

**TRINITY TEMPLE COLLEGE OF RELIGION**  
**APPLICATION FOR ADMISSION**

(PLEASE TYPE OR PRINT LEGIBLY)

**PERSONAL INFORMATION**

**\*SUBMIT A PHOTO:**

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

Street Address or P.O. Box: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Gender: Male ( ) Female ( ) Race: (optional) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: Single ( ) Married ( ) Separated ( ) Widow ( ) Widower ( )

Divorce ( ) Remarried ( ) 1 2 3 4

**EMPLOYMENT INFORMATION**

Occupation: \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_ ext. \_\_\_\_\_

**DENOMINATIONAL INFORMATION**

Denominational Background: \_\_\_\_\_

Name of church you are a member of: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

How long have you been a member? \_\_\_\_\_

What Ministries are you involved? \_\_\_\_\_

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

**For character reference:** Provide a name and address of a Christian friend who has known you for at least two years.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

I am a High School Graduate      Yes ( )      No ( )      Year Graduated \_\_\_\_\_  
 I have a G.E.D.                      Yes ( )      No ( )      Year Received \_\_\_\_\_  
 I have a College Degree            Yes ( )      No ( )      Year Graduated \_\_\_\_\_  
 What Type of Degree do you have? \_\_\_\_\_

**List all schools beyond high school you have attended: (use additional sheet)**

Name of School	City/State	Course Taken	Date

**On a separate sheet of paper:**

- o Write your testimony of WHEN, WHERE, and HOW you were SAVED.
- o What are your educational goals?

**Read and Initial each of the following:**

\_\_\_\_\_ I understand there are written papers that are required for all degrees.  
 \_\_\_\_\_ I agree with TTCOR Doctrinal Statement.  
 \_\_\_\_\_ I agree with TTCOR Conduct Standard.

**If you mail in your application:**

Do not send cash!! Make checks or money order payable to Trinity Temple College of Religion (TTCOR). Application for admission without proper fees will not be processed. ADMISSION IS A PRIVILEGE, NOT A RIGHT!!!!

Registration Fee Enclosed \$ \_\_\_\_\_

I, \_\_\_\_\_ bare witness before the Lord, that the information given on this application is complete and accurate. Deliberate falsification of the application will result in immediate termination when detected. I accept financial responsibility for the payment of my tuition, book fee, graduation fee, and cap & gown fee. All fees must be paid in full before receiving degree. All fees that are not paid will result in including all cost of collection on any past due charges referred to a collection agency.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

# TRINITY TEMPLE COLLEGE OF RELIGION REQUEST OF TRANSCRIPT

This form is to be used by students who request transcripts to be forwarded for college admission or employment consideration.

## Applicant Information and Consent

(Please Print/Type Legibly)

Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Phone Number: _____	
Social Security Number: _____	
DOB: _____	
<i>As an applicant to Trinity Temple College of Religion, I authorize you to release my academic records as indicated below:</i>	
Employment/ School Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
_____	_____
Student Signature	Date

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

TRINITY TEMPLE COLLEGE OF RELIGION  
P.O. Box 243  
HINESVILLE, GEORGIA 31310