



YELLOWSTONE CHRISTIAN COLLEGE

*"We're serious about affordable, quality,
Christian education"*

Application for Admission

Any student with an eagerness to learn and with the qualities necessary for living in a Christian community is encouraged to apply for admission to Yellowstone Christian College. No student will be denied admission, suspended, or refused readmission by reason of race, age, sex, or national origin. YCC, however, reserves the right to restrict or deny admissions to any person otherwise eligible for reasons determined to be in the best interests of the institution by the officers thereof. To better facilitate your application, **please carefully read and answer all questions.**

HOW TO COMPLETE THE ADMISSION PROCESS:

1. Please type or print this **YCC Application**.
2. Submit **\$30.00 application fee** (non-refundable) payable to Yellowstone Christian College.
3. Request high school, GED center, and/or other college level academic institutions to submit an **official transcript(s) or GED scores** to Yellowstone Christian College.
4. Request official **scores for the ACT or SAT** to be sent to YCC. If these scores are included on your official high school transcript that is sufficient.
5. Request your pastor to complete and send to YCC the **Pastor's Recommendation for Admission** (form provided with postage paid envelope).
6. Attach a copy of your immunization record indicating proof of 2 MMR shots. (This statement must be signed by your doctor or health care provider as per state law.)

All documents should be received by the Office of Admission at least **four weeks** before classes begin. As soon as these items have been received, your application will be processed, and you will be notified with a decision. A "**Resident Hall Application**" (single students only, no married housing available) will be sent to you upon acceptance to YCC (if applicable).

Send all admission information and correspondence to:

Office of Admission
Yellowstone Christian College
1515 South Shiloh Road
Billings, MT 59106

Yellowstone Christian College – instructing and coaching men and women to influence the church and culture by reflecting Christ's character.



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YCC APPLICATION FOR ADMISSION

PERSONAL INFORMATION:

Name: _____ Sex: Male Female
Last First Middle

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

E-mail Address: _____

State of Residence _____

Country/Citizenship _____

Ethnic Origin (for reporting purposes only).

Check one:

- White (non Hispanic) African American Asian/Pacific Islander Hispanic
 Native American Non-resident alien

Marital Status: Married Single Divorced Separated

Who may we notify in case of emergency?

Name: First: _____ Last: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

EDUCATIONAL BACKGROUND:

Please check highest level completed: High School Home School GED College

High School: _____ City: _____ State: _____

Date Graduated: _____ Date GED passed: _____

College: _____ Date of Graduation: _____

Other schools and colleges attended? Yes No
If yes, please list below.

<u>Name</u>	<u>City</u>	<u>State</u>	<u>Dates Enrolled</u>	<u>Degree(s) Earned</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

CURRENT CHURCH ATTENDANCE INFORMATION:

Church Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Denomination: _____ Pastor's Name: _____

SPIRITUAL BACKGROUND INFORMATION:

YCC only enrolls students who have a personal relationship with Jesus Christ.

Yes No I have trusted Christ as my Lord and Savior.

YCC requires weekly college chapel attendance, regular church attendance, and finding a place to help in your church.

Yes No I understand what is required in this area and I gladly agree to it.

Tell us briefly about the time when you trusted Christ as your Lord. For example, why did you decide you needed Christ and how did you make that decision.

FINANCIAL AID

Full-time students (12 hours or more) and part-time (6 to 11 hours) may be considered for financial aid; financial aid is for tuition only. (You must complete all the admission procedures and be accepted as a student at YCC before you will be considered for financial aid. Upon acceptance please request financial aid form.)

Do you wish to be considered for financial aid? Yes No

APPLICATION INFORMATION:

Application (check one) for Semester year: Fall 20____ Spring 20____

Admission status: Freshman Transfer Early Admission (high school seniors only)

I plan to attend YCC: Full-Time Part-Time

Choose one of the following:

- Audit (no credit)
- Non-Degree Seeking
- Degree Seeking

If degree seeking, select one of the following YCC programs:

- Certificate
- Diploma
- Associate of Arts Degree
- Bachelor Degree

HEALTH INFORMATION:

IMMUNIZATIONS (Please provide ALL of the following information AND attach a copy of your immunization record.)

(1). Tetanus-Diphtheria (Td required within 10 years):

Date of initial series _____ Booster date _____

(2). Polio: Date of initial series _____ Booster date _____

(3). Tuberculin skin test (required within past year):

Date _____ Results: positive negative

According to Montana State law, all students (full-time, part-time or non-credit) entering postsecondary schools who were born *after* December 31, 1956, need proof of immunity from Measles and Rubella. Only a copy of a signed official record (such as a school immunization record) or a statement signed by your physician will be accepted. Yellowstone Christian College requires students to present proof of 2 MMR shots in the form of a statement from a medical doctor, health clinic, or school immunization record. Please indicate the date of each MMR below **and attach official proof.**

EXEMPTIONS: 1) Born before December 31, 1956 -or- 2) Non-degree seeking students taking 6 or fewer credits 3) Medical exemption (doctor signed) -or- 4) Religious exemption (written objection)

MMR 1 _____

MMR 2 _____

AUTHORIZATION FOR MEDICAL TREATMENT

Permission is hereby granted to any duly licensed physician to perform emergency treatment and to refer the student to another duly licensed physician, surgeon or dentist for necessary treatment when indicated.

X _____
Signature of Applicant Date Signature of Parent or Guardian if applicant is a minor

Note: YCC does not carry health and accident insurance on YCC students. You are urged to carry health and accident insurance.

Insurance Information:

Name of Insurance Carrier: _____

Group or Plan Number _____

Phone Number: _____

LEGAL HISTORY:

Have you ever been arrested for, convicted of, or pled no contest to a felony? Yes No

If yes, please enclose a letter of explanation.

PERSONAL STATEMENT:

If accepted to Yellowstone Christian College, I agree to abide by the moral and educational standard of the college as defined in the College Catalog and Student Handbook.

I certify that the answers in this application are true, complete, and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____

Office of Admission
Yellowstone Christian College
1515 South Shiloh Road
Billings, Montana 59106

406.656.9950

1.800.487.9950

Fax: 406.656.3737

E-mail: ycc@yellowstonechristian.edu

Website: www.yellowstonechristian.edu