

Please print and complete this form and return it to the Admissions department along with a small photo of yourself:

*Pensacola Christian College
P.O. Box 18000
Pensacola, FL 32523*

Name: _____

Address: _____

I certify that the information given on the application is complete and accurate. I also understand that I am financially responsible for the payment of this account if the student listed above is accepted for enrollment.

Applicant's signature: _____ Date: _____

Signature of parent, guardian, or sponsor: _____