

Application For Admission



Mail to:
Admissions
35109 Royal Place
Soldotna, AK 99669



Fax to:
(907) 260-6722
Email to:
admissions@akcc.org

Application Checklist:
 Completed signed application
 Official Transcripts
 Three References

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Name _____
LAST FIRST MIDDLE

E-mail Address _____ Telephone Number () _____

Current Street or Post Office Box _____

City _____ State _____ Zip Code _____

How long will you receive mail at this address? _____

Permanent Street or Post Office Box _____

City _____ State _____ Zip Code _____

Date of Birth _____ Place of Birth: City _____ State _____

Social Security Number: _____ Gender: Male Female

Marital Status: Single Engaged Married Divorced Any Children? No Yes # _____

Racial or Ethnic Origin: Alaska Native: (Language) _____ American Indian

Caucasian African American Hispanic Asian or Pacific Islander

FAMILY INFORMATION

Name of father or legal guardian _____

Street or Post Office Box _____

City _____ State _____ Zip Code _____

Name of mother or legal guardian _____

Street or Post Office Box _____

City _____ State _____ Zip Code _____

Home Church Name _____ Denomination _____

Church Street or Post Office Box _____

City _____ State _____ Zip Code _____

Are you in: Good Health Fair Health Poor Health

(If health is other than good, please explain on a separate sheet of paper.)

Emergency Contact Information: Name _____ Phone Number: _____

Relationship: _____

Please give the name of THREE persons (preferably not immediate relatives) who know you and are willing to provide a written reference for you. (Reference forms will be sent.) *Optional: Please include the name of a pastor or church leader as one of your references.*

Name _____ Phone _____ Email: _____

Address: Street or Post Office Box _____

City _____ State _____ Zip Code _____

Name _____ Phone _____ Email: _____

Address: Street or Post Office Box _____

City _____ State _____ Zip Code _____

Name _____ Phone _____ Email: _____

Address: Street or Post Office Box _____

City _____ State _____ Zip Code _____

EDUCATIONAL BACKGROUND

Do you have or expect to have (check all that apply): H.S. diploma GED Home Schooled No diploma

Name of high school: _____ City and State: _____

Year of high school graduation: _____ or date and place GED received: _____

Have you attended any other college or post-secondary academic institution? Yes No

Name of College/Institution	City	State	Dates of Enrollment	Degree Earned
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1. _____

2. _____

Have you taken the ACT or SAT? Yes No Which test? _____ Score (if known) _____

Have you ever been asked to leave any school? Yes No If YES, please give particulars on separate sheet.

Have you ever been charged with a criminal offense? Yes No If YES, please give particulars on separate sheet.
Answering yes to this question will not necessarily exclude you from admission to ACC.

Are you presently employed? Yes No Type of work _____

What are your academic or vocational plans? _____

I hereby make application to attend Alaska Christian College and agree that, if I am accepted, I will abide by all the rules and regulations of the College and will commit myself fully to its program of studies and service.

Signature of Applicant _____ Date of Application _____

Indicate the term for which you are applying: Fall (Sept.-Dec.) 20__ Spring (Jan.-May.) 20__

Please make a brief statement expressing your purpose in making this application to attend Alaska Christian College as well as a brief account of your life and Christian faith. _____

Attach additional sheets as necessary.