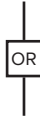


# APPLICATION FOR ADMISSION



**MAIL TO:**  
ACC Admissions  
35109 Royal Place  
Soldotna, AK 99669



**FAX TO:**  
907-260-6722

**EMAIL TO:**  
admissions@alaskacc.edu

**APPLICATION CHECKLIST:**  
 Completed signed application  
 Official Transcripts  
 Three References

PLEASE PRINT OR TYPE

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Email 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 # \_\_\_\_\_

Race or Ethnic Origin:  Alaska Native (Corporation): \_\_\_\_\_  American Indian  
 Caucasian  African American  Hispanic or Latino  Asian or Pacific Islander

## FAMILY INFORMATION

Father or legal guardian: \_\_\_\_\_

Street or Post Office Box: \_\_\_\_\_

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

Mother or legal guardian: \_\_\_\_\_

Street or Post Office Box: \_\_\_\_\_

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

Home Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

## REFERENCES

Please provide the names of TWO 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: \_\_\_\_\_

## 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 ever attended any other college or post-secondary academic institution?  Yes  No

Name of College/Institution

City

State

Dates of Enrollment

Degree Earned

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.

What are your academic or vocational plans? \_\_\_\_\_

Of the three Associate Degree programs ACC currently offers, which would you be most interested in?

Behavioral Health

Christian Ministry

Paraprofessional Education

For more information on ACC's Degree programs please visit [alaskacc.edu/academics](http://alaskacc.edu/academics)

## SIGNATURE AND STATEMENT

*A student, by virtue of choosing to attend or remain at Alaska Christian College, agrees to live within the framework of the College's standards which include, but are not limited to, its values, policies, rules, philosophy, Christian mission, and expectations. While a student's personal convictions may differ from these standards, the choice to become or remain a part of Alaska Christian College's community includes a commitment to abide by the College's standards.*

*By applying for admission to Alaska Christian College, I understand and agree that, if I am accepted and attend Alaska Christian College, I will live in accordance with the guidelines outlined in the ACC Student Handbook.*

*I certify that all information given in this application is complete and accurate. I understand that my failure to provide complete and accurate information may result in dismissal from the college or other appropriate disciplinary action. If admitted to Alaska Christian College, I agree to abide by the policies and provisions stipulated in the ACC Academic Catalog.*

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_