



APPLICATION INSTRUCTIONS

Texas Independent Baptist Seminary & Schools
2200 W. Loop 281
Longview, TX 75604

We are excited you are applying to Texas Independent Baptist Seminary & Schools. Students from around the world come to Texas Independent Baptist Seminary & Schools seeking more than just a diploma; they want practical ministry training as well as academic excellence. If you are ready for a challenge – spiritually, academically and socially – Texas Independent Baptist Seminary & Schools is the place for you! This application represents your opportunity to be considered for admission to Texas Independent Baptist Seminary & Schools. When we have received the necessary items listed below, your application will be reviewed by the Texas Independent Baptist Seminary & Schools Administration.

Return all application materials to:

T.I.B.S. Admissions
2200 W. Loop 281
Longview, TX 75604

HOW TO APPLY

Freshman and Transfer Applicants:

1. Send your completed application for admissions along with a \$25 tuition deposit in the form of a check or money order.
2. Remove the Transcript Request form, fill out your information, and mail to the appropriate secondary or post-secondary institution. Be sure to fill out your student information before mailing. Your high school or college will send us your transcripts.
3. Remove the enclosed Pastor's Recommendation form. Have your pastor complete the form and mail it directly to Texas Independent Baptist Seminary & Schools.
4. Remove the 2 reference forms. Have your references complete the form and mail it directly to Texas Independent Baptist Seminary & Schools.
5. Include your 750 word personal essay on a separate, 8½ X 11, sheet of paper.

NOTE: Transfer applicants with at least 30 college credits are NOT required to submit an official secondary school transcript.

APPLICATION FOR ADMISSION

Texas Independent Baptist Seminary & Schools



Please attach a recent portrait of yourself.

Application for: Select One: I Have Applied to TIBS before

Fall Semester 20_____ Freshman No

Spring Semester 20_____ Transfer Yes

Upon receipt of your application, a member of the Texas Independent Baptist Seminary & Schools administration will contact you. If you have any questions, feel free to call us at 1.800.292.1062.

Date of application: _____

GENERAL INFORMATION

Anticipated date of entrance: Fall Spring 20_____

Applicant Name:

First
Middle
Last

Address

City
State
Zip

Home Phone (_____) _____ Cell Phone (_____) _____

Email: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Gender: M F

(Circle One)

Marital Status:

<input type="checkbox"/> Single	<input type="checkbox"/> Engaged	<input type="checkbox"/> Married
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Remarried

If married, spouse's name: _____

Years Married: _____

Office Use Only

Date Received _____ Application Fee Paid _____ Approved _____

HOW: Phone Web Form In-Person Tour Group Other _____

FAMILY INFORMATION

Father's Full Name _____

Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Occupation: _____

Mother's Full Name _____

Address (if different from above) _____

City _____ State _____ Zip _____

Email: _____ Occupation: _____

Younger Sibling _____ Year of High School Graduation _____

Younger Sibling _____ Year of High School Graduation _____

Younger Sibling _____ Year of High School Graduation _____

CONFIDENTIAL INFORMATION

If you answer "yes" to any of these questions, please write the date of the last occurrence.

Yes No 1. Have you used tobacco in the last year? _____

Yes No 2. Have you used alcohol in the last year? _____

Yes No 3. Have you used non-prescription drugs in the last year? _____

Yes No 4. Have you attended movies in the last year? _____

Yes No 5. Have you attended dances in the last year? _____

Yes No 6. Have you ever been convicted of a criminal offense other than a minor traffic violation, or are there such criminal charges pending against you at this time? If "yes," please enclose a statement concerning offense and date of offense. _____

Yes No 7. Have you ever been denied admission, expelled, dismissed, suspended, or otherwise subject to any disciplinary action from any secondary school or post-secondary school? If "yes," enclose a statement concerning details including the name of the school, date and reason for action. _____

ACADEMIC INFORMATION

High school attended: _____

School address: _____

City _____ State _____ Zip _____

Graduation Date: _____

If not a high school graduate, have you earned a G.E.D. certificate? Yes/No

Date _____ (mm/yyyy) No. _____

List all post-secondary institutions you have attended: _____

Transfer Students: Do you expect to transfer credits from another college? Yes No

Are you eligible to return to the last college or university you attended? Yes No
(If no, please attach a brief explanation.)

Students must have their transcripts sent to the Admissions Office even if they do not expect to transfer credit.

IN WHICH PROGRAM ARE YOU PRIMARILY INTERESTED?

MUSIC

- Certificate
- Diploma

SECRETARIAL

- Certificate
- Diploma

THEOLOGY (Men Only)

- Associate
- Bachelor
- Master
- Doctor

RELIGIOUS EDUCATION (Men and Ladies)

- Associate
- Bachelor

GENERAL STUDIES

- 2-Year Certificate

Will you need dormitory housing? Yes No

CHURCH INFORMATION

Home Church _____

Church Address _____

City _____ State _____ Zip _____

Church Phone: () _____ How many years have you attended this church _____

Are You a Member? Yes No Do You Regularly Attend Church? Yes No

Is This an Independent Baptist Church? Yes No

Pastor's Name _____

Pastor's Phone: (_____) _____ Pastor's Cell: (_____) _____

When Were You Saved? _____

In What Church Were You Baptized? _____

What practical Christian experience do you have? _____

COMMITMENT

1. Are you a Baptist by faith and doctrine? Yes No
2. Have you read and are you in complete and cheerful accord with the Doctrinal statement of Texas Independent Baptist Seminary & Schools? Yes No If "no," enclose an explanation of any area in which you disagree.
3. If accepted, do you agree to abide cheerfully by the standard of conduct and the rules and regulations of Texas Independent Baptist Seminary & Schools, on and off campus, while a student. Yes No

Please prepare a 750 word personal essay on a separate sheet of paper (8½ X 11) and include the following subjects in your essay. Please type or print in ink and enclose with your application.

1. Give a brief account of your personal salvation testimony.
2. Please tell about your call to the ministry.
3. List the reasons you desire for attending Texas Independent Baptist Seminary & Schools.
4. Please tell what you plan on doing once you graduate from Texas Independent Baptist Seminary & Schools.

The T.I.B.S. Catalog is available for download from our website: <https://texasibs.org>.

AGREEMENT FORM

NOTICE

Falsifying or withholding information in completing this application violates the policies of Texas Independent Baptist Seminary & Schools and constitutes grounds for the immediate withdrawal of your application from further consideration or cancelation of your admission or registration.

I _____ hereby certify that this application is true and complete to the best of my knowledge, with no omissions in any area. I also understand that any untrue statement may subject me to immediate dismissal from Texas Independent Baptist Seminary & Schools. If I am accepted, I agree to comply with the doctrines, rules and regulations of the Longview Baptist Temple and to maintain the standards of conduct in accordance with the aims and objectives of Texas Independent Baptist Seminary & Schools.

Signed: _____ Date: _____



PASTOR'S RECOMMENDATION

Texas Independent Baptist Seminary & Schools
2200 W. Loop 281
Longview, TX 75604

TO THE APPLICANT: Please complete the first section of this form and give it to your pastor.

TO THE PASTOR: Please fill out the following information and return this form directly to Texas Independent Baptist Seminary & Schools. The information on this form will be held strictly confidential and will not be available to the applicant. **Please do not return this form to the applicant.**

This section to be completed by applicant.

Applicant's Name: _____ Phone _____

Address: _____ City _____ State _____ Zip _____

Semester of Planned Enrollment: Spring 20____ Fall 20____

This reference should be completed no more than fifteen (15) months before you plan to attend.

1. How long have you pastored the applicant? _____Years

2. To your knowledge, has the applicant made a profession of faith in Christ and followed the Lord in Baptist Baptism? Yes/No

3. Is the applicant expressing his/her faith through involvement in the local church? Yes/No
If "Yes," what are his/her activities in the church?

4. Is the applicant the kind of person you would want to associate with your son or daughter? Yes/No
If "No," please explain:

5. Do you know of any reason this person would not be suitable to attend Texas Independent Baptist Seminary & Schools? Yes/No

6. Describe the applicant's personal characteristics below:

- | | | | | |
|----------------|------------------------------------|-------------------------------|----------------------------------|-------------------------------|
| Dependability: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| Punctuality: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| Spirituality: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| Flexibility: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| Faithfulness: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| Submission: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| Respect: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |

7. In considering this applicant, would you recommend him/her to attend Texas Independent Baptist Seminary & Schools? Yes/No

Signature of Pastor _____ Date _____

Mail Completed form directly to:

**T.I.B.S. Admissions
2200 W. Loop 281
Longview, TX 75604**

This applicant cannot be further processed until we hear from you.

Pastor's Name _____
(Please Print)

Address _____

City _____ State _____ Zip _____

Church Phone: (____) _____ Cell Phone (____) _____

Email: _____



PERSONAL REFERENCE FORM

Texas Independent Baptist Seminary & Schools
2200 W. Loop 281
Longview, TX 75604

TO THE APPLICANT: Please complete the first section of this form and give it to a business associate, employer, teacher, or a person of authority to complete and return to the college. Relatives may not fill out a personal reference form.

TO THE REFERENCE: Please fill out the following information and return this form directly to Texas Independent Baptist Seminary & Schools. The information on this form will be held strictly confidential and will not be available to the applicant. **Please do not return this form to the applicant.**

This section to be completed by applicant.

Applicant's Name: _____ Phone _____

Address: _____ City _____ State _____ Zip _____

Semester of Planned Enrollment: Spring 20____ Fall 20____

This reference should be completed no more than fifteen (15) months before you plan to attend.

How well do you know the applicant?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's character?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's dependability?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How well does the applicant get along with others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would your rate the applicant's cooperation?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's respect of others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How timely does the applicant pay their bills?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
Would you hire this applicant to work for you	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		
Would you want this applicant to be close friends with your children?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		

Signature of Reference _____ Date _____

Reference Name _____
(Please Print)

Address _____

City _____ State _____ Zip _____

Cell Phone: (____) _____ Relation to Student _____

Email: _____

Mail Completed form directly to: T.I.B.S. Admissions
2200 W. Loop 281 • Longview, TX 75604

This applicant cannot be further processed until we hear from you.



PERSONAL REFERENCE FORM

Texas Independent Baptist Seminary & Schools
2200 W. Loop 281
Longview, TX 75604

TO THE APPLICANT: Please complete the first section of this form and give it to a business associate, employer, teacher, or a person of authority to complete and return to the college. Relatives may not fill out a personal reference form.

TO THE REFERENCE: Please fill out the following information and return this form directly to Texas Independent Baptist Seminary & Schools. The information on this form will be held strictly confidential and will not be available to the applicant. **Please do not return this form to the applicant.**

This section to be completed by applicant.

Applicant's Name: _____ Phone _____

Address: _____ City _____ State _____ Zip _____

Semester of Planned Enrollment: Spring 20____ Fall 20____

This reference should be completed no more than fifteen (15) months before you plan to attend.

How well do you know the applicant?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's character?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's dependability?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How well does the applicant get along with others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's cooperation?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's respect of others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How timely does the applicant pay their bills?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
Would you hire this applicant to work for you	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		
Would you want this applicant to be close friends with your children?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		

Signature of Reference _____ Date _____

Reference Name _____
(Please Print)

Address _____

City _____ State _____ Zip _____

Cell Phone: (____) _____ Relation to Student _____

Email: _____

Mail Completed form directly to: T.I.B.S. Admissions
2200 W. Loop 281 • Longview, TX 75604

This applicant cannot be further processed until we hear from you.



MEDICAL FORM

Texas Independent Baptist Seminary & Schools
2200 W. Loop 281
Longview, TX 75604

Name _____

Address _____ City _____ State _____ Zip _____

Marital Status: Single Married Age _____ Gender: Male Female

Date of Birth MM/DD/YYYY _____ Occupation _____ Part-time Student Full-time Student

Personal History *(Check all that apply. If yes, give the date of the most recent symptoms.)*

- Drug Abuse _____ Thyroid Disease _____ Stomach Ulcer/Gastritis _____
- Diabetes _____ Anemia _____ Gallbladder Disease _____
- Seizures _____ Scoliosis _____ Allergies _____
- Rheumatic Fever _____ Back Injury _____ Pneumonia _____
- Arthritis _____ Mumps/Measles _____ Asthma _____
- Skin Problem _____ Chicken Pox _____ Migraine Headaches _____
- High Blood Pressure _____ Venereal Disease _____ Previous Pregnancies _____
- Heart Disease _____ Kidney Disease _____ Sexually Transmitted Disease _____
(condyloma, HIV positive)
- Tuberculosis _____ Liver Disease _____

Do you take any medications regularly? Yes No *(If yes, please list them.)*

Have you had any surgeries? Yes No *(If yes, please list them.)*

Have you ever sought psychiatric/psychological counsel?

Name of Doctor _____ City _____ State _____

Name of Facility _____ City _____ State _____

Dates of Care _____

IMMUNIZATIONS *(month, day, and year)*

DPT (Diphtheria, Tetanus, Whooping Cough) _____

OPV (Oral Polio) _____

Measles (Rubeola) _____

German Measles (Rubella) _____

Mumps _____



PHYSICAL FORM

Texas Independent Baptist Seminary & Schools
2200 W. Loop 281
Longview, TX 75604

TO THE APPLICANT: This form must be completed by your physician no more than one year before you enroll.

The deadline for submitting a complete physical form is thirty days after the first day of registration for the first semester enrolled if you are a full-time and/or dorm student. A complete physical form includes this form AND the result from the Tuberculin PPD test AND, if this test is positive, the **results** from the chest X-ray.

No matter the cost or the time required, it is the student's responsibility to submit a complete physical form before the above deadline. No student will be allowed to attend any class after midterms **until his/her complete form has been submitted to the Admissions Office.**

TO THE PHYSICIAN: Every blank is required. Thank you for your assistance.

Name _____ Today's Date MM/DD/YYYY _____

Date of Birth MM/DD/YYYY _____ Height _____ Weight _____

Temperature _____ Pulse _____ Blood Pressure _____

Urine _____ Sugar _____ Ketone _____

Tuberculin PPD (Mantoux): Date Given _____	Date Read _____	Results* _____
*If positive, chest X-ray: _____	Date Read _____	Results _____
This test is required.		

General Appearance Good Fair Poor

Skin _____ Reoccurring skin problems? _____

Ears _____ Heart _____ Nose/Throat _____

Lungs _____ Asthma? Yes No

Gynecological History _____

Extremities _____

Orthopedic _____

General Comments _____

Does this person seem to be capable of being enrolled in college? Yes No

Physician's Signature _____

Physician's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____



EMERGENCY PERMIT FORM

Texas Independent Baptist Seminary & Schools
2200 W. Loop 281
Longview, TX 75604

PLEASE READ: This permit is required of every student. If the student will be 18 years of age before registration, he/she must sign below after he/she turns 18. If the student will not be 18 before registration, the person legally responsible for him/her must sign.

Name _____

Date of Birth MM/DD/YYYY _____ Age _____ Social Security Number _____

In the event that an emergency should arise, I hereby give Texas Independent Baptist Seminary & Schools permission to authorize emergency anesthesia, surgery, and/or procedures for the above-named student/applicant as deemed necessary.

Signature _____ Today's Date MM/DD/YYYY _____

Relationship of Signer to Student Self (if 18 or older) Other

Address of Signer _____

City _____ State _____ Zip _____

Phone: (_____) _____ Cell Phone (_____) _____



TRANSCRIPT REQUEST FORM

Texas Independent Baptist Seminary & Schools
2200 W. Loop 281
Longview, TX 75604

TRANSCRIPT REQUEST FORM FOR SECONDARY OR POST-SECONDARY RECORDS

To the Principal or Registrar:

The following student is applying for admission to Texas Independent Baptist Seminary & Schools of Longview, TX. Please send a copy of his/her transcripts to:

T.I.B.S. Admissions
2200 W. Loop 281
Longview, TX 75604

Please include the student's grades, grade-point average, or completed credit hours as well as any awards or recognition which the student may have received while attending your institution.

Student Information:

Last Name First Middle

SSN

Address

Last Term Attended

City/State/Zip

Graduation Date

Student's Signature

Date:

Parent's Signature

Date:

(Parent's or guardian's signature is required if the student is under 18 years of age.)