



**W.L. Bonner College**

"Preparing them for  
proclaiming Him"

4430 Argent Court  
Columbia, SC 29203  
(803) 754-3950  
(877) 389-0383 (Toll Free)  
(803) 754-4582 (Admissions)  
(803) 754-9700 (Fax)  
<http://www.wlbc.edu>

Dr. Celeste Ashe-Johnson,  
Board Chair Lady

Dr. William L. Bonner,  
Founding President

Elaine McQueen,  
College Dean/Chief  
Academic Officer

June 27, 2012

DEAR PROSPECTIVE ONLINE STUDENT:

Thank you for your interest in W. L. Bonner College's inaugural online degree program. You will join thousands of men and women, who assemble in cyber space, to pursue studies toward the Bachelor of Religious Studies degree, with a focus in Biblical Studies. This program will certainly enhance your ministry skills in leadership, and also, educational instruction and administration. This professional development initiative will launch you towards unlimited opportunities and possibilities.

We have enclosed an admission packet, which consists of an application, request for letters of recommendation (Pastoral, Professional, and Personal), and a request for transcript form. The request for letters of recommendation forms should be given to three individuals. One should be given to your Pastor or Church Overseer. The second one should be submitted to someone who knows you on a professional level. The third should be presented to a friend, or someone who can provide a personal letter of reference. Also, you must complete the request for transcript form, and give to institutions where you have completed academic course work for credit. If you plan to enroll in August 2012, your application for admission, letters of recommendation, and academic transcript(s), must be received in the Admission's Office, by July 31, 2012.

WLBC is accredited by the Association for Biblical Higher Education (ABHE), and is recognized by the United States Department of Education (USDE). Students who are eligible, may receive Title IV funding (Pell Grant, Stafford Loan and College Work Study), to assist them in financing their educational program.

You may call me if you have further questions or concerns.

Sincerely

Sannie M. Wright

Director of Enrollment Management

Enclosures

**PROGRAM APPLICATION**  
**ONLINE BACHELOR OF RELIGIOUS STUDIES**  
**(Biblical Studies)**

**INSTRUCTIONS:** Please print clearly and with black ink. Please enclose a \$30 check or money order for the non-refundable application fee.

**APPLICATION DATE** \_\_\_\_\_ **New Student** **Transfer** **Re-admission**

**Last Date Attended** \_\_\_\_\_

When do you anticipate beginning the **Online Bachelor of Religious Studies in Biblical Studies Program?**

**SEMESTER** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**PERSONAL INFORMATION**

**NAME** \_\_\_\_\_

**Gender:**  Male  Female **Social Security No.** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Birthplace (City/State)** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Home Phone ( )** \_\_\_\_\_ **Cell Phone ( )** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_  
 USA  Other (Country) \_\_\_\_\_

**If not a US citizen, what is your resident status (you must provide proof of status)?**

Permanent  Student Visa  Resident Alien  Other \_\_\_\_\_

Is English your first language?  Yes  No

If no, what is your first language? \_\_\_\_\_

If English is not your first language, a TOEFL score is required.

TOEFL core Requested? Yes  No  (TOFL code for W. L. Bonner College is..)

**Ethnic Status: (optional)**  American Indian or Alaskan Native  Hispanic  White, non-Hispanic  
 Asian or Pacific Islander  Black, non-Hispanic

**Marital Status:**  Single  Separated  Remarried  
 Married  Divorced  Widowed

**Religious Affiliation:**  African Methodist Episcopal  Baptist  Catholic  Pentecostal  
 Presbyterian  United Methodist  Other

**FINANCIAL RESPONSIBILITY**

How do you plan to finance your education?

- Financial Aid
- Parental Assistance
- Scholarship
- Personal Resources
- Other

**STATEMENT OF EDUCATIONAL PURPOSE**

I will use all title IV money received only for expenses relate to my studies at:

Name of Institution \_\_\_\_\_

**SELECTIVE SERVICE STATUS**

- I am a veteran
- I certify that I am registered with Selective Services

I certify that I am not required to be registered with Selective Services because:

- I am a female
- I am in the armed services on active duty
- I have not reached my 18<sup>th</sup> birthday
- I was born before 1960
- I am a resident of the Federated States of Micronesia, or the Marshall Islands, or permanent resident of the Trust Territory of the Pacific Islands (Palau)

**HEALTH/MEDICAL**

Are you, or have you, recently been under medical care?  Yes  No

If yes, please explain.

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What is your opinion of your current health status? Please note any health factors that deserve special notice.

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**ACADEMIC HISTORY (List all institutions attended beginning with high school)**

<b>Name of High School</b>	<b>City</b>	<b>State</b>	<b>Diploma or GED</b>	<b>Graduation Date</b>
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1 \_\_\_\_\_

<b>Name of Institution</b>	<b>City</b>	<b>State</b>	<b>Degree/ Program</b>	<b>Dates Attended</b>
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1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

**Note: An official transcript from each institution is required. Transcripts must be mailed directly from each institution.**

**TRANSFER STUDENTS**

If you have previously attended college, your academic transcripts from recognized institutions will be evaluated, and courses transferable toward your degree at WLBC will be identified. You will receive an official report of this audit, as well as your enrollment status in this program.

**PERSONAL REFERENCES**

Distribute the proper reference forms to three persons (as specified) and request that they mail them to: W. L. Bonner College, Office of Admissions 4430 Argent Court, Columbia, SC 29203. References should include 1 professional, 1 pastoral, and 1 personal.

Please list the names and titles of persons whom you have asked to complete letters of recommendation.

**NAME**

**TITLE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

I certify that to the best of my knowledge the information provided on this application and in other admission related documents is true, accurate, complete, and is voluntarily given. I hereby give my permission for this information to be used by W. L. Bonner College for the purpose of considering my application, for academic advisement, and for maintaining student records. I fully understand that false or misleading information provided to the college as a part of this application or in the accompanying documents may invalidate the approval process or, if admission has already occurred, may be considered as sufficient grounds for dismissal and/or for the denial or the revoking of an official academic transcript and/or degree. Further, I understand that illegal drug use, homosexual activity, heterosexual misconduct, cheating, abusive behavior, and/or other actions contrary to biblical moral standards or to the college policies also stand as sufficient grounds for denial of admission and/or dismissal at any time from the college.

My signature indicates my understanding of an agreement with the conditions under which this application is made.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please enclose the nonrefundable \$30 application fee payable to W. L. Bonner College with your application. Mail to:

**W. L. Bonner College  
Office of Distance Learning  
4430 Argent Court  
Columbia, South Carolina 29203-5975**

\*\*W. L. Bonner College does not discriminate on the basis of race, color, national origin, gender, or disability.

# Bachelor of Religious Studies In Biblical Studies PROFESSIONAL RECOMMENDATION FOR ADMISSION

The Bachelor of Religious Studies degree at W. L. Bonner College is an undergraduate religious studies program. Please provide a confidential reference on the student applicant named below in consideration of your evaluation of the student in terms of the expectations of the program. Place this form (and any attached sheets as desired) in a pre-addressed envelope. Please sign your name across the seal, and return the reference by mail. Thank you for your spiritual sensitivity to our need for an honest evaluation of each applicant. Recommendations are confidential and are destroyed and not maintained after admission decisions are made.

Name of BRS applicant:

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Name of person providing the reference:

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Reference category: \_\_\_\_\_ Clergy      \_\_\_\_\_ Professional      \_\_\_\_\_ Personal

Title or identification of person providing reference:

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How long have you known the applicant?

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My overall evaluation of this applicant:     Excellent     Above Average     Average     Below Average     Poor

	Excellent	Above Average	Below Average	Average	Poor	No Information
Character (person of moral and spiritual integrity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for effective ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill in relating to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/family relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic/intellectual abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance/neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please identify the applicant academic preparedness for undergraduate studies.**

Well Prepared    10    9    8    7    6    5    4    3    2    1    Not Prepared

Do you have any concerns about the applicant's personal habits, spiritual maturity, or moral character that would negatively affect your recommendation?      Yes       No

If your answer is yes, please explain.

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Do you have any reservation about recommending this person for admission?      Yes       No   
If your answer is yes, please explain.

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Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your thoughtful responses. Please return to:

**W. L. Bonner College  
Office of Admissions  
4430 Argent Court  
Columbia, SC 29203-5975**

For questions, contact the Office of Distance Learning by phone or email at:

**(803) 754-3950**  
[swright@wlbc.edu](mailto:swright@wlbc.edu)

# Bachelor of Religious Studies In Biblical Studies PROFESSIONAL RECOMMENDATION FOR ADMISSION

The Bachelor of Religious Studies degree at W. L. Bonner College is an undergraduate religious studies program. Please provide a confidential reference on the student applicant named below in consideration of your evaluation of the student in terms of the expectations of the program. Place this form (and any attached sheets as desired) in a pre-addressed envelope. Please sign your name across the seal, and return the reference by mail. Thank you for your spiritual sensitivity to our need for an honest evaluation of each applicant. Recommendations are confidential and are destroyed and not maintained after admission decisions are made.

Name of BRS applicant:

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Name of person providing the reference:

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Reference category: \_\_\_\_\_ Clergy      \_\_\_\_\_ Professional      \_\_\_\_\_ Personal

Title or identification of person providing reference:

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How long have you known the applicant?

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My overall evaluation of this applicant:  Excellent  Above Average  Average  Below Average  Poor

	Excellent	Above Average	Below Average	Average	Poor	No Information
Character (person of moral and spiritual integrity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for effective ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill in relating to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/family relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic/intellectual abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance/neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please identify the applicant academic preparedness for undergraduate studies.**

Well Prepared    10    9    8    7    6    5    4    3    2    1    Not Prepared



**Do you have any concerns about the applicant's personal habits, spiritual maturity, or moral character that would negatively affect your recommendation?**      Yes       No

If your answer is yes, please explain.

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**Do you have any reservation about recommending this person for admission?**      Yes       No   
If your answer is yes, please explain.

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Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your thoughtful responses. Please return to:

**W. L. Bonner College  
Office of Admissions  
4430 Argent Court  
Columbia, SC 29203-5975**

For questions, contact the Office of Distance Learning by phone or email at:  
**(803) 754-3950**  
[swright@wlbc.edu](mailto:swright@wlbc.edu)

**Bachelor of Religious Studies  
In Biblical Studies  
PASTORAL RECOMMENDATION FOR ADMISSION**

The Bachelor of Religious Studies degree at W. L. Bonner College is an undergraduate religious studies program. Please provide a confidential reference on the student applicant named below in consideration of your evaluation of the student in terms of the expectations of the program. Place this form (and any attached sheets as desired) in a pre-addressed envelope. Please sign your name across the seal, and return the reference by mail. Thank you for your spiritual sensitivity to our need for an honest evaluation of each applicant. Recommendations are confidential and are destroyed and not maintained after admission decisions are made.

Name of BRS applicant:

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Name of person providing the reference:

---

Reference category: \_\_\_\_\_ Clergy \_\_\_\_\_ Professional \_\_\_\_\_ Personal

Title or identification of person providing reference:

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How long have you known the applicant?

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My overall evaluation of this applicant:  Excellent  Above Average  Average  Below Average  Poor

	Excellent	Above Average	Below Average	Average	Poor	No Information
Character (person of moral and spiritual integrity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for effective ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill in relating to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/family relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic/intellectual abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance/neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please identify the applicant academic preparedness for undergraduate studies.**

Well Prepared 10 9 8 7 6 5 4 3 2 1 Not Prepared

**Do you have any concerns about the applicant's personal habits, spiritual maturity, or moral character that would negatively affect your recommendation?**      Yes       No

If your answer is yes, please explain.

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Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Do you have any reservation about recommending this person for admission?**      Yes       No   
If your answer is yes, please explain.

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Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your thoughtful responses. Please return to:

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Office of Admissions  
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Columbia, SC 29203-5975**

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**(803) 754-3950**  
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# W. L. Bonner College

## REQUEST FOR TRANSCRIPT

(The applicant is to fill in all spaces in Part I, and forward to the Registrar of his/her colleges)

### PART I

\_\_\_\_\_  
APPLICANT'S NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

To: REGISTRAR OF \_\_\_\_\_  
(Name of College)

In connection with my correspondence at W. L. Bonner College, I request that you send them a transcript of my college academic records. I also request that you supply the information requested below and mail to:

College Registrar  
W. L. Bonner College  
4430 Argent Court  
Columbia, South Carolina 29203

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### PART II

1. The transcript of record for the student named above.  
( ) is attached  
( ) will be sent  
( ) cannot be sent at this time for the following reason (s): \_\_\_\_\_

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2. Student graduated: \_\_\_\_/\_\_\_\_/\_\_\_\_ with the degree \_\_\_\_\_  
Student expects to graduate \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Cumulative Average: \_\_\_\_\_ Hours earned: Semester \_\_\_\_\_ Quarter \_\_\_\_\_

4. Name of any personality or aptitude test taken: \_\_\_\_\_

5. Comprehensive Examinations (SAT, GRE, etc. ):  
Name and Results \_\_\_\_\_

Dates (s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_ Institution \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_ Institution \_\_\_\_\_

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_