



## APPLICATION INSTRUCTIONS

Old Paths Baptist College  
2800 N Divis Ave  
Bethany, OK 73008

We are excited you are applying to Old Paths Baptist College. Students who are seeking to learn how to get God to build a life-changing work through their lives come to Old Paths Baptist College. If you are ready for God to do a great work through your life – Old Paths Baptist College is the place for you! This application represents your opportunity to be considered for admission to Old Paths Baptist College. When we have received the necessary items listed below, your application will be reviewed by the Old Paths Baptist College Administration.

Return all application materials to:

**OPBC Admissions**  
**2800 N Divis Ave**  
**Bethany, OK 73008**

## 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 Old Paths Baptist College.
4. Remove the 2 reference forms. Have your references completed and mailed directly to Old Paths Baptist College.
5. Include your 250 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**  
OLD PATHS BAPTIST COLLEGE



Please attach a recent portrait of yourself.

Application for:

Fall Semester 20\_\_\_\_\_

Spring Semester 20\_\_\_\_\_

Select One:

Freshman

Transfer

I Have Applied to OPBC before

No

Yes

Upon receipt of your application, a member of the Old Paths Baptist College administration will contact you. If you have any questions, feel free to call us at 1.405.789.4662.

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

**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

Diploma

### RELIGIOUS EDUCATION

Bachelor

Elementary

Secondary

### SECRETARIAL

Diploma

### GENERAL STUDIES

2-Year Certificate

### PASTORAL (Men Only)

Bachelor

Missions

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 Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

When Were You Saved? \_\_\_\_\_

In What Church Were You Baptized? \_\_\_\_\_

What practical Christian experience do you have? \_\_\_\_\_

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## 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 Old Paths Baptist College?  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 Old Paths Baptist College, on and off campus, while a student.  Yes  No

**Please prepare a 250 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 Old Paths Baptist College.
4. Please tell what you plan on doing once you graduate from Old Paths Baptist College.

The OPBC Catalog is available for download from our website:

## AGREEMENT FORM

### NOTICE

Falsifying or withholding information in completing this application violates the policies of Old Paths Baptist College 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 Old Paths Baptist College. If I am accepted, I agree to comply with the doctrines, rules and regulations of the Maranatha Baptist Church and to maintain the standards of conduct in accordance with the aims and objectives of Old Paths Baptist College.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## PASTOR'S RECOMMENDATION

Old Paths Baptist College  
2800 N Divis Ave  
Bethany, OK 73008

**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 Old Paths Baptist College. 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 Old Paths Baptist College?  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 Old Paths Baptist College?  Yes  No

Signature of Pastor \_\_\_\_\_ Date \_\_\_\_\_

Mail Completed form directly to:

**OPBC Admissions  
2800 N Divis Ave  
Bethany, OK 73008**

**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

Old Paths Baptist College  
2800 N Divis Ave  
Bethany, OK 73008

**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 Old Paths Baptist College. 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 must be completed before acceptance into college.*

- How well do you know the applicant?  Excellent  Good  Average  Poor  Unknown
- How would you rate the applicant's character?  Excellent  Good  Average  Poor  Unknown
- How would you rate the applicant's dependability?  Excellent  Good  Average  Poor  Unknown
- How well does the applicant get along with others?  Excellent  Good  Average  Poor  Unknown
- How would you rate the applicant's cooperation?  Excellent  Good  Average  Poor  Unknown
- How would you rate the applicant's respect of others?  Excellent  Good  Average  Poor  Unknown
- How timely does the applicant pay their bills?  Excellent  Good  Average  Poor  Unknown
- Would you hire this applicant to work for you  Yes  No *(If no, please explain on back)*
- Would you want this applicant to be close friends with your children?  Yes  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: OPBC Admissions  
2800 N Divis Ave • Bethany, OK 73008

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



# PERSONAL REFERENCE FORM

Old Paths Baptist College  
2800 N Divis Ave  
Bethany, OK 73008

**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.

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**This section to be completed by applicant.**

Applicant's Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

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*This reference must be completed before acceptance into college.*

- How well do you know the applicant?  Excellent  Good  Average  Poor  Unknown
- How would you rate the applicant's character?  Excellent  Good  Average  Poor  Unknown
- How would you rate the applicant's dependability?  Excellent  Good  Average  Poor  Unknown
- How well does the applicant get along with others?  Excellent  Good  Average  Poor  Unknown
- How would your rate the applicant's cooperation?  Excellent  Good  Average  Poor  Unknown
- How would you rate the applicant's respect of others?  Excellent  Good  Average  Poor  Unknown
- How timely does the applicant pay their bills?  Excellent  Good  Average  Poor  Unknown
- Would you hire this applicant to work for you  Yes  No *(If no, please explain on back)*
- Would you want this applicant to be close friends with your children?  Yes  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: OPBC Admissions  
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## MEDICAL FORM

Old Paths Baptist College  
2800 N Divis Ave  
Bethany, OK 73008

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.)*

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

Old Paths Baptist College  
2800 N Divis Ave  
Bethany, OK 73008

**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 _____
<b>This test is required.</b>

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

Old Paths Baptist College  
2800 N Divis Ave  
Bethany, OK 73008

**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 Old Paths Baptist College 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

Old Paths Baptist College  
2800 N Divis Ave  
Bethany, OK 73008

### TRANSCRIPT REQUEST FORM FOR SECONDARY OR POST-SECONDARY RECORDS

To the Principal or Registrar:

The following student is applying for admission to Old Paths Baptist College of Bethany, OK. Please send a copy of his/her transcripts to:

**OPBC Admissions**  
**2800 N Divis Ave**  
**Bethany, OK 73008**

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.)*