

Student # \_\_\_\_\_  
(Assigned by CBI)

**CORNERSTONE**  
BIBLE INSTITUTE  
PO 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**

**GENERAL**

Legal Name	First	Middle	Last	Nick name
Mailing Address	Street	City	State	Zip
Home Telephone:	Email Address:			
Other Numbers				

**PERSONAL**

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		
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.)		
<i>Single Applicants</i>		
Name of Parents or Guardians:	Telephone:	
Parents' 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: _____		
<i>Married Applicants</i>		
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:		

**SPIRITUAL**

Have you trusted Christ as your personal Saviour? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		
Name of your home church:		
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:		

**BACKGROUND**

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 of 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>		

<b>ACADEMIC</b>	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	
	List any post-secondary schools you have attended:	
	Location	Dates Attended
	Degree Earned	
	_____	_____
	_____	_____
	_____	_____
<b>ENROLLMENT</b>	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 16units)   or <input type="checkbox"/> Full time ( 16 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?	
<b>EMPLOYMENT</b>	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? _____	
<b>FINANCIAL</b>	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	
<b>DOCTRINAL</b>	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: _____		
<b>REFERENCES</b>	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 <b>Admissions Office, Cornerstone Bible Institute, PO Box 1158, Hot Springs, SD 57747.</b>	
	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 following should be included with this application:

- 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

PO Box 1158 Hot Springs, SD 57747 (605) 745- 6878

## **Medical History**

*To be Completed by Applicant*

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: (day) \_\_\_\_\_ (night) \_\_\_\_\_

1. Are you affected by any of the following? (*Check those that apply*)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> High blood pressure  | <input type="checkbox"/> Low blood pressure        | <input type="checkbox"/> Liver problems            |
| <input type="checkbox"/> Frequent colds   | <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> Kidney or bladder trouble |
| <input type="checkbox"/> Sore throat  | <input type="checkbox"/> Significant weight change | <input type="checkbox"/> Hernia                    |
| <input type="checkbox"/> Sores in or around mouth   | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Frequent diarrhea         |
| <input type="checkbox"/> Hay fever  | <input type="checkbox"/> Hypoglycemia              | <input type="checkbox"/> Frequent constipation     |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Pain in chest             | <input type="checkbox"/> Hemorrhoids               |
| <input type="checkbox"/> Sinusitis  | <input type="checkbox"/> Pain in joints            | <u>FOR WOMEN ONLY</u>                              |
| <input type="checkbox"/> Shortness of breath  | <input type="checkbox"/> Pleurisy                  | <input type="checkbox"/> Menstrual cramps          |
| <input type="checkbox"/> Rapid pulse  | <input type="checkbox"/> Frequent indigestion      | Any disturbance of:                                |
| <input type="checkbox"/> Fainting spells  | <input type="checkbox"/> Gall bladder trouble      | <input type="checkbox"/> Menstrual Periods         |
| <input type="checkbox"/> Thyroid problems   | <input type="checkbox"/> Frequent headaches        | <input type="checkbox"/> Female Organs             |
| <input type="checkbox"/> Momentary loss of consciousness                                      |  | <input type="checkbox"/> Breasts                   |
| <input type="checkbox"/> Other significant problem(s)---Please comment on back of this sheet. |  |  |

2. Which of the following has affected you in the past? (*Check those that apply*)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Anemia              | <input type="checkbox"/> Kidney disease  | <input type="checkbox"/> Rheumatic heart disease |
| <input type="checkbox"/> Chicken pox         | <input type="checkbox"/> Measles         | <input type="checkbox"/> Scarlet fever           |
| <input type="checkbox"/> Diphtheria          | <input type="checkbox"/> German measles  | <input type="checkbox"/> Seizures                |
| <input type="checkbox"/> Discharge from ears | <input type="checkbox"/> Muscle disorder | <input type="checkbox"/> Tonsillitis             |
| <input type="checkbox"/> Dysentery           | <input type="checkbox"/> Nerve disorder  | <input type="checkbox"/> Thyroid or Parathyroid  |
| <input type="checkbox"/> Goiter              | <input type="checkbox"/> Mumps           | <input type="checkbox"/> Venereal type disease   |
| <input type="checkbox"/> Hearing problems    | <input type="checkbox"/> Pneumonia       | <input type="checkbox"/> Whooping cough          |
| <input type="checkbox"/> Jaundice            | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Malaria                 |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Heart problem   | <input type="checkbox"/> Appendicitis            |

(*Comment on back for following that apply*)

- Coughing up blood
- Pus, blood, or sugar in the urine
- Pus, blood, or mucus in the feces
- Brain concussion or skull fracture
- Significant surgeries
- Significant accidents or injuries

3. Immunizations (Check and give year of last immunization if possible)

Diphtheria \_\_\_\_\_

Pertussis \_\_\_\_\_

Tetanus \_\_\_\_\_

Small pox \_\_\_\_\_

Poliomyelitis \_\_\_\_\_

Other \_\_\_\_\_

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

Any foods

Any medications

Any other drugs

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

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

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

Any bites or stings

Any 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

Signature \_\_\_\_\_ Date \_\_\_\_\_

# CORNERSTONE

B I B L E I N S T I T U T E

PO Box 1158 Hot Springs, SD 57747 (605) 745-6878

## Physical Examination

*To be Completed by Physician*

Name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_

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

1. Check each item which would be considered normal. Please describe any abnormality on back of this sheet. Enter NE for any items not evaluated.

- |   |  |
|---|--|
| <input type="checkbox"/> Head, neck, face, scalp              | <input type="checkbox"/> Abdomen                       |
| <input type="checkbox"/> Nose, sinuses                        | <input type="checkbox"/> Endocrine system              |
| <input type="checkbox"/> Mouth, teeth, throat                 | <input type="checkbox"/> G.U. system                   |
| <input type="checkbox"/> Ears, including whispered voice test | <input type="checkbox"/> Upper extremities             |
| <input type="checkbox"/> Eyes: pupils, muscle balance         | <input type="checkbox"/> Lower extremities             |
| <input type="checkbox"/> Ophthalmoscopic                      | <input type="checkbox"/> Feet                          |
| <input type="checkbox"/> Neck and thyroid                     | <input type="checkbox"/> Spine, other musculo-skeletal |
| <input type="checkbox"/> Thorax, breasts                      | <input type="checkbox"/> Neurologic                    |
| <input type="checkbox"/> Lungs, bronchial                     | <input type="checkbox"/> Skin                          |
| <input type="checkbox"/> Heart (thrust, size, rhythm, sounds) | <input type="checkbox"/> Lymphatic system              |
| <input type="checkbox"/> Vascular system (varicosities, etc.) | <input type="checkbox"/> Other _____                   |

2. Does this person have any symptoms of or history of the following? If yes, explain on the back.

- |   |  |
|---|--|
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Allergies                         |
| <input type="checkbox"/> Hypoglycemia         | <input type="checkbox"/> Nervous or mental disorders       |
| <input type="checkbox"/> Epilepsy             | <input type="checkbox"/> Contagious or infectious diseases |
| <input type="checkbox"/> Tuberculosis         | <input type="checkbox"/> Fainting spells                   |
| <input type="checkbox"/> Cancer               | <input type="checkbox"/> Heart or blood pressure problems  |
| <input type="checkbox"/> Respiratory problems | <input type="checkbox"/> Other _____                       |

3. Does this person need a special diet? \_\_\_\_\_ If yes, please explain on back of this sheet.

4. Is there anything which would limit the amount of physical work or athletic participation for this person? \_\_\_\_\_ If yes, please explain on back of this sheet.

5. Does this person have any condition which would prevent him/her from working in a kitchen or dining hall? \_\_\_\_\_ If yes, please explain on back of this sheet.

6. Do you have any recommendations for further or periodic checkups for this person? \_\_\_\_\_ If yes, please explain on the back of this sheet.

Please use this space to make any needed 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 Physician \_\_\_\_\_

Physician'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

PO 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:



# CORNERSTONE BIBLE INSTITUTE

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## 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 pastorless) 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 been 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:

- Works well with others
- Stays with a task
- Ambitious
- Teachable
- Shy

- Good sense of humor
- Well mannered
- Pleasant
- Moody
- Domineering

- Easily discouraged
- Easily angered
- Set in ways
- Cocky Attitude
- 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.

# CORNERSTONE BIBLE INSTITUTE

PO Box 1158 Hot Springs, SD 57747 (605) 745-6878

## **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/Employer 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

1. Your relationship to the applicant is Teacher Principal Employer Other \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. Is the applicant in generally good health? Yes No Please explain any problems on separate comment sheet.
4. What is the applicant's marital status? Never married Engaged Married Divorced Separated  
Widowed/Remarried Divorced/Remarried
5. If the applicant is married, has the spouse been involved in a previous marriage? Yes No
6. 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.
7. 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.
8. To your knowledge, has the applicant ever been convicted of a legal offense or been in a penal institution? Yes No If yes, please explain on separate comments sheet.

### Emotional Qualities

1. How well does the applicant relate to others of the same gender? \_\_\_\_\_
2. How does the applicant relate to others of the opposite gender? \_\_\_\_\_
3. 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"/> Stays with a task      | <input type="checkbox"/> Well mannered       | <input type="checkbox"/> Easily angered     |
| <input type="checkbox"/> Ambitious              | <input type="checkbox"/> Pleasant            | <input type="checkbox"/> Set in ways        |
| <input type="checkbox"/> Teachable              | <input type="checkbox"/> Moody               | <input type="checkbox"/> Cocky Attitude     |
| <input type="checkbox"/> Shy                    | <input type="checkbox"/> Domineering         | <input type="checkbox"/> Unstable           |
| <input type="checkbox"/> Self-Starter           |  |   |

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 kind of 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.

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PO 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

1. Your relationship to the applicant is \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. Is the applicant in generally good health?  Yes  No Please explain any problems on separate comment sheet.
4. What is the applicant's marital status?  Never married  Engaged  Married  Divorced  Separated  
 Widowed/Remarried  Divorced/Remarried
5. If the applicant is married, has the spouse been involved in a previous marriage?  Yes  No
6. 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.
7. Are you aware of the applicant's involvement with tobacco, alcoholic beverages, illicit drugs, occultism, lodges or secret societies, or inapporprate sexual conduct?  Yes  No If yes, please explain on separate comments sheet.
8. To your knowledge, has the applicant ever been convicted of a legal offense or been in a penal institution?  Yes  No If yes, please explain on separate comments sheet.

### Emotional Qualities

1. How well does the applicant relate to others of the same gender? \_\_\_\_\_
2. How does the applicant relate to others of the opposite gender? \_\_\_\_\_
3. Check the characteristics that describe this applicant:

- Works well with others
- Stays with a task
- Ambitious
- Teachable
- Shy
- Self- starter

- Good sense of humor
- Well mannered
- Pleasant
- Moody
- Domineering

- Easily discouraged
- Easily angered
- Set in ways
- Cocky Attitude
- 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 BIBLE INSTITUTE

PO 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

1. Your relationship to the applicant is \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. Is the applicant in generally good health?  Yes  No Please explain any problems on separate comment sheet.
4. What is the applicant's marital status?  Never married  Engaged  Married  Divorced  Separated  
 Widowed/Remarried  Divorced/Remarried
5. If the applicant is married, has the spouse been involved in a previous marriage?  Yes  No
6. 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
7. 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.
8. To your knowledge, has the applicant ever been convicted of a legal offense or been in a penal institution?  Yes  No If yes, please explain on separate comments sheet.

### Emotional Qualities

1. How well does the applicant relate to others of the same gender? \_\_\_\_\_
2. How does the applicant relate to others of the opposite gender? \_\_\_\_\_
3. Check the characteristics that describe this applicant:

Works well with others

Stays with a task

Ambitious

Teachable

Shy

Self- starter

Good sense of humor

Well mannered

Pleasant

Moody

Domineering

Easily discouraged

Easily angered

Set in ways

Cocky Attitude

Unstable

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**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 BIBLE INSTITUTE

PO Box 1158 Hot Springs, SD 57747 (605) 745- 6878

## **Transcript Request Form**

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 \_\_\_\_\_

*This sheet may be duplicated if more copies are needed.*