



IBTC SCHOOL OF MINISTRY

APPLICATION FOR ADMISSION

"Equipping to perfect the call"

IBTC is an accredited institution of higher learning providing a diploma for Ministerial Academics. IBTC is affiliated with United Graduate College and Seminary. IBTC admits students of any race, color, national and ethnic origin, to all rights, privileges, programs and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national and ethnic origin in administration of educational policies, admissions policies and other school-administered programs.

PO Box 2290

Rowlett, TX 75030

(972) 613-0032

Fax (972) 613-0105

www.potterswheel.org

E-mail: admin@potterswheel.org

T.C. Morgan, President

Paul Rouse, Vice President

Application Procedures

APPLICATION DEADLINE

The IBTC School of Ministry application is due no later than **August 1, 2011** in order to allow time for the processing of the application. One month prior to registration is recommended. Late applications are accepted based on space and qualifications of the applicant. **Please note:** Enrollment is on a first apply, first admit basis, and IBTC reserves the right of admissions.

APPLICATION REQUIREMENTS

- All applications must be submitted with a **nonrefundable application fee of \$35.00**. The application fee must be paid by check or money order. Credit card payment is not accepted for the application fee. Make checks payable to PWM - IBTC.
- Complete the Application for Admission Form. Please answer all questions. If a question does not apply, write N/A (not applicable) in the space provided.
- Applicants must include a recent passport size color photograph with the Application for Admission form.
- Complete, sign and submit the Statement of Purpose form. Please print or type in English.
- Read and sign the Student Privacy Right form and return it with the application.
- Please do not fax any portion of the application.
- Send the request for high school transcript to your high school or diploma-issuing agency.
- Send a request for transcript to each college or university you have attended if you wish to pursue an Associate of Arts Degree in Counseling or Theology (matriculated) and/or a Bachelor of Arts Degree in Counseling or Theology (matriculated); a Masters in Counseling or Theology; and/or a Doctorate of Divinity or Christian Counseling through United Graduate College and Seminary.
- Each applicant must contact IBTC School of Ministry to **schedule a personal interview** with school officials. Interviews may be scheduled during the week or prior to services on the weekend.
- Each applicant must submit three recommendations: One from the applicant's pastor and two personal recommendations from people who know the applicant well and can

speak on his or her behalf regarding character, gifts and calling. **Please do not use family members or relatives for any of the required recommendations.** To expedite the application process, please sign the recommendation form and provide each reference with a stamped envelope addressed to:

Potter's Wheel Ministries

IBTC School of Ministry

Office of Admissions

PO Box 2290

Rowlett, TX 75030

- Complete the permission to obtain a background check form. This is required of each potential first-year student. **Enclose the required \$50.00 fee for completing the background check.** Once the admissions committee has reviewed the application, the applicant will be notified in writing of acceptance or denial.

Application Checklist

This application checklist is to be used as a guide to help expedite the application process. Your application file for IBTC School of Ministry is not complete until all items in this checklist are submitted. The deadline for the application process to be completed is **August 1, 2011**. This checklist is for your benefit and should not be mailed to IBTC.

COMPLETE APPLICATION ITEM

Entire four-page application - includes "Statement of Purpose" and "Privacy Rights of Students" (no items left blank)

\$35.00 application fee (check or money order made payable to "PWM - IBTC")

Recent passport-size color photograph attached to the application

Send request for transcript to high school or diploma issuing agency

If applying for an Associate of Arts Degree in Counseling or Theology (matriculated) and/or a Bachelor of Arts Degree in Counseling or Theology (matriculated); a Masters in Counseling or Theology; and/or a Doctorate of Divinity or Christian Counseling through United Graduate College and Seminary. Please send request for transcript to each college or university previously attended (requires 30 semester hours of general education courses).

Date application mailed: _____ / _____ / _____

Pastoral recommendation given to: _____

Date: _____ / _____ / _____

First personal recommendation given to: _____

Date: _____ / _____ / _____

Second personal recommendation given to: _____

Date: _____ / _____ / _____

Interview scheduled:

Date scheduled: _____ / _____ / _____ Time: _____

Permission for Background Check with \$50.00 fee attached:

Date sent to IBTC: _____ / _____ / _____

\$35 Non-refundable application fee must accompany application

Please complete all four pages of application. Do not leave any item blank. Put N/A if not applicable.

APPLICATION FOR ADMISSION

DATE RECEIVED: _____

DATE OF REVIEW: _____

ACCEPT DENY

DEANS INITIALS: _____

Please type or print in English for all responses. Deadline: August 1, 2011

I am applying to:

IBTC Year – 1 Biblical Studies Theology I

IBTC Year - 2 Biblical Studies Theology II

IBTC Associate degreed program

IBTC Bachelor degreed program

IBTC Masters degreed program

IBTC Doctorate degreed program

For the 20____ - 20____ school year.

Last Name: _____ First Name: _____ M.I. _____

Maiden or other name used: _____

Mailing Address: _____

City: _____ State: Zip: _____

Age: _____ Date of Birth: _____ Home phone: _____

Work phone: _____ Cell phone: _____

E-mail address: _____

PERSONAL INFORMATION

GENDER:

Male Female

MARITAL STATUS:

Single Married Separated Divorced Widowed

Social Security Number: _____ - ____ - _____

RACE:

Caucasian African American Hispanic Asian Other _____

Are you currently using illegal drugs? Yes No

Tobacco products? Yes No

Have you ever been arrested? Yes No

US Citizens must provide a copy of his/her driver's license or passport.

Non-US Citizens must provide a copy of his/her valid passport and Visa. Country of

Citizenship: _____

EDUCATION

Are you a high school graduate? Yes No GED Other _____

Highest educational level attained above high school (circle one): 1 2 3 4

Bachelor Degree Masters Degree Doctorate

Beginning with high school, list all educational institutions attended:

Name of School(s):

Dates attended (mm/yyyy)

Major Diploma Degree

FINANCIAL INFORMATION

How do you intend to pay for tuition, fees and books? Savings Sponsor

Work Scholarship

What tuition payment plan will you use?

Pay in full in August

Pay by semester

Pay monthly through FACTS Management

APPLICATION FOR ADMISSION

(continued)

FAMILY INFORMATION

Spouse: Yes No

(Spouse) Last Name: _____

First Name: _____

Age: _____ Date of Birth: _____

Is your spouse serving in the ministry on a full-time basis? Yes No

If so, in what capacity? _____

Please list all children currently living in your household:

(1) _____ Age: _____

(2) _____ Age: _____

(3) _____ Age: _____

(4) _____ Age: _____

(5) _____ Age: _____

Person to contact in case of emergency:

Name: _____

Relationship: _____ Cell phone: _____

Home phone: _____ Work phone: _____

SPIRITUAL INFORMATION

When did you accept Jesus Christ as your Savior? _____

Do you attend church regularly? Yes No

Are you a member of a church? Yes No

Church Name: _____

Pastor's name: _____

Pastor's phone: _____ Church phone: _____

Church Address: _____

City: _____ State: _____ Zip: _____

May we speak with your pastor directly? Yes No

Are you in full-time ministry? Yes No

If so, in what capacity? Pastor Teacher Evangelist Missionary

Musician Worship Leader

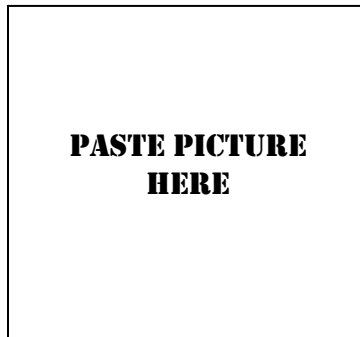
CREDENTIALS

Licensed Ordained

Number of years in ministry: Denomination/ Organization: _____

Application is not considered complete without a passport-size photograph

Standard Passport Photograph:



I hereby certify that I have read the IBTC Handbook and Catalog. I accept the specific standards set forth therein. I further certify that the above information is true to the best of my knowledge, and I understand that to deliberately falsify information will result in my immediate expulsion from IBTC.

Applicant's signature _____ Date: _____

STATEMENT OF PURPOSE

Applicant's Last Name: _____ First: _____

1. Give a brief description of your salvation experience. *(Please type or print using 300 words or less and attach with this admission form.)*
2. Briefly explain why you want to attend IBTC School of Ministry.
3. IBTC applicants, briefly describe any prior ministry education and experience.

PRIVACY RIGHTS OF STUDENTS

STATUTE 20, United States Code, Section 1232g and regulations adopted pursuant thereto, hereafter, referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the Code:

The Code provides for the institution to establish a category of student information termed "directory information". When available in college records, any information falling in the category of "directory information" will be available to all persons on request, i.e., the IRS, FBI or other government agencies and for use in IBTC publications. IBTC has identified the following as "directory information".

Student's:

- | | |
|----------------------------|--------------------------------------|
| 1. Name | 7. Church Membership |
| 2. Address | 8. Denominational Affiliation |
| 3. Telephone Listing | 9. Dates of Attendance |
| 4. Race | 10. Degrees and Awards Received |
| 5. Date and Place of Birth | 11. Most Recent Previous Educational |
| 6. Major Field of Study | 12. Agency or Institution Attended |

All other information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts of student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and

such members of the professional staff of the school that have responsibility for working with the student. Such information will not be released to second parties without consent of the student.

Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

I indicate by my signature that I have been notified of my rights as recorded by Statute 20, United States Code, Section 1232g.

Date of Application

Applicant's Signature

Potter's Wheel Ministries – IBTC School of Ministry does not discriminate on the basis of nationality, ethnic origin, or gender. We guarantee the rights, privileges and the availability of programs and activities to all students.

PASTORAL RECOMMENDATION

To the Applicant: (Please print your name on the line below)

Applicant's Last Name

First Middle

The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive their right of access to the reference.

By signing below, the applicant willingly waives the right of access to see this recommendation, knowing that this waiver is NOT required as a condition of admission.

Applicant's Signature

Date

To the person completing this recommendation: The above named applicant has applied for admission to IBTC School of Ministry and must submit one pastoral recommendation. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. If additional space is needed for any question, you may attach extra pages and identify which question is being answered. This complete form **should not be given to the applicant** but returned directly to the Office of Admissions:

Potter's Wheel Ministries

IBTC School of Ministry

PO Box 2099

Rowlett, TX 75030

1. How long have you known the applicant? _____ Year(s) _____ Months

2. How would you describe your relationship? _____Very close _____Close

_____Distant

3. Has the applicant been involved in your local church ministry? Yes No

If yes, describe:

4. Please circle the choice that best describe the applicant's ability in each area. Circle unknown if you feel your knowledge of the applicant is insufficient in that particular area.:

Leadership Ability:

Excellent Good Average Poor Unacceptable Unknown N/A

Submissiveness to Authority:

Excellent Good Average Poor Unacceptable Unknown N/A

Teachability:

Excellent Good Average Poor Unacceptable Unknown N/A

Servant's Attitude:

Excellent Good Average Poor Unacceptable Unknown N/A

Motivated:

Excellent Good Average Poor Unacceptable Unknown N/A

People Skills:

Excellent Good Average Poor Unacceptable Unknown N/A

5. Please circle the choices which best describe the applicant's attitude toward spiritual matters.

Relationship with Jesus:

Excellent Good Average Poor Unacceptable Unknown N/A

Church Attendance:

Excellent Good Average Poor Unacceptable Unknown N/A

Relationship with Spouse:

Excellent Good Average Poor Unacceptable Unknown N/A

Relationship with children:

Excellent Good Average Poor Unacceptable Unknown N/A

Deadline: August 1, 2011

6. Describe the applicant's strengths:

7. Describe the applicant's weaknesses:

8. Have you known the applicant to engage in any immoral actions or questionable behavior?

If so, please explain:

9. Please share any additional information that you feel would help us evaluate the applicant's readiness to attend IBTC School of Ministry.

Pastor (Please Print) Signature Date

Church Name Contact Phone Number

Church Address City State Zip

PERSONAL RECOMMENDATION

To the Applicant: (Please print your name on the line below)

Applicant's Last Name

First Middle

The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive their right of access to the reference.

By signing below, the applicant willingly waives the right of access to see this recommendation, knowing that this waiver is NOT required as a condition of admission.

Applicant's Signature

Date

To the person completing this recommendation: The above named applicant has applied for admission to IBTC School of Ministry and must submit two personal recommendations. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. If additional space is needed for any question, you may attach extra pages and identify which question is being answered. This complete form **should not be given to the applicant** but returned directly to the Office of Admissions:

**Potter's Wheel Ministries
IBTC School of Ministry
PO Box 2290
Rowlett, TX 75030**

1. How long have you known the applicant? _____ Year(s) _____ Months

2. How would you describe your relationship? _____ Very close _____ Close
_____ Distant

3. Briefly describe your personal relationship to the applicant:

4. Please circle the choice that best describe the applicant's ability in each area. Circle unknown if you feel your knowledge of the applicant is insufficient in that particular area:

Leadership Ability:

Excellent Good Average Poor Unacceptable Unknown N/A

Submissiveness to Authority:

Excellent Good Average Poor Unacceptable Unknown N/A

Teachability:

Excellent Good Average Poor Unacceptable Unknown N/A

Servant's Attitude:

Excellent Good Average Poor Unacceptable Unknown N/A

Motivated:

Excellent Good Average Poor Unacceptable Unknown N/A

People Skills:

Excellent Good Average Poor Unacceptable Unknown N/A

5. Please circle the choices which best describe the applicant's attitude toward spiritual matters.

Relationship with Jesus:

Excellent Good Average Poor Unacceptable Unknown N/A

Church Attendance:

Excellent Good Average Poor Unacceptable Unknown N/A

Relationship with Spouse:

Excellent Good Average Poor Unacceptable Unknown N/A

Relationship with children:

Excellent Good Average Poor Unacceptable Unknown N/A

Deadline: August 1, 2011

6. Describe the applicant's strengths:

7. Describe the applicant's weaknesses:

8. Have you known the applicant to engage in any immoral actions or questionable behavior?

If so, please explain:

9. Please share any additional information that you feel would help us evaluate the applicant's readiness to attend IBTC School of Ministry.

Name (Please Print)	Signature	Date	
Address	City	State	Zip

Contact Phone Numbers

PERSONAL RECOMMENDATION

To the Applicant: (Please print your name on the line below)

Applicant's Last Name

First

Middle

The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive their right of access to the reference.

By signing below, the applicant willingly waives the right of access to see this recommendation, knowing that this waiver is NOT required as a condition of admission.

Applicant's Signature

Date

To the person completing this recommendation: The above named applicant has applied for admission to IBTC School of Ministry and must submit to personal recommendation. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. If additional space is needed for any question, you may attach extra pages and identify which question is being answered. This complete form **should not be given to the applicant** but returned directly to the Office of Admissions:

**Potter's Wheel Ministries
IBTC School of Ministry
PO Box 2290
Rowlett, TX 75030**

1. How long have you known the applicant? _____ Year(s) _____ Months

2. How would you describe your relationship? _____ Very close _____ Close
_____ Distant

3. Briefly describe your personal relationship to the applicant:

4. Please circle the choice that best describe the applicant's ability in each area. Circle unknown if you feel your knowledge of the applicant is insufficient in that particular area:

Leadership Ability:

Excellent Good Average Poor Unacceptable Unknown N/A

Submissiveness to Authority:

Excellent Good Average Poor Unacceptable Unknown N/A

Teachability:

Excellent Good Average Poor Unacceptable Unknown N/A

Servant's Attitude:

Excellent Good Average Poor Unacceptable Unknown N/A

Motivated:

Excellent Good Average Poor Unacceptable Unknown N/A

People Skills:

Excellent Good Average Poor Unacceptable Unknown N/A

5. Please circle the choices which best describe the applicant's attitude toward spiritual matters.

Relationship with Jesus:

Excellent Good Average Poor Unacceptable Unknown N/A

Church Attendance:

Excellent Good Average Poor Unacceptable Unknown N/A

Relationship with Spouse:

Excellent Good Average Poor Unacceptable Unknown N/A

Relationship with children:

Excellent Good Average Poor Unacceptable Unknown N/A

Deadline: August 1, 2011

6. Describe the applicant's strengths:

7. Describe the applicant's weaknesses:

8. Have you known the applicant to engage in any immoral actions or questionable behavior?

If so, please explain:

9. Please share any additional information that you feel would help us evaluate the applicant's readiness to attend IBTC School of Ministry.

Name (Please Print) Signature

Date

Address

City

State

Zip

Contact Phone Numbers

HIGH SCHOOL/GED TRANSCRIPT REQUEST FORM

To the Applicant: A high school or equivalent diploma is required to attend IBTC. It is imperative that you send your transcripts as soon as possible. Please fill out this form and submit it to the registrar's office of your high school or issuing agency of your diploma. Transcripts must reach the IBTC Office of Admissions by August 1, 2011.

To:

Name of Institution

Street Address or PO Box

City

State

Zip Code

From:

Student Name

Student Maiden Name (If Applicable)

Social Security Number

Years Attended

Date Graduated

Present Address

City

State

Zip Code

Student's Signature Date

REQUEST FOR TRANSCRIPT Please send a copy of my transcript to:

Potter's Wheel Ministries

IBTC School of Ministry

P.O. Box 2290

Rowlett, TX 75030

TRANSCRIPT REQUEST FORM

To the Applicant: A minimum of 30 semester hours in general education from an accredited higher education institution is required to qualify for an associates or liberal arts baccalaureate degree. Please understand that this does not shorten your time of study at IBTC School of Ministry. It is your responsibility to provide transcripts from any school you wish us to consider. It is imperative that you send your transcripts as soon as possible. Please fill out this form and mail it to the registrar of your institution. You will need to send one Transcript Request Form for each institution. Also note that most colleges and universities often charge a fee for this service. A check for their fee should be attached to each request.

To:

Name of Institution

Street Address or PO Box

City

State

Zip Code

From:

Student Name

Student Maiden Name (If Applicable)

Social Security Number

Years Attended

Date Graduated

Present Address

City

State

Zip Code

Student's Signature Date

REQUEST FOR TRANSCRIPT Please send a copy of my transcript to:

Potter's Wheel Ministries IBTC School of Ministry

P.O. Box 2290 Rowlett, TX 78709

PERMISSION TO OBTAIN A BACKGROUND CHECK

FOR CHILDREN / STUDENT MINISTRY

(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.)

I, the undersigned applicant (also known as “consumer”), authorize **Potter’s Wheel Ministries – IBTC School of Ministry** through its independent contractor to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **IBTC School of Ministry**, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Acts.

Signature: _____

Date: _____

IDENTIFYING INFORMATION FOR BACKGROUND INFORMATION AGENCY

(ALSO KNOWN AS "CONSUMER REPORTING AGENCY")

NOTE: Please provide your name as it appears on your driver's license.

Print Name:

First Middle Last

Other Names used (alias, maiden, nickname):

Current Address:

Street/ P.O. Box City State Zip Code

County Date

Former Address:

Street/ P.O. Box City State Zip Code

County Date

E-mail Address:

Home Number: _____

Other: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ - _____ - _____

Driver's License Number: _____

State of Issuance: _____ Gender: _____