

HARVEST CENTRAL AFRICA COLLEGE OF THEOLOGY

APPLICATION FORM

Name _____ Sex / ____ ____
Surname First name Middle M F

Date of birth _____ Age _____ Place of Birth _____ Province of origin _____

Marital status: Married ____ Single ____ Engaged ____ Separated ____ Divorced ____

Present occupation _____

Which languages do you speak? _____

Health Information _____

Any physical problem or disease? _____

Which one? (please specify) _____

Academic background (attach results) Secondary School attended address Date and Year

Degree/Diploma _____

Other Schools attended - Address- Date (Year) Attended _____

Have you attended any other Bible College or Training School for the Ministry? _____

Name/Address _____

Degree/ Diploma/ Certificate? _____

(Ask your School to send us your official transcripts)

SPIRITUAL INFORMATION:

Date of Conversion _____ (write your testimony on the back of application form)

Have you been baptised by immersion in water? _____ when? _____

Have you been baptised in the Holy Spirit? _____ When? ____ ____

What is your reason for wanting to be trained? _____

What is your plan after completing this course? _____

In which ministry or department are you involved in your church _____

Name/ Address of your church _____

Name/ address of your pastor _____

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What program do you wish to enrol into or what major do you wish to have _____

Which option do you choose (regular courses or courses by correspondence)?

Who must pay your school fees during your training? _____

I. _____ have read the Biblical Foundation of Central Africa College of Theology and agree to the position of the School, its doctrine and Biblical Foundations.

Although I may harbour different beliefs, I will always respect the position of the College.

Name _____

Sign

Date Application filled up _____

Note: A non-refundable acceptance fees of \$40 and a passport photograph must be sent with this application form before it is processed.