

Application Portfolio 2017-2018



Phone: 1-888-892-4253 | Fax: 306-582-2027 | Email: admissions@millarcollege.ca

Admissions Portfolio Checklist

Use the following checklist as a guide when reviewing your application portfolio.

I have:

- completed all questions on the Application Form
- signed (and parent/guardian if under the age of 18) and dated the application
- enclosed the \$50 non-refundable fee (cheques payable to Millar College of the Bible)
- enclosed my most current official transcript
- enclosed a recent head-and-shoulders color picture of myself (school photo, passport photo, etc.)
- enclosed a 300–400 word testimony including the following:
 - my conversion and assurance of salvation
 - my Christian growth
 - my family life
 - my present occupation
 - my expectation and goals for my educational experience at Millar
- if married, enclosed a testimony paper from my spouse
- if a home-study student, enclosed:
 - English paper or History project or Social Studies project
 - Mathematics or Science examination

Home-study Students: As part of the admissions process, Millar College may request you complete the ACT with an average of 21 or the SAT I with a minimum score of 1100. An interview with the Registrar may also be required by the College or requested by the applicant.
- signed (and parent/guardian if under the age of 18) the waiver statement on the front of each reference form
- given Reference Form #1 to a pastor, youth pastor, or Christian leader who is not a relative
- given Reference Form #2 to an adult friend over the age of 21 who is a Christian, who is not a relative, and who is not a current student at Millar College of the Bible.

Encourage the people completing your references to send or fax them in as quickly as possible. This will speed up the process of your acceptance.

Please note: All documents submitted for admission or transfer credit evaluation become the property of Millar College of the Bible and will not be returned or photocopied for the applicant. Documents that cannot be replaced should not be submitted—certified copies should be sent instead.

Any questions?

Contact **Kelvin Thiessen** or **Daniel Warne**
at 1-888-892-4253 or by email at
admissions@millarcollege.ca.

application form



MILLAR COLLEGE OF THE BIBLE

Phone: 1-888-892-4253 | Fax: 306-582-2027 | Email: admissions@millarcollege.ca

My campus of preference: Millar, Pambrun, SK Millar, Sunnybrae, BC

1. I am applying for: (choose one) September 2017 January 2018

2. NAME: (FIRST, MIDDLE, LAST) _____

(PREFERRED NAME IF APPLICABLE) _____

ADDRESS: _____

CITY/PROV/STATE: _____

POSTAL/ZIP CODE: _____

COUNTRY: _____

PHONE: _____

CELL: _____

EMAIL: _____

FACEBOOK ID: _____

PARENT'S/GUARDIAN'S NAME(S): _____

ADDRESS: _____

CITY/PROV/STATE: _____

POSTAL/ZIP CODE: _____

COUNTRY: _____

PHONE: _____

EMAIL: _____

3. Date of Birth (Mo/Day/Yr): ___ / ___ / ___ Gender: Male Female

Social Insurance/Security #: _____

NOT REQUIRED FOR INTERNATIONAL STUDENTS

4. How long have you attended your local church? _____

5. CHURCH'S NAME: _____

ADDRESS: _____

CITY/PROV/STATE: _____

POSTAL/ZIP CODE: _____

COUNTRY: _____

DENOMINATION: _____

PASTOR'S NAME: _____

CHURCH PHONE: _____

EMAIL: _____

6. Education: List in chronological order all high schools and colleges/universities you have attended.

| NAME | CITY/PROV/STATE | DATES ATTENDED | GRADES ATTENDED |
|------|-----------------|----------------|-----------------|
| | | | |
| | | | |
| | | | |

7. Have you experienced significant learning difficulties/disabilities in your education to this point?
 Has this disability been analyzed and diagnosed? _____
 If so, what is the diagnosis? _____

8. List your experience and interest in music, sports, or drama. _____

9. Describe any participation in Christian ministry or volunteer work of other kinds. _____

10. What program are you taking: BA Strategic Ministries Bachelor of Biblical Studies
 Christian Ministry Diploma Impact Certificate

11. How did you first hear about Millar? _____

12. How do you expect to meet your expenses at Millar? _____

13. Medical History

Check if you have or have had any of the following medical problems:

| | Ever Had | Past Year | Emotional Problems: | Ever Had | Past Year |
|--------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Anxiety Disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Eating Disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| Fainting | <input type="checkbox"/> | <input type="checkbox"/> | Social Difficulties | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Problems | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| ADD, ADHD | <input type="checkbox"/> | <input type="checkbox"/> | Clinical Depression | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> | Self Injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Menstrual Problems | <input type="checkbox"/> | <input type="checkbox"/> | | Yes | No |
| Mononucleosis | <input type="checkbox"/> | <input type="checkbox"/> | Allergies | <input type="checkbox"/> | <input type="checkbox"/> |
| STDs | <input type="checkbox"/> | <input type="checkbox"/> | Specify _____ | | |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Provincial Health Card Number _____

Please indicate if there are any special health conditions/problems that we should be aware of.

14. Have you ever experienced any emotional difficulties/disabilities? If so, have these been or are they currently being addressed by a counselor? Is your church family and/or immediate family aware?

15. Within the last year have you made use of alcohol, tobacco, or non-medicinal drugs? Yes No
If yes, please explain your current belief/attitude towards those items.

16. Marital Status: Single Engaged Married Divorced Remarried Separated

Name of spouse (if married) _____

If your spouse plans to take courses, we ask that he/she complete a separate application form.

Child's Name _____ Grade next fall _____

Child's Name _____ Grade next fall _____

Child's Name _____ Grade next fall _____

Child's Name _____ Grade next fall _____

17. Give the names and complete addresses of the two persons who will be filling out your reference forms:

REFERENCE #1: _____

REFERENCE #2: _____

ADDRESS: _____

ADDRESS: _____

CITY/PROV/STATE: _____

CITY/PROV/STATE: _____

POSTAL/ZIP CODE: _____

POSTAL/ZIP CODE: _____

PHONE: _____

PHONE: _____

I am applying for the Christian Workers Bursary.

My parents are engaged in full-time Christian ministry with: _____

Declaration of Admission

By signing this application I understand that:

1. Applicants are selected on the basis of spiritual, educational, and character qualifications.
2. Students are expected to attend classes, chapels, conferences and services, to participate in a local church, and to involve themselves in the activities of the college community.
3. Students are to abstain from sexual immorality, bars, lounges, gambling, and the use of non-medicinal drugs, alcohol, tobacco, and occult activity.
4. All documents submitted for admission or transfer credit evaluation become the property of Millar College of the Bible and will not be returned or photocopied for the applicant. Documents that cannot be replaced should not be submitted; rather, certified copies should be sent.

To the best of my knowledge all information I have given in this application is complete and true. As a student I will support the ideals and standards of Millar College of the Bible and seek to live a Christian life that is pleasing to Jesus Christ. I understand that the contents of this application become the property of Millar College of the Bible.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/GUARDIAN
(IF APPLICANT IS UNDER 18)

DATE

reference form #1



Pastor, Youth Pastor, or Christian Leader (not a relative)

Waiver Statement

(to be completed by Applicant)

General information of the applicant

NAME: (FIRST, MIDDLE, LAST)

MAILING ADDRESS: (STREET/PO BOX)

PHONE:(AREA CODE)

(CITY/TOWN, PROV./STATE, POSTAL/ZIP CODE)

I authorize the release of the disclosed information by the person completing this Reference Form. I waive any right or privilege to inspect or challenge the contents of this reference. I understand that this information will be held in confidence by Millar College of the Bible and will not be released to anyone (other than employees, agents, representatives and/or professional advisors of Millar College of the Bible) without the permission of the person giving such character reference, or in the absence of a court order, subpoena or laws requiring the disclosure of such information.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/GUARDIAN (IF APPLICANT IS UNDER 18)

DATE

The above-named individual has applied to Millar College of the Bible for entrance as a student and has submitted your name as a reference. Please fill out this form as fully and honestly as possible. The comments you make will be kept in strictest confidence. Your prompt reply is greatly appreciated.

1. How long have you known the applicant? _____ years _____ months
2. How well do you feel you know the applicant? very well fairly well casually

Describe your relationship: _____

3. To your knowledge, has the applicant received Jesus Christ as Saviour?

no not known yes (when?) _____

4. To what extent has the individual engaged in church activities and/or youth group?

regularly irregularly seldom never If less than regularly, do you know why?

Please state: _____

5. In his/her attitude toward church attendance/involvement, in most cases the applicant is:

enthusiastic average tolerant rebellious

Please comment: _____

6. In your opinion, what is the applicant's response to authority? _____

7. Please briefly describe what you know of this applicant's home life.
Is he/she having any particular struggles at home that would be helpful for us to understand?

8. Describe the applicant's skills, talents, or abilities as you have observed them. _____

9. Describe the applicant's personality or character traits. _____

10. In your opinion, what are areas in which the applicant needs development or maturing? _____

11. Please comment on any known participation in habits or immoral activities that are destructive to the applicant's physical, emotional, or spiritual development (e.g. alcohol, non-medical drugs, tobacco, occult activity, pornography, etc.) _____

12. How well would you expect the applicant to succeed at Bible college in the following areas:

Academically _____

Socially _____

Spiritually _____

13. Do you have any reservations in recommending the applicant? (If so, please explain)

14. If you have further information which you feel could be helpful, please use a separate page or call 306-582-2033 (toll free—1-888-892-4253) and ask to speak to the Director of Admissions.

Name and address of person filling out form:

NAME: _____

STREET/PO BOX: _____ CITY: _____

PROV./STATE: _____ POSTAL/ZIP: _____

SIGNATURE: _____ DATE: _____ PHONE: _____

MAIL TO: CONFIDENTIAL

Director of Admissions: **Millar College of the Bible**

PO Box 25, Pambrun, SK S0N 1W0 | Fax: 306-582-2027

reference form #2



Adult Christian Friend over age 21 (not a relative, not a current student)

Waiver Statement

(to be completed by Applicant)

General information of the applicant

NAME: (FIRST, MIDDLE, LAST)

MAILING ADDRESS: (STREET/PO Box)

PHONE:(AREA CODE)

(CITY/TOWN, PROV./STATE, POSTAL/ZIP CODE)

I authorize the release of the disclosed information by the person completing this Reference Form. I waive any right or privilege to inspect or challenge the contents of this reference. I understand that this information will be held in confidence by Millar College of the Bible and will not be released to anyone (other than employees, agents, representatives and/or professional advisors of Millar College of the Bible) without the permission of the person giving such character reference, or in the absence of a court order, subpoena or laws requiring the disclosure of such information.

SIGNATURE OF APPLICANT

DATE

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NAME: _____

STREET/PO BOX: _____ CITY: _____

PROV./STATE: _____ POSTAL/ZIP: _____

SIGNATURE: _____ DATE: _____ PHONE: _____

MAIL TO: CONFIDENTIAL

Director of Admissions: **Millar College of the Bible**

PO Box 25, Pambrun, SK S0N 1W0 | Fax: 306-582-2027