

The Program for which you are applying (please choose one)

- | | | |
|---|-----------|-----------|
| <input type="checkbox"/> Bachelor of Theology (B.Th.) | Full-time | Part-time |
| <input type="checkbox"/> Masters in Leadership Studies (MALS) | Full-time | Part-time |
| <input type="checkbox"/> Masters in Divinity (M.Div.) | Full-time | Part-time |
| <input type="checkbox"/> Masters in Christian Ministry Leadership | Full-time | Part-time |
| <input type="checkbox"/> Institute for Leadership Studies/PGD | Full-time | Part-time |

MARRIAGE & FAMILY

Marital Status: Single Engaged Married Other

If engaged when do you anticipate being married _____
DD/MM/YY

Marital information: Married in a church Non-church marriage
 Non-church marriage affirmed by church

Does your spouse fully support your plans to come ACTS? Yes No

Is your spouse applying for a degree at ACTS? Yes No

Number of Children: _____ (please list their names below)

_____	_____
Name	Age
_____	_____
Name	Age
_____	_____
Name	Age
_____	_____
Name	Age

HEALTH

How is your health? Excellent Good Fair Poor

Indicate any of the following conditions which you have had or presently have:

- | | | |
|--|--|---|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Speech Problems | <input type="checkbox"/> Abnormal Blood Pressure | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Disability (Describe below) | <input type="checkbox"/> Other Health Issues (Describe below) |

EDUCATIONAL BACKGROUND

Secondary School

School Name: _____

School Address _____
PMB/PO Box City/Town

_____ State (ZIP Code if applicable) Country

Entrance Date: _____ Completion Date: _____
MM/YY MM/YY

Area of Study _____ Final Grade/Division _____

College Education (Bible College, Teacher Training, Technical School, etc)

School Name: _____

School Address _____
PMB/PO Box City/Town

_____ State (ZIP Code if applicable) Country

Entrance Date: _____ Completion Date: _____
MM/YY MM/YY

Number of terms completed: _____ Final Score/GPA _____

Field of Study: _____

Completion Award: Diploma Certificate Degree License

University Education

Name of University _____

Address: _____
PMB/P.O. Box City/Town

_____ State (with ZIP Code if applicable) Country

Entrance Date: _____ Completion Date: _____
MM/YY MM/YY

Title/position: _____ Location: _____

Employed from _____ to _____
DD/MM/YY DD/MM/YY

3 Employer: _____

Type of work: _____

Title/position: _____ Location: _____

Employed from _____ to _____
DD/MM/YY DD/MM/YY

CHURCH AFFILIATION:

Name and address of current church: _____

Pastor's name: _____

How long have you been attending this church? _____

Denominational affiliation of this church? _____

What has been your involvement in this church? (Elder, deacon, teacher, etc.)

REFERENCES

Give names and complete addresses of four persons to whom you will give referee forms. Do not include relatives. The referees should be proficient in English and be: (1) Your Pastor; (2) Your supervisor; (3) One of your present or former teachers; (4) One person who knows you well.

1. Name _____ Address: _____

Relationship: _____ Position: _____

2. Name _____ Address: _____

Relationship: _____ Position: _____

3. Name _____ Address: _____

Relationship: _____ Position: _____

4. Name _____ Address: _____

Relationship: _____ Position: _____

FINANCIAL STATUS

How do you plan to meet your financial needs while attending ACTS? _____

Who is your financial sponsor (if any)? _____

NOTE: Please know that your inability to pay ACTS fees may render you illegible to register for ACTS courses and for graduation.

CLOSING MATTERS

How did you become acquainted with Africa Centre for Theological Studies?

Brochure Advertisement Pastor Visit Website

ACTS Staff (Name) _____

ACTS Student (Name) _____

ACTS Graduate (Name) _____

Other (Specify) _____

To the best of my knowledge, all information on this form is correct.

Signature: _____ Date: _____