

## Application for Enrollment into the School of Counseling

Please submit the completed application form to:

Harvest Baptist Bible College

ATTN: ADMINISTRATIVE OFFICE

1940 225th Street, Fort Dodge, IA 50501

PHONE: (515) 955-7066

Email: [hbbc.forstudents@gmail.com](mailto:hbbc.forstudents@gmail.com)

(Please Print or Type All Information)

**LEGAL NAME:** Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_\_\_  
LAST FIRST MIDDLE

Birthday \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Contact phone #: \_\_\_\_\_ Cell or Home

E-mail Address: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_

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

**HOME CHURCH:** \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Church Phone Number: \_\_\_\_\_

### PREVIOUS EDUCATION/TRAINING:

#### High School:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

G.E.D. \_\_\_\_\_ Date Completed: \_\_\_\_\_

#### College:

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

**Please enclose one of the following documents if you will be applying your credits towards a degree:**

High School Transcript or Copy of Diploma or G.E.D. (for Associate Degree or Bachelor Degree)

College Transcript(s) or Copy of Diploma (for Masters Degree)

**How are you are planning on applying your credits: Circle one**

Personal Enrichment   Certificate of Completion   Associate Degree   Bachelor Degree   Masters Degree

#### Payment Plan: Check One

- 8 installments of \$110
- 1 payment of \$800
- 1 payment of \$320 for personal enrichment

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_