



## Trinity Western University Bellingham Campus APPLICATION FORM

Please indicate the program you are applying for and note the supporting documentation required:

- BA in Multidisciplinary Social Science**
- BA in Psychology**
- BA in Leadership**
- Professional Development**

The following must be submitted in addition to this application form:

1. One (1) completed Academic/Employment Reference Forms
2. One (1) completed Personal Reference Form
3. Official Transcript(s)

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Mail application to the following address: Trinity Western University  
Bellingham Campus  
143 W. Kellogg Road  
Bellingham, WA 98226

Contact Information: Tel: 360-527-0222  
Toll free: 1-888-527-4898  
Email: [WA.Campus@twu.ca](mailto:WA.Campus@twu.ca)

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**I. PERSONAL INFORMATION***(OFFICE USE ONLY)* I.D. # \_\_\_\_\_

Last name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_ Preferred Name \_\_\_\_\_

Birth Last name \_\_\_\_\_ Other Former Last name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth (year/month/day) \_\_\_\_\_

Gender:  Male  Female      Citizenship:  U.S.  Permanent U.S. residentMarital status:  Married  Single       Other (*country*) \_\_\_\_\_ Visa (*Type*) \_\_\_\_\_

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**II. EDUCATION HISTORY****High School:**Name \_\_\_\_\_ Location (*City/State*) \_\_\_\_\_

Graduation year \_\_\_\_\_ or, GED completion date \_\_\_\_\_

**Colleges/Universities:**

Please list all colleges or universities previously attended.

<u>Name</u>	<u>Location (<i>City/State</i>)</u>	<u>Dates (<i>e.g., 1999-2001</i>)</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you previously applied to Trinity Western University?  Yes  NoHave you previously attended Trinity Western University?  Yes  No      Date(s) attended: \_\_\_\_\_Requirements: Transcript(s) from all post-secondary institutions (other than TWU) must be submitted.

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**III. MILITARY EXPERIENCE**

Have you ever served in the Armed Force?  Yes  No Dates: \_\_\_\_\_

Which branch? \_\_\_\_\_ Discharged: \_\_\_\_\_

Are you eligible to receive veterans' educational benefits?  Yes  No

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**IV. EMPLOYMENT HISTORY**

Are you currently employed?  Yes  No Occupation: \_\_\_\_\_

Does your employer have a tuition-reimbursement program?  Yes  No

Please list most recent employer first.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**V. VOLUNTEER WORK (COMMUNITY, CHURCH, CLUBS, ETC.)**

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**VI. REFERENCES**

Academic or Employment Reference (See Trinity Western University - Bellingham Academic/Employment Reference Form)

1. Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Personal Reference (See Trinity Western University - Bellingham Confidential Personal Reference Form)

2. Name \_\_\_\_\_ Position/Title \_\_\_\_\_

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**VII. FINANCIAL**

As you complete this form, how are you anticipating financing your education? We are available to discuss your financial options with you, if needed.

- Student Loans (KeyBank, TERI, other \_\_\_\_\_)
- Payment Plan (describe \_\_\_\_\_)
- Credit Card (VISA, MasterCard, other \_\_\_\_\_)
- Cash

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### VIII. COMMUNITY EXPECTATIONS

Trinity Western University - Bellingham is a community where all members should be free to pursue honest academic inquiry and to explore issues of faith, life and citizenship in an affirming and respectful environment. Therefore, it is imperative that all members treat fellow members and guests with dignity and regard in the manner they themselves prefer to be treated. While students are not required to adhere to any specific religious faith or tradition, it is expected that each member will respect other students' religious perspectives and, in particular, the Christian identity of Trinity Western University.

By accepting an offer to attend the Trinity Western University - Bellingham, it is required that each individual adhere to the community standards while on campus. These responsibilities include refraining from a) smoking on campus, b) use of alcoholic beverages and illegal drugs while on campus, c) engaging in immoral behavior as defined in the Responsibilities of Membership (*A copy of Trinity Western University's Responsibilities of Membership can be found at [www.twu.ca/studenthandbook/policies.aspx](http://www.twu.ca/studenthandbook/policies.aspx)*). As in any post secondary educational institution, all students are expected to abide by the academic and community standards of the institution.

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### IX. SIGNATURE

By my signature, I confirm that all information supplied in this application is true and correct to the best of my knowledge. I also affirm that I have agreed to the community expectations (listed above) and will comply with them while enrolled in this program.

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APPLICANT'S SIGNATURE

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DATE

Mail application to the following address: Trinity Western University  
Bellingham Campus  
143 W. Kellogg Road  
Bellingham, WA 98226

If you have any questions, please contact our office:

Tel: 360-527-0222

Toll free: 1-888-527-4898

Email: [WA.Campus@twu.ca](mailto:WA.Campus@twu.ca)

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Trinity Western University - Bellingham does not discriminate on the basis of race, creed, color, nationality, gender, marital status, age or disability.

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Trinity Western University - Bellingham
PERSONAL REFERENCE FORM

APPLICANT

Please complete this section before giving to your Personal Referee to complete:

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 provides you with the choice of collecting open recommendations or waiving their right of access and collecting confidential recommendations.

- I HEREBY WAIVE any claim to access the Personal Reference Forms written on behalf of my application.
I DO NOT WISH TO WAIVE claim to access the Personal Reference Forms written on behalf of my application.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

REFEREE:

The student named above has applied to Trinity Western University - Bellingham. Your recommendation is a vital part of the student's application process and your candid response in the following areas is crucial.

Mail form to the following address: Trinity Western University
Bellingham Campus
143 W. Kellogg Road
Bellingham, WA 98226

Title: [ ] Dr. [ ] Rev. [ ] Mr. [ ] Mrs. [ ] Miss [ ] Ms.

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Position/Dept. \_\_\_\_\_ Organization \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. In what context/relationship? \_\_\_\_\_

3. How well do you know the applicant? [ ] Very well [ ] Well [ ] Casually

Please describe the applicant by marking the appropriate column for each attribute:

ASSESSMENT	Excellent	Above Average	Adequate	Poor	Unable to Judge
Character/integrity					
Critical thinking skills					
Intellectual curiosity					
Proficiency in oral communication					
Proficiency in written communication					
Self-discipline					
Motivation					
Time-management skills					
Ability to handle stressful situations					
Energy level					
Technology/computer skills					
Completes assignments/projects in a timely manner					
Contributes collaboratively in a team setting					

Additional remarks or other issues of which we should be aware: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Highly Recommend     Recommend     Recommend with Reservation     Do not Recommend

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this recommendation.  
 Please contact us if you have any questions or if you wish to provide additional information.

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 Toll free: 1-888-527-4898  
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**Trinity Western University - Bellingham  
ACADEMIC/EMPLOYMENT REFERENCE FORM**

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**APPLICANT**

Please complete this section before giving to your Academic or Employment Referee to complete:

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 provides you with the choice of collecting open recommendations or waiving their right of access and collecting confidential recommendations.

- I HEREBY WAIVE any claim to access the Academic/Employment Reference Forms written on behalf of my application.
- I DO NOT WISH TO WAIVE claim to access the Academic/Employment Reference Forms written on behalf of my application to the LLC.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

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**REFEREE:**

The student named above has applied to Trinity Western University - Bellingham. Your recommendation is a vital part of the student's application process and your candid response in the following areas is crucial.

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Title:  Dr.  Rev.  Mr.  Mrs.  Miss  Ms.

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Position/Dept. \_\_\_\_\_ Organization \_\_\_\_\_

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1. How long have you known the applicant? \_\_\_\_\_

2. In what context/relationship? \_\_\_\_\_

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3. How well do you know the applicant?  Very well  Well  Casually

Please describe the applicant by marking the appropriate column for each attribute:

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Proficiency in oral communication					
Proficiency in written communication					
Self-discipline					
Motivation					
Time-management skills					
Ability to handle stressful situations					
Energy level					
Technology/computer skills					
Completes assignments/projects in a timely manner					
Contributes collaboratively in a team setting					

Additional remarks or other issues of which we should be aware: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Highly Recommend     Recommend     Recommend with Reservation     Do not Recommend

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this recommendation.  
 Please contact us if you have any questions or if you wish to provide additional information.

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**Trinity Western University - Bellingham  
REQUEST FOR OFFICIAL TRANSCRIPT**

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*TWU Applicant: An official transcript from all post-secondary institutions you've attended must be submitted to Trinity Western University – Bellingham directly from the respective institution Registrar's Office(s). Send this completed form to the Registrar/Records Department for each institution you have attended along with their required transcript fee.*

Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_

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Please send one (1) official copy of my transcript to:

Trinity Western University  
Bellingham Campus  
143 W. Kellogg Road  
Bellingham, WA 98226

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**STUDENT INFORMATION:**

Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_ Former Surname(s) \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth (year/month/day) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Transcript Fee Enclosed: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_