



**Admissions Office**  
**Gateway International Bible College**  
**PO Box 667**  
**Taylorsville, NC 28681**  
**828-632-2344**  
[office@gatewayinternationalmissions.com](mailto:office@gatewayinternationalmissions.com)

## APPLICATION INSTRUCTIONS

To ensure rapid processing of your application, please follow these steps.

**1**

Complete the **Application for Admission** and mail to the address below. Don't forget to attach a recent photograph and include your autobiography and non-refundable \$50 application fee.

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**2**

Fill out the **Request for High School Transcript** and give it to the high school from which you have graduated or will graduate. If you have attended college previously, complete the **Request for College Transcript** form and send it to that college. Complete the **College Transfer Confidential Report** form and return it to Gateway International Bible College. Both High schools and colleges should send your transcript directly to Gateway. Request that official copies of your **ACT** or **SAT** scores be sent to Gateway. This will be done automatically if you specify our college ACT number \_\_\_\_\_ or our SAT number \_\_\_\_\_ when you take these tests.

**3**

Complete your section of the **Friend's Recommendation**, **Pastor's/Youth Pastor's Recommendation**, and **Employer's/Teacher's Recommendation** forms, distribute them to the appropriate people, and urge them to promptly complete and send the forms to Gateway. It is customary to provide addressed, stamped envelopes when distributing these forms.



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Please attach  
a current  
photo here.

1

## Application for Admission

Please fill out as completely as possible. Please print.

Enrollment Date

Date: \_\_\_\_\_

Student Status

☐ External ☐ Commuting

### Personal Information

Mr.

Legal Name: Mrs. \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Miss Last Name First Name Middle Name Maiden Name

Preferred Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

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

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

Place of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Engaged ☐ Separated ☐ Divorced

Date Married: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Name: \_\_\_\_\_

Have you ever been divorced? ☐ Yes ☐ No (If "yes", please explain the circumstances on a separate sheet of paper.)

Has your spouse ever been divorced? ☐ Yes ☐ No

### Family Information (Unmarried Students Only)

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Or Legal Guardian (Indicate deceased or living.)

Father's Address (If different from yours): \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Or Legal Guardian (Indicate deceased or living.)

Mother's Address (If different from yours): \_\_\_\_\_

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

Parents' Status: ☐ Married ☐ Separated ☐ Divorced If separated/divorced, with whom do you live? \_\_\_\_\_

### Church Information

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

Address: \_\_\_\_\_

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

Pastor: \_\_\_\_\_ Church Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Military Information**

Have you served in the Armed Forces? ☐ Yes ☐ No Which branch? \_\_\_\_\_

Date Discharged: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Discharge: \_\_\_\_\_

Are you a dependent of a veteran who is disabled or deceased due to a service-related cause? ☐ Yes ☐ No

**Financial Information**

How do you plan to finance your first year in college? ☐ Parents ☐ Savings ☐ Loan ☐ Credit Card ☐ Work

☐ Other \_\_\_\_\_

You will not be permitted to register for classes unless you have made the required registration payment.

**Correspondence Preference**

Indicate how you would like the college to communicate with you: ☐ Email ☐ Postal Mail

Unless "postal mail" is indicated, we will communicate with the email address specified on page 1.

**Autobiography**

On a separate sheet of paper, please write out your autobiography. Include your family and church life and the time and circumstances of your salvation. Include your goals for the future, what activities you enjoy, and why you want to attend Gateway International Baptist College. If you are transferring from another Christian college, please state your reasons for transferring.

**Foreign Students Only**

Applicants who are not citizens of the United States are required by the United States government to fill out an I-20 form and state that they will be financially responsible to pay **ALL** their education expenses, including tuition, room, and board.

**Statement of Intent**

I have reviewed the doctrinal statement of Gateway International Bible College and understand that students of Gateway International Bible College are expected to uphold high standards of conduct and appearance consistent with the Person of Jesus Christ. Gateway International Bible College's doctrinal statement is available on our website at [www.gatewayinternationalmissions.com](http://www.gatewayinternationalmissions.com).

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





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2A

### Request for High School Transcript

Please fill out as completely as possible. Please print.

#### Personal Information

To be completed by applicant.

Applicant's Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Last Name First Name Middle Name

Dates Attended: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

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

I hereby authorize you to release my transcript and any other information requested by Gateway International Bible College.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Education Information

To be completed by institution.

Please complete this form and attach it to the official high school transcript(s). This information is required for admission.

Please note: if the student has not completed requirements for graduation, please also send a completed transcript as soon as it is available.

Please send all documents to the address at the top of this page.

Date of graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

High School GPA: \_\_\_\_\_

Rank in Class: \_\_\_\_\_

Size of Class: \_\_\_\_\_

SAT Verbal: \_\_\_\_\_

ACT English: \_\_\_\_\_

Math: \_\_\_\_\_

Math: \_\_\_\_\_

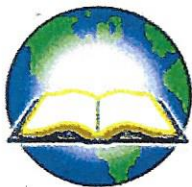
TSWEW: \_\_\_\_\_

Social Studies: \_\_\_\_\_

Overall Score: \_\_\_\_\_

Natural Sciences: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_



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**2B**

**Request for College Transcript**

Please fill out as completely as possible. Please print.

**Personal Information**

To be completed by applicant and sent to each school attended.

Applicant's Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Last Name First Name Middle Name

Dates Attended: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

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

Please forward my transcript to Gateway International Bible College at the address at the top of this page.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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2C

## College Transfer Confidential Report

Please fill out as completely as possible. Please print.

### Personal Information

To be completed by applicant.

Please make copies of this form prior to signing if you have attended more than one college or university. Complete the section below and return with your application to Gateway International Bible College

Applicant's Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

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

I give my permission to release this information and waive my right to view this report.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Educational Information

To be completed by applicant.

Name of School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Address: \_\_\_\_\_

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

Did you graduate? ☐ Yes ☐ No Degree you received: \_\_\_\_\_

### To the Institution

The above named student has applied for admission to Gateway International Bible College. Gateway International Bible College requires all transfer students to have previous colleges or universities attended return this confidential report before the student will be considered for acceptance. Please complete and return this form to the address at the top of this page within one week.

### Student Information

To be completed by institution.

Has the student had academic difficulty? ☐ Yes ☐ No Please explain: \_\_\_\_\_

Has the student ever been expelled from your school? ☐ Yes ☐ No Please explain: \_\_\_\_\_

Has the student ever been placed on behavioral probation? ☐ Yes ☐ No Please explain: \_\_\_\_\_

Was the probation lifted? ☐ Yes ☐ No Is the student eligible to return? ☐ Yes ☐ No

Is the student in debt to your school? ☐ Yes ☐ No

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





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**3A**

### **Pastor's/Youth Pastor's Recommendation**

Please fill out as completely as possible. Please print.

#### **Waiver**

To be completed by applicant.

Applicant's Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

I willingly waive my right of access to see this recommendation, knowing that this waiver is not required as a condition for admission.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **Recommendation**

To be completed by pastor/youth pastor.

The above named student has applied for admission to Gateway International Bible College and has given your name as a reference. Please answer the following questions and complete the personality ration section to the best of your knowledge.

Be advised that due to the Family Educational Rights and Privacy Act of 1974, the applicant has the right of access to this document unless he or she has signed the waiver statement above. If the waiver statement is not signed and there is information which you prefer to communicate personally, you may call the Academic Dean at 828-632-2344.

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know the applicant? \_\_\_\_\_
3. To the best of your knowledge, has the applicant been born again by faith in Jesus Christ? ☐ Yes ☐ No ☐ I don't know

Comments: \_\_\_\_\_

4. What do you consider the applicant's weak points? \_\_\_\_\_

5. Have you observed weaknesses in the applicant's moral life? ☐ Yes ☐ No If "yes", please explain: \_\_\_\_\_

6. To the best of your knowledge, does the applicant smoke, drink, or use illegal drugs? ☐ Yes ☐ No If "yes", please explain: \_\_\_\_\_

7. Please describe home factors (both positive and negative) which might affect the applicant's success at Gateway International Bible College: \_\_\_\_\_

8. Attendance in church services:

	Irregularly	Regularly
Sunday Schoool	<input type="checkbox"/>	<input type="checkbox"/>
Sunday Morning Service	<input type="checkbox"/>	<input type="checkbox"/>
Sunday Evening Service	<input type="checkbox"/>	<input type="checkbox"/>
Prayer Meeting	<input type="checkbox"/>	<input type="checkbox"/>
Visitation	<input type="checkbox"/>	<input type="checkbox"/>

9. Participation in activities: ☐ Seldom participates ☐ Participates faithfully when asked ☐ Willingly volunteers



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### **Employer's/Teacher's Recommendation**

Please fill out as completely as possible. Please print.

#### **Waiver**

To be completed by applicant.

Applicant's Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

I willingly waive my right of access to see this recommendation, knowing that this waiver is not required as a condition for admission.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **Recommendation**

To be completed by pastor/youth pastor.

The above named student has applied for admission to Gateway International Bible College and has given your name as a reference. Please answer the following questions and complete the personality ration section to the best of your knowledge.

Be advised that due to the Family Educational Rights and Privacy Act of 1974, the applicant has the right of access to this document unless he or she has signed the waiver statement above. If the waiver statement is not signed and there is information which you prefer to communicate personally, you may call the Academic Dean at 828-632-2344.

Business/School Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Position Held by applicant: \_\_\_\_\_ Length of Service: \_\_\_\_\_

#### **Personality Traits**

Please check in the box to the front of the comment which best applies.

##### **Teachability**

- ☐ Needs repeated instructions ☐ Slow, but retains well ☐ Learns readily ☐ Very superior

##### **Dependability**

- ☐ Not dependable ☐ Needs to be watched ☐ Usually reliable ☐ Thoroughly dependable

##### **Judgment**

- ☐ Unable to make decisions ☐ Makes snap judgments ☐ Uses good common sense ☐ Superior judgment

##### **Initiative**

- ☐ Needs constant supervision ☐ Relies somewhat upon others ☐ Ably carries out assignments ☐ Anticipates needs; is resourceful

##### **Accuracy**

- ☐ Too many errors ☐ Somewhat inaccurate ☐ Satisfactory ☐ High degree of accuracy





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3C

### Friend's Recommendation

Please fill out as completely as possible. Please print.

### Waiver

To be completed by applicant.

Applicant's Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

I willingly waive my right of access to see this recommendation, knowing that this waiver is not required as a condition for admission.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Recommendation

To be completed by friend.

The above named student has applied for admission to Gateway International Bible College and has given your name as a reference. Please answer the following questions and complete the personality ration section to the best of your knowledge.

Be advised that due to the Family Educational Rights and Privacy Act of 1974, the applicant has the right of access to this document unless he or she has signed the waiver statement above. If the waiver statement is not signed and there is information which you prefer to communicate personally, you may call the Academic Dean at 828-632-2344.

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know the applicant? \_\_\_\_\_
3. Have you had the opportunity to observe the applicant's church, home, and business life? ☐ Yes ☐ No
4. Please give any information you can regarding the applicant's church, social, and business life: \_\_\_\_\_  
\_\_\_\_\_
5. Please give any informatioin you can regarding the applicant's family life: \_\_\_\_\_  
\_\_\_\_\_
6. Does the applicant respond well to others? ☐ Yes ☐ No
7. Does the applicant work well with others? ☐ Yes ☐ No
8. What do you consider the applicant's significant talents or abilities? \_\_\_\_\_  
\_\_\_\_\_
9. What do you consider the applicant's weak points? \_\_\_\_\_  
\_\_\_\_\_
10. Have you observed weaknesses in the applicant's moral life? ☐ Yes ☐ No If "yes", please explain? \_\_\_\_\_  
\_\_\_\_\_

## Friend's Recommendation

### Personality Traits

Please check in the box to the front of the comment which best applies.

#### Spiritual Life

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Do not know          | <input type="checkbox"/> No interest in spiritual growth   | <input type="checkbox"/> Little evidence of spiritual growth |
| <input type="checkbox"/> Average spirituality | <input type="checkbox"/> Shows growth and separated living | <input type="checkbox"/> Deeply spiritual                    |

#### Industry

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Do not know             | <input type="checkbox"/> Needs constant prodding      | <input type="checkbox"/> Needs occasional prodding |
| <input type="checkbox"/> Performs assigned tasks | <input type="checkbox"/> Goes beyond what is required |  |

#### Responsibility

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Do not know      | <input type="checkbox"/> Irresponsible            | <input type="checkbox"/> Shows some dependability |
| <input type="checkbox"/> Usually reliable | <input type="checkbox"/> Conscientiously reliable |   |

#### Emotional Qualities

- |                                      |                                    |                                   |  |  |
|--------------------------------------|------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Apathetic | <input type="checkbox"/> Unstable | <input type="checkbox"/> Consistently stable | <input type="checkbox"/> Highly stable |
|--------------------------------------|------------------------------------|-----------------------------------|--|--|

#### Purposefulness

- |                                      |                                  |                                       |                                  |   |
|--------------------------------------|----------------------------------|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Aimless | <input type="checkbox"/> Vasciliating | <input type="checkbox"/> Average | <input type="checkbox"/> Self-motivated |
|--------------------------------------|----------------------------------|---------------------------------------|----------------------------------|---|

#### Influence on others

- |                                      |                                      |   |                                  |  |
|--------------------------------------|--------------------------------------|---|----------------------------------|--|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Detrimental | <input type="checkbox"/> Not real influence | <input type="checkbox"/> Varying | <input type="checkbox"/> Consistently good |
|--------------------------------------|--------------------------------------|---|----------------------------------|--|

#### Leadership

- |                                      |                                       |                                       |  |   |
|--------------------------------------|---------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Not a leader | <input type="checkbox"/> Some ability | <input type="checkbox"/> Good leadership | <input type="checkbox"/> Outstanding leadership |
|--------------------------------------|---------------------------------------|---------------------------------------|--|---|

### Additional References

Please list the names and addresses of two other unrelated references that we may contact:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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

### Signature

I would recommend this applicant for admission:

- ☐ Without reservation ☐ with reservation ☐ could not recommend (please explain on a separate sheet of paper)

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

Position: \_\_\_\_\_

Church Address: \_\_\_\_\_

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

Church Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please mail completed form to the address at the top of the previous page.