

APPLICATION INFORMATION

YEAR 1

Please attach a headshot-style photograph, taken against a solid and light-coloured background.

APPLICATION FORM

PERSONAL DETAILS:

Last/Surname:	First Name:	
Address:		
	Post code:	
	Email:	
Gender: male female	Date of Birth:	
Age: Nationality:		
Marital status: Please indicate Widowed	Married Single Divorced	
EDUCATION MATTERS:		
Highest level of school completed	:	
Did you receive a diploma, degree	e, or professional? If yes, please tell which one.	
•	ible College? If yes, please indicate when and ded.	
D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Do you have any learning disabilities that will affect your performance in Bible		
College? Yes No		
In what language was the majority of your primary and secondary education?		
(English or other—please specify)		
Please include with your application	on a <u>certified</u> copy of your educational	

HEALTH MATTERS:
Please explain your present health condition.
Do you suffer from any medical condition? Please specify.
Do you suffer from any type of mental illness? Please explain.
PERSONAL HISTORY:
Do you have any criminal records? Yes No
If yes, Please explain
SPIRITUAL INFORMATION:
Do you faithfully attend church? Yes No If no, please explain why.
Do you believe in the New Testament Salvation?
Have you been baptized in Jesus Name according to Acts 2:38?
Have you ever received the gift of the Holy Ghost? Yes No
If yes, how long have you had the Holy Ghost?
On a separate sheet of paper please explain the plan of salvation as you understand
it.
Please summarise your activities you are involved in, either present or past whether church or community.

How do you feel that Harvest Bible College will benefit your ministry/life?		
COURSE MAJOR		
Please tick one of the following that you would like to major in:		
PastoralMusicC	Christian EducationMissions	
FINANCIAL REQUIRMENTS:		
Do you understand your financial requirements for attending Harvest Bible College and do you have the means in which to meet them? Yes No		
	es of which one should be your Pastor/minister. hown you for at least 5 years and not a family	
Name:		
Address:		
	(work or home)	
Email		
Name:		
Phone number:	(work or home)	
Email		
Name:		
Address:		
Phone number:	(work or home)	
Email		

<u>DECLARATION</u> : I agree to abide by the guid pledge to fulfil my obligations academically, sp that any false statements may jeopardise my apapplication being rejected.	piritually and financially. I understand	
Applicants Signature:	Date:	
SIGNATURE OF PASTOR IS REQUIRED PROCESSED.	FOR THE APPLICATION TO BE	
I as the Pastor/Minister of for my saint to attend Harvest Bible College an blessing.		
	Date:	
Pastor's Signature		
A £50.00 non-refundable application fee must accompany this application.		