

APPLICATION FOR ADMISSION

Assemblies of God School of Theology

P.O. Box 184

Lilongwe, Malawi

Phone: 265-761-473; Fax: 761-706; Email: agst@globemw.net

PERSONAL INFORMATION

Family name _____ Other names _____

Address _____

Place of birth _____ Date of birth _____ Nationality _____ Male or female _____

FAMILY INFORMATION:

Father's name and address _____

Are you married? _____ Are you divorced or separated from your wife _____ Do you have a family to support? _____ How many dependents? _____

CHRISTIAN EXPERIENCE:

Have you been born again according to John 3:7? _____ Have you been baptized in the Holy Spirit with the evidence of speaking in tongues according to Acts 2:4? _____. If not, are you earnestly seeking to be filled with the Spirit? _____. Please write on a separate paper, in your own handwriting and words, a testimony including your early life, your conversion and baptism in the Holy Spirit, your call to the ministry, and your experience in Christian service?

CHURCH AND MINISTERIAL AFFILIATION

To which denomination (church group) do you belong? _____

Or what particular Assembly are you a member? _____

In which section and district council? _____. How long have you been a member of this denomination (church group)? _____ What credential for ministry do you

hold? Exhorter; Licensed; Ordained; Other _____ For How long? _____ What Christian ministries have you had? Pastor; Youth Pastor; Evangelist; Choir director; Children's ministries; Sunday School teacher; Other _____ For how long? _____

EDUCATIONAL INFORMATION:

How many years have you spent in primary school? _____ In secondary School? _____ Have you ever attended Bible school? _____ If so, name the school _____

What other training have you had? _____. At what level do you wish to enroll at AGST? 3 year diploma 4 year degree; NOTE: if you do not have a secondary school education, are you confident that you can do college level studies? (The admission of AGST will determine placement by the

use of entrance exams and other criteria, but your preference should be stated.) List the languages you speak fluently. _____ List those you read and write _____ In what kind of manual or secular work are you experienced? _____

HEALTH INFORMATION

Are you in good health? _____. Give an explanation of any serious illness you have had _____

FINANCIAL INFORMATION

Do you have any debts? _____ . If so, how much do you owe? _____
How will your expenses be covered during your stay at AGST? _____

REFERENCE:

For reference purposes give the following names and addresses:

Pastor Name _____
Address _____

Presbyter Name _____
Address _____

District Superintendent Name _____
Address _____

PLEDGE

When do you wish to enroll? _____

If accepted as a student at AGST, I pledge that I will obey school rules and conduct myself as a Christian and minister of Jesus Christ at all times.

Your Signature _____
Date: _____