

APPLICATION PACKET



HYLES-ANDERSON
COLLEGE

Visit hylesanderson.edu/apply to submit your application online, pay your application fee, or upload your photo. You may also download and print these forms as needed.

QUESTIONS?

The Office of Admissions is here to assist you through the application process and to answer any questions you may have. Feel free to contact us at admissions@hylesanderson.edu or at 219.558.2458.

APPLICATION INFORMATION

In all correspondence with Hyles-Anderson College, please use your full name, address, and ZIP code. Also, on each envelope you send us, please write "Attention Office of Admissions."

- Please be sure your name is on all forms before you distribute them.
- The deadlines for the Office of Admissions to receive all required application materials are the first Friday in August for fall applicants and the second Friday in December for the spring applicants.

OTHER REQUIREMENTS

- If you are married, you must be at least 20 years old by registration day to enroll.
- If you are a citizen of a foreign country, you need to read our helpful instruction sheet, "Guidelines for Prospective Student Visa Recipients." You may request this by contacting the Office of Admissions.

VISIT OUR CAMPUS

Twice annually we host high school juniors and seniors from around the country for College Days. Learn more information by visiting hylesanderson.edu/college-days.

Schedule a visit and tour of our campus by contacting the Admissions Office at admissions@hylesanderson.edu or at 219.558.2458.

ADMISSIONS CHECKLIST

☐ **Application Form**

Complete the application form and submit it to the Office of Admissions or a college representative. You may also complete the application form at hylesanderson.edu/apply.

☐ **Pastoral Reference Form**

If the pastor is related to you, please ask a man in a position of leadership in your church to complete a reference for you. This reference should be completed no more than 15 months before the semester you plan to register.

☐ **Personal Reference Forms (2)**

Each reference should complete the form and return it to the Office of Admissions. You are not to see this information. No references may be received from relatives. These references should be completed no more than 12 months before you plan to register.

☐ **Transcript Release Form**

Transcripts must be mailed by your high school (and college, if applicable) directly to the Office of Admissions.

High school seniors, please ask your high school to fax a copy of your grades once you have completed the first semester of your senior year. Then, ask them to mail an official copy of your final transcript to us after you graduate.

High school graduates, ask your school to fax us a copy of your grades now and then mail an official copy to the Admissions Office.

Homeschool students, have your grades mailed in by the person(s) or institution(s) that oversees your day-to-day progress.

☐ **\$75 Application Fee**

- Visit hylesanderson.edu/apply to pay online.
- Call 219.558.2458 to pay over the phone.
- Mail a check (please make sure to include the applicant's name in the memo field) to:

Hyles-Anderson College
Attn: Office of Admissions
8400 Burr Street
Crown Point, Indiana 46307

☐ **Photo**

Submit a small, good-quality photo (head/shoulders) with your application or upload it at hylesanderson.edu/apply.

☐ **ACT Test Scores**

Visit act.org to register and view current test dates. When you register for the ACT, please use college code 1199 to have scores sent directly to Hyles-Anderson College (even if they appear on your transcripts).

Also, please submit the following:

- ☐ **Criminal Background Check Form**
- ☐ **Physical Form and TB test results** (filled out by a physician)
- ☐ **Medical History Form** (and a list of immunizations)
- ☐ **Emergency Permit Form**

Please attach
photo here.



219.558.2458 | ADMISSIONS@HYLESANDERSON.EDU

APPLICATION FOR ADMISSION

Office Use Only
Date Received:

☐ Fall Semester 20____

☐ Spring Semester 20____

☐ Summer School 20____

☐ Freshman

☐ Transfer

☐ On-Campus

☐ Off-Campus

☐ Hearing

☐ Deaf

☐ No

☐ Yes

☐ Mr. ☐ Mrs. ☐ Miss Name First Middle Last Maiden

Gender ☐ Male ☐ Female

Apt. #

If you are not a U.S. citizen, please specify your status, including documentation:

Father's Full Name	First	Middle	Last	Living	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A different (if different than above) A. 1. 11

Apt. #

Mother's Full Name			First	Middle	Last	Living	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Address (if different than above) Apt. #

Apt. #

Parents' Email Address(es)

Church Name _____ Pastor's Name _____

Pastor's Name

Phone ()

How long have you been covered?

Have you ever been charged with or convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been divorced or had a marriage annulled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many?
Have you ever used tobacco?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when did you last use it (month/year)?
Have you ever consumed alcoholic beverages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when did you last drink (month/year)?
Have you ever used illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when did you last use them (month/year)?
Have you ever sold illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when did you last sell them (month/year)?
Have you ever sought or received psychiatric counsel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there anything in your past about which we should know?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please briefly explain.
Are you in debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how much?
What is the general condition of your health?			
What is your present occupation?		Work Phone ()	

ACADEMIC INFORMATION

Year of Graduation 20_____				
<input type="checkbox"/> Traditional High School	Name of School	Years Attended	<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th
			<input type="checkbox"/> 11 th	<input type="checkbox"/> 12 th
School Address		City	State	ZIP
				Phone ()
<input type="checkbox"/> Home School	Diploma Issued by	Years Attended	<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th
			<input type="checkbox"/> 11 th	<input type="checkbox"/> 12 th
<input type="checkbox"/> G.E.D.	When will/did you take the test?	Did you pass?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you seeking admission to any other colleges? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which ones?				
Have you ever been suspended, expelled, or dismissed as a student from any educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please briefly explain.				
How did you first hear of Hyles-Anderson College?				
What prompted you to apply to Hyles-Anderson College?				
What major/program of study do you intend to pursue at Hyles-Anderson College?				
If a transfer applicant, please list college(s) attended. (Please have official transcripts from each institution sent to Hyles-Anderson Office of Admissions.)				
College	City	State	Dates Attended	MM/YYYY – MM/YYYY
Degree(s) Earned				
College	City	State	Dates Attended	MM/YYYY – MM/YYYY
Degree(s) Earned				

PERSONAL TESTIMONY

Please write a short but detailed explanation about (1) your salvation experience, (2) your reasons for attending Hyles-Anderson College, (3) your call to service, and (4) your plans after you graduate.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I hereby certify that this application is true and complete with no omissions in any area. I also understand that any untrue statement will make me subject to immediate dismissal from Hyles-Anderson College. Upon registration, I agree to comply with the doctrines, rules, regulations, and financial obligations of the institution and to maintain standards of conduct in accordance with the aims and objectives of Hyles-Anderson College.

Signature of Applicant

Date Signed MM/DD/YYYY

The \$75 application fee is required for you to be considered for the final stage of acceptance. Visit hylesanderson.edu/apply to pay this fee online, or you may mail a check (please designate applicant's name in notes) to **Hyles-Anderson College, Attn: Admissions Office, 8400 Burr Street, Crown Point, Indiana 46307**. In order to pay this fee now by credit card, please complete the following:

Cardholder's Name

Applicant's Name

Cardholder's Billing Address

Card Number

Expiration Date MM/YY

CVV#

Cardholder's Signature

HYLES-ANDERSON

C O L L E G E

8400 Burr Street, Crown Point, Indiana 46307
219.558.2458 - Admissions Department | 219.365.4031 - Main Switchboard
hylesanderson.edu
admissions@hylesanderson.edu

@hylesanderson





PASTORAL REFERENCE FORM

HYLES-ANDERSON COLLEGE | CROWN POINT, INDIANA

TO THE APPLICANT: This form should be given to your pastor to complete and return to the college. If you are related to the pastor, please have another church leader who is not related to you complete this form.

TO THE PASTOR: An applicant for admission to Hyles-Anderson College, the student named below, is required to submit a pastoral reference. This reference form is **not** to be returned to the applicant. If this recommendation changes before the applicant enrolls, please notify the Admissions Office. The back of the reference form may be used for additional comments. Your comments are important; please carefully complete the evaluation and return the form promptly to **Office of Admissions, Hyles-Anderson College, 8400 Burr Street, Crown Point, IN 46307**. This reference will remain confidential.

THIS FORM IS INVALID WITHOUT BOTH SIDES COMPLETED.

This section is to be completed by the applicant.

Applicant's Name		Phone ()	
Address		City	State ZIP
Semester of Planned Enrollment	<input type="checkbox"/> Fall Semester 20____	<input type="checkbox"/> Spring Semester 20____	<input type="checkbox"/> Summer School 20____
This reference should be completed no more than fifteen (15) months before you plan to enroll.			

How many years have you known this applicant?	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-9	<input type="checkbox"/> 10+
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How well do you know this applicant?	<input type="checkbox"/> By name/sight	<input type="checkbox"/> Casually (few personal contacts)	<input type="checkbox"/> Fairly well (numerous personal contacts)	<input type="checkbox"/> Very close relationship	<input type="checkbox"/> Unknown
--------------------------------------	--	--	--	--	----------------------------------

How would you rate this applicant's Christian character?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
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How would you rate this applicant's dependability?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
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How would you rate this applicant's ability to get along with others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
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How would you rate this applicant's cooperation?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
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How would you rate this applicant's general intelligence?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
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In considering the applicant, would you recommend him/her to attend Hyles-Anderson College?	<input type="checkbox"/> With enthusiasm	<input type="checkbox"/> Yes	<input type="checkbox"/> With caution	<input type="checkbox"/> No (If no, please explain on back.)	
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Does this applicant pay his/her bills on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> As far as I know	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
--	------------------------------	---	-----------------------------	----------------------------------	--

Would you consider hiring this applicant in the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If no, please explain on back.)		
---	------------------------------	--	--	--

Is this applicant the kind of person with whom you would want your son/daughter to be close friends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If no, please explain on back.)			
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If this applicant has not finished high school, when do you expect he/she will finish?	MM/YYYY				
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Do you believe that this applicant is able to handle the normal college workload, activities, and requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If no, please explain on back.)			
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Does this applicant have any handicaps or disabilities?	<input type="checkbox"/> Yes (If yes, please explain on back.)			<input type="checkbox"/> No	
---	--	--	--	-----------------------------	--

Does this applicant have any significant factors in his/her background which we should know?	<input type="checkbox"/> Yes (If yes, please explain on back.)			<input type="checkbox"/> No	
--	--	--	--	-----------------------------	--

PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS.

8400 Burr Street | Crown Point, IN 46307
219.558.2458 - Admissions Department | 219.365.4031 - Main Switchboard

If you have questions, please call us or visit hylesanderson.edu.
admissions@hylesanderson.edu | [f](#) [@](#) [@hylesanderson](#)

Additional Comments:

Pastor's Signature

Date MM/DD/YYYY

Pastor's Name (please print)

If Not the Pastor, Position in the Church

Church

Address

City

State

ZIP

Country ☐ United States ☐ Other

Phone ()

Email Address

Are you a Hyles-Anderson alumnus?

☐ Yes, Class of _____

☐ No

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PERSONAL REFERENCE FORM

HYLES-ANDERSON COLLEGE | CROWN POINT, INDIANA

TO THE APPLICANT: This form should be given to a business associate, employer, teacher, or person of authority to complete and return to the college. Relatives may not fill out a Personal Reference Form.

TO THE REFERENCE: An applicant for admission to Hyles-Anderson College, the student named below, is required to submit a personal reference. This reference form is **not** to be returned to the applicant. If this recommendation changes before the applicant enrolls, please notify the Admissions Office. The back of the reference form may be used for additional comments. Your comments are important; please carefully complete the evaluation and return the form promptly to **Office of Admissions, Hyles-Anderson College, 8400 Burr Street, Crown Point, IN 46307**. This reference will remain confidential.

THIS FORM IS INVALID WITHOUT BOTH SIDES COMPLETED.

This section is to be completed by the applicant.					
Applicant's Name		Phone ()			
Address		City	State	ZIP	
Semester of Planned Enrollment	<input type="checkbox"/> Fall Semester 20____	<input type="checkbox"/> Spring Semester 20____	<input type="checkbox"/> Summer School 20____		
This reference should be completed no more than twelve (12) months before you plan to enroll.					
How many years have you known this applicant?	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-9	<input type="checkbox"/> 10+
How well do you know this applicant?	<input type="checkbox"/> By name/sight	<input type="checkbox"/> Casually (few personal contacts)	<input type="checkbox"/> Fairly well (numerous personal contacts)	<input type="checkbox"/> Very close relationship	<input type="checkbox"/> Unknown
How would you rate this applicant's Christian character?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate this applicant's dependability?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate this applicant's ability to get along with others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate this applicant's cooperation?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate this applicant's general intelligence?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
In considering this applicant, would you recommend him/her to attend Hyles-Anderson College?	<input type="checkbox"/> With enthusiasm	<input type="checkbox"/> Yes	<input type="checkbox"/> With caution	<input type="checkbox"/> No (If no, please explain on back.)	
Does this applicant pay his/her bills on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> As far as I know		<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Would you consider hiring this applicant in the future?	<input type="checkbox"/> Yes			<input type="checkbox"/> No (If no, please explain on back.)	
Is this applicant the kind of person with whom you would want your son/daughter to be close friends?	<input type="checkbox"/> Yes			<input type="checkbox"/> No (If no, please explain on back.)	
If this applicant has not finished high school, when do you expect he/she will finish?	MM/YYYY				
Do you believe that this applicant is able to handle the normal college workload, activities, and requirements?	<input type="checkbox"/> Yes			<input type="checkbox"/> No (If no, please explain on back.)	
Does this applicant have any handicaps or disabilities?	<input type="checkbox"/> Yes (If yes, please explain on back.)			<input type="checkbox"/> No	
Does this applicant have any significant factors in his/her background which we should know?	<input type="checkbox"/> Yes (If yes, please explain on back.)			<input type="checkbox"/> No	

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admissions@hylesanderson.edu | [f](#) [@](#) [@hylesanderson](#)

Additional Comments:

Signature of Reference

Date MM/DD/YYYY

Name of Reference (please print)

Relationship to Applicant

Church

Address

City

State

ZIP

Country ☐ United States ☐ Other

Phone ()

Email Address




Are you a Hyles-Anderson alumnus?

☐ Yes, Class of _____

☐ No

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How well do you know this applicant?	<input type="checkbox"/> By name/sight	<input type="checkbox"/> Casually (few personal contacts)	<input type="checkbox"/> Fairly well (numerous personal contacts)	<input type="checkbox"/> Very close relationship	<input type="checkbox"/> Unknown
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How would you rate this applicant's dependability?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate this applicant's ability to get along with others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate this applicant's cooperation?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate this applicant's general intelligence?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
In considering this applicant, would you recommend him/her to attend Hyles-Anderson College?	<input type="checkbox"/> With enthusiasm	<input type="checkbox"/> Yes	<input type="checkbox"/> With caution	<input type="checkbox"/> No (If no, please explain on back.)	
Does this applicant pay his/her bills on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> As far as I know		<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Would you consider hiring this applicant in the future?	<input type="checkbox"/> Yes			<input type="checkbox"/> No (If no, please explain on back.)	
Is this applicant the kind of person with whom you would want your son/daughter to be close friends?	<input type="checkbox"/> Yes			<input type="checkbox"/> No (If no, please explain on back.)	
If this applicant has not finished high school, when do you expect he/she will finish?	MM/YYYY				
Do you believe that this applicant is able to handle the normal college workload, activities, and requirements?	<input type="checkbox"/> Yes			<input type="checkbox"/> No (If no, please explain on back.)	
Does this applicant have any handicaps or disabilities?	<input type="checkbox"/> Yes (If yes, please explain on back.)			<input type="checkbox"/> No	
Does this applicant have any significant factors in his/her background which we should know?	<input type="checkbox"/> Yes (If yes, please explain on back.)			<input type="checkbox"/> No	

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Additional Comments:

Signature of Reference

Date MM/DD/YYYY

Name of Reference (please print)

Relationship to Applicant

Church

Address

City

State

ZIP

Country ☐ United States ☐ Other

Phone ()

Email Address

Are you a Hyles-Anderson alumnus?

☐ Yes, Class of _____




☐ No

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If you have questions, please call us or visit hylesanderson.edu.

admissions@hylesanderson.edu |    @hylesanderson



EMERGENCY PERMIT

HYLES-ANDERSON COLLEGE | CROWN POINT, INDIANA

PLEASE READ: This permit is required of every applicant. If you will be 18 years of age before registration, you must sign below after you turn 18. If you will not be 18 years of age before registration, the person legally responsible for you must sign.

Name of Applicant

Date of Birth MM/DD/YYYY

Age

In the event that an emergency should arise, I hereby give Hyles-Anderson College permission to authorize emergency, lifesaving measures/procedures for the above-named applicant, as deemed necessary.

Signature

Date MM/DD/YYYY

Relationship of Signer to Applicant

☐ Self (If 18 or older)

☐ Other

Address of Signer

City

State

ZIP

Home Phone ()

Cell Phone ()

EMERGENCY CONTACTS

In the event of an emergency, please list the names and telephone numbers of **two** individuals you would like us to contact:

EMERGENCY CONTACT #1:

Name

Relationship

Address

City

State

ZIP

Home Phone ()

Cell Phone ()

Would you like them to have access to your medical records and information?

☐ Yes

☐ No

May medical personnel leave a voicemail regarding any and/or all medical information?

☐ Yes

☐ No

EMERGENCY CONTACT #2:

Name

Relationship

Address

City

State

ZIP

Home Phone ()

Cell Phone ()

Would you like them to have access to your medical records and information?

☐ Yes

☐ No

May medical personnel leave a voicemail regarding any and/or all medical information?

☐ Yes

☐ No

☐ **I have voluntarily provided the above contact information and authorize Hyles-Anderson College and its representatives to contact any of the above on my behalf in the event of an emergency.**

☐ **I choose not to furnish any emergency contact information to Hyles-Anderson College at this time.**

Applicant's Signature

Date MM/DD/YYYY

PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS.

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HYLES-ANDERSON

C O L L E G E

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@hylesanderson





PHYSICAL FORM

HYLES-ANDERSON COLLEGE | CROWN POINT, INDIANA

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 (30) days after the first day of registration for the first semester enrolled if you are a full-time and/or resident student. A complete Physical Form includes this form AND the results from the Tuberculin PPD test AND, if this test is positive, the results from the chest X-ray.

These tests may cost up to \$100 or more and may take up to 7-10 days or longer to complete. No matter the cost or the time required, it is your responsibility to submit a complete Physical Form before the above deadline.

You will not be allowed to attend any class after midterms **until this complete Physical Form has been submitted to the Admissions Office.**

TO THE PHYSICIAN: Every blank is required. Thank you for your assistance.

Name of Applicant		Today's Date		MM/DD/YYYY
Date of Birth	MM/DD/YYYY	Height	Weight	
Temperature		Pulse	Blood Pressure	
Vision (without glasses)		Right	Left	
Vision (with glasses)		Right	Left	
Urine		Sugar	Ketone	

Tuberculin PPD (Mantoux): Date Given	MM/DD/YYYY	Date Read	MM/DD/YYYY	Results*
		*If positive, chest X-ray: Date Read	MM/DD/YYYY	Results
This test is required.				

Neurological

General Appearance ☐ Good ☐ Fair ☐ Poor

Skin Reoccurring skin problems?

Ears Nose/Throat

Lungs Abdomen Hernias ☐ Yes ☐ No

Asthma ☐ Yes ☐ No Frequency of attacks Medication

Cardiovascular

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 ()



MEDICAL HISTORY FORM

HYLES-ANDERSON COLLEGE | CROWN POINT, INDIANA

You may complete this Medical History Form without a physician.

Name			
Address		City	State ZIP
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	MM/DD/YYYY	Occupation	<input type="checkbox"/> Part-Time Student <input type="checkbox"/> Full-Time Student
Do you intend to live in the residence halls?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hearing <input type="checkbox"/> Deaf

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
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Liver Disease	<small>(condyloma, HIV-positive)</small>
		<input type="checkbox"/> Other

Do you take any medications regularly? ☐ Yes ☐ No (If yes, please list them.)

Have you had any surgeries? ☐ Yes ☐ No (If yes, please give type of surgery.)

Have you had any other injuries? ☐ Yes ☐ No (If yes, please give type of injury.)

Have you ever sought or received psychiatric/psychological counsel? ☐ Yes ☐ No (If yes, please list below.)

→ Name of Psychologist	City	State
→ Name of Facility	City	State
→ Dates of Care	Please attach a separate letter indicating the circumstances, hospitalizations, and any medications given.	

IMMUNIZATIONS (Give month, day, and year.)

DPT (diphtheria, tetanus, whooping cough)	
OPV (oral polio)	German Measles (rubella)
Measles (rubeola)	Mumps

FAMILY HISTORY (Give state of health or cause of death.)

Father	Brothers
Paternal Grandparents	
Mother	Sisters
Maternal Grandparents	

PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS.

8400 Burr Street | Crown Point, IN 46307
219.558.2458 - Admissions Department | 219.365.4031 - Main Switchboard

If you have questions, please call us or visit hylesanderson.edu.
admissions@hylesanderson.edu | [f](#) [@](#) [@hylesanderson](#)



APPLICANT AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

HYLES-ANDERSON COLLEGE | CROWN POINT, INDIANA

In order to complete the application process to attend Hyles-Anderson College, the performance of a complete criminal background check is required. Hyles-Anderson College engages the services of a consumer reporting agency to conduct this background check. Authorization to conduct this background check and results deemed favorable by Hyles-Anderson College are conditions for admission. Please complete the following authorization:

I hereby authorize Hyles-Anderson College to obtain consumer reports (criminal background check) in order to satisfy the requirements of my application for admission. I will be informed if my admission to Hyles-Anderson College is denied because of information obtained from the consumer reporting agency; in that event, upon my written request, the consumer reporting agency will provide me with a copy of the report and a "Summary of Your Rights Under the Fair Credit Reporting Act" (FCRA 15 U.S.C. 1681 et seq.). By providing this authorization, I hereby release Hyles-Anderson College, its affiliated entities, employees, and agents from all liability for requesting and/or acting based on such reports. IF I AM A MINOR (UNDER 18 YEARS OF AGE) ON THE DAY THIS DOCUMENT IS SIGNED, MY PARENT/LEGAL GUARDIAN HAS ALSO SIGNED THIS AUTHORIZATION.

Applicant's Signature

Date MM/DD/YYYY

Parent's/Legal Guardian's Signature

Date MM/DD/YYYY

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY:

First Name

Middle Initial

Last Name

Date of Birth MM/DD/YYYY

Social Security #

Other Name(s) Used

Physical Address

City

State

ZIP

Previous Address

City

State

ZIP

Email Address

Gender

☐

Male

☐

Female

Hyles-Anderson College is a ministry of the First Baptist Church of Hammond. First Baptist Church and its ministries reserve the right to obtain a report at any time during the application/approval process or at any time during your tenure of service or involvement with the First Baptist Church ministries (paid or volunteer).

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HYLES-ANDERSON

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TRANSCRIPT RELEASE FORM

HYLES-ANDERSON COLLEGE | CROWN POINT, INDIANA

TO THE APPLICANT: Please complete this form and submit it to your high school guidance officer and the registrar's office at all higher educational institutions you have attended (copy form as necessary).

TO THE PERSON COMPLETING THIS FORM: I (the student named below) am an applicant for admission to Hyles-Anderson College and hereby give my permission for the release of my official transcripts. If I am currently a high school senior, please send a transcript after I have completed the first semester of my senior year. Upon graduation, please send the transcript of my final semester. These records must be mailed, not faxed. If you have a copy of my immunization records, please send those as well. Please mail the transcripts promptly. The Admissions Office must receive my transcripts BEFORE I can be considered for admission. Please send the transcript of my records to the **Office of Admissions, Hyles-Anderson College, 8400 Burr Street, Crown Point, Indiana 46307.**

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY:

Name			
Address		City	State ZIP
Attended From MM/YYYY		To MM/YYYY	
Date of Birth MM/DD/YYYY			
Applicant's Signature		Date MM/DD/YYYY	

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EDUCATE. EQUIP. EMPOWER.

“For the perfecting of the saints, for the work of the ministry,
for the edifying of the body of Christ.” — Ephesians 4:12

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