World Vision Theological Seminary

Application Form

U.I. Post Office Box 22768, Code – 200005, Ibadan, Oyo State, Nigeria
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Phone: +2348033616411

Attach Passport Photograph

Applications cannot be considered unless:

- ❖ All forms are completed.
- ❖ Your written testimony is attached.
- ❖ A certified copy of your Senior certificate is attached.
- ❖ Certified copies of transcripts.

1. PERSONAL INFORMATION:

Title: Rev._____ Pastor_____ Dr._____ Prof._____ Mr._____ Mrs_____ Miss_____

Surname:_____Other Names:_____

Date of Birth: (DD/MM/YY) _____/_____/_____/Citizenship: Nigeria_____Other_____

Home Address:_____

_____

Postal Address: _____

_____

E-Mail:_____Phone:_____

2. Marital/Family Status

Single:_____ Married:_____ Widow:_____ Widower: _____ Divorced:_____

Name of Spouse(If applicable):_____

Number of dependent Children:_____ Children Ages:_____

3. Finance:

What will you depend upon to finance your education?
Personal Savings:_____ Church:_____ Sponsoring Agency:_____

I authorize World Vision Theological Seminary to check the above financial source (s) and exchange information as deemed necessary to ensure sufficient funds Available.
Yes:_____ No:_____

If 'No'_____

_____

4. **EDUCATIONAL RECORD**

Please give details of any tertiary education which you have completed or are currently engaged in.

Institution	Qualification	Date of Completion

Please attach certified copies of all your educational certificates, especially your School Leaving Certificate.

5. COURSE OF STUDY FOR WHICH YOU ARE APPLYING

1. **Certificate: C.Th____C.P.S____C.M.____C.B.S____C.C.C.____C.C.E____C.Div._____**
2. **Diploma: D.Th____D.P.S____D.M.____D.B.S____D.C.C.____D.C.E____D.Div._____**
3. **Bachelor: B.Th____B.P.S____B.M.____B.B.S____B.C.C.____B.C.E____B.Div._____**
4. **Masters: M.Th____M.P.S____M.M.____M.B.S___M.C.C.____M.C.E____M.Div._____**
5. **Doctorate: Th.D____D.P.S____D.M.____D.B.S____D.C.C.____D.C.E____D.Div._____**

6. OCCUPATION AND EMPLOYMENT

List the last two employment positions which you have filled. Start with your current employment and work backwards.

Date	Type of employment	Employer	Length of employment

7. SPIRITUAL LIFE

On a separate sheet, please write out your Christian testimony, giving details of how you came to know the Lord and your spiritual growth since then.

8. CHURCH LIFE

Which church do you currently attend?

_____

Have you discussed your application with the pastor or church leadership?

_____

If No, please give reasons:

_____

What is their reaction to your application?

_____

In what way will your church support you at College?

_____

9. **On a separate sheet**, please give a brief description of your church background. Explain areas of ministry in which you are currently involved.
   List below three people that will attest to your standing as a Christian. At least on must be an ordained pastor.

   1. Name: _____Phone:_____
   2. Name:_____Phone:_____
   3. Name:_____Phone:_____

10. GENERAL INFORMATION

❖ How did you learn about World Vision? _____

_____

❖ Explain briefly why you want to attend World Vision? _____

_____

❖ How do you plan to pay for your studies at World Vision? (All students are required to pay in full for their course of study.

_____

_____

_____

Please sign the declaration below.

I hereby certify that, to the best of my knowledge the information submitted is correct.
Should my application for training be successful, I would be willing to come under the discipline of the Seminary for the duration of my training.
I understand that enrolment at the Seminary is a privilege which may be withdrawn at any time if, in the opinion of the Rector and /or Council, I do not conform to the rules and regulations or the required academic standard of the Seminary.
In the event of withdrawal or dismissal from the Seminary I will still be responsible for payment of the current Semester's fees.

Signature: _____

Date: _____

Signature of Parent(s)/Guardian (if you are under 18 years of age): _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____

APPROVED: _____

DISAPPROVED: _____

APPROVED OFFICER'S SIGN: _____DATE: _____