (Print) _____
 Address _____
 Phone _____ Email _____

We appreciate your cooperation in completing this reference form. Please mail it directly to CBI . Thank you.



CORNERSTONE
B I B L E I N S T I T U T E
P. O. Box 1158♦ Hot Springs, SD 57747
(605) 745-6878

Transcript Request

To the Registrar or Principal of _____

I hereby request a copy of my High School College Transcripts to be sent directly to:

**Admissions Office
Cornerstone Bible Institute
P O Box 1158
Hot Springs, SD 57747**

Vital Information:

Name (*please print*): _____

Address: _____

Social Security Number: _____

Year and Terms Attended: _____

Other name used (*if applicable*) _____

Registrar, please contact me at the above address if there is a fee owed or if there are any other complications with my request.

Thank you.

Signature _____ Date _____

