

APPLICATION FOR ADMISSION

Complete and mail to:
ADMISSIONS OFFICE,
Manhattan Christian College.

MANHATTAN CHRISTIAN COLLEGE
1415 Anderson Avenue • Manhattan, Kansas 66502-4081
785-539-3571 • FAX 785-776-9251 • www.mcccks.edu

Applications should include:
\$25.00 processing fee

Traditional Full-Time Part-Time Returning Distance Education
LEAD Full-Time Part-Time Returning (MCC online or DVD)

When do you expect to enroll at MCC? _____ Fall Winter Spring Summer
Year

PERSONAL INFORMATION *(please print)*

SOCIAL SECURITY NUMBER _____

NAME _____
Last First Middle Maiden/Other

ADDRESS _____ Birthdate ____/____/____
Street/Route No. City, State, Zip Mo. Day Year

E-Mail _____ PHONE (____) _____ Male Female
(required)

EMERGENCY CONTACT PHONE (____) _____

Marital Status: Single Married Widowed

Military Status: Date _____ Veteran Member of Reserve Unit Not Applicable

TRANSCRIPT INFORMATION *(Full-time and LEAD students must submit transcripts from all colleges and post-secondary institutions attended.)*

Name of college or institution	Address	Dates attended	Hours completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been dismissed from any school or college, or placed on probation? Yes No If yes, please explain: _____

Have you ever been denied admission to any college? Yes No If yes, please explain: _____

Have you ever been arrested for a felony? Yes No If yes, please explain: _____

ACTIVITIES *(List any church, school or extracurricular activities you have participated in):*

PERSONAL REFERENCES *(Please send in two reference forms from a minister, teacher, counselor, friend or employer.)*

Name of Reference _____ Telephone No. (____) _____

Address _____ City _____ State _____ Zip Code _____

Name of Reference _____ Telephone No. (____) _____

Address _____ City _____ State _____ Zip Code _____

Write a brief statement of why you are applying to Manhattan Christian College.

Briefly describe your Christian faith and personal relationship with Jesus Christ.

What does it mean to you to be a Christian leader?

CHURCH INFORMATION

CHURCH CURRENTLY ATTENDING _____

Church Address _____
Street or Route No. City State Zip code

Name of Minister _____

How long have you been going to this church? _____ When did you become a Christian? _____
Year or Age

GUARDIAN AND HIGH SCHOOL INFORMATION *(Full-time traditional only)*

PARENT'S NAME _____ Living? Yes No

Parent's Address _____

Parent's Telephone Number (____) _____ I live with: Both Parents Mother Father Other _____
(Specify)

HIGH SCHOOL currently attending or graduated from: _____
Name of H.S. City State

Date of High School Graduation _____ OR Date GED Completed _____
Month Year Month Year

Entrance Testing: ACT SAT Date Taken _____ Self-Estimated GPA _____
Month Year *(NOT REQUIRED)*

Degree Intent: BS BA AM Undecided Major/minor _____

I certify that the above information is complete and accurate.

Signature of Student

“Educating, Equipping, and Enriching Christian Leaders”