



All Peoples Church & World Outreach
Bible College & Ministry Training Centre

STUDENT APPLICATION FORM

VISION STATEMENT – All Peoples Church, Bible College & Ministry Training Center is a non – denominational, Spirit-filled college with a balanced emphasis on the Word, the Spirit and a focus on excellence in life and ministry.

*Please
 affix your recent
 Passport size
 Photograph here*

FOR OFFICE USE ONLY

1. Student application received _____
2. Application Fee received _____
3. Student Photograph received _____
4. Pastoral Recommendation received _____
5. Personal Recommendation received _____
6. Reviewed by _____
7. Approved _____ Rejected _____ Date _____
8. Remarks _____

PERSONAL INFORMATION

1. Full Name: Mr / Mrs. / Miss _____
2. Mailing Address _____
 Town _____ District _____
 City _____ State _____ Pin Code _____
 Home Phone () _____ Mobile _____
 Fax _____ E- Mail _____
3. Date Of Birth ____/____/____ Age ____ Mother Tongue ____
 Other languages that you can speak _____
4. Nationality _____
5. Marital Status: 1. SINGLE 2. ENGAGED 3. MARRIED 4. WIDOWED
 5. SEPARATED 6. DIVORCED 7. REMARRIED
6. How did you learn about APC Bible College and MTC? _____

7. Present Occupation _____

FAMILY INFORMATION

1. Spouse's Name _____ Occupation _____

Denominational Preference _____

a) Has your spouse accepted Jesus Christ as his/her personal savior?

YES NO HOW LONG? _____

b) Has your spouse received the baptism of the Holy Spirit with the evidence of speaking in tongues?

YES NO HOW LONG? _____

c) How many years have you been married? _____

d) Does he/she approve of your attending the Bible College? YES NO

e) Will your spouse/finance attend Bible College with you? YES NO

f) Will your dependent family come with you while you attend Bible College?

YES NO

g) Please give the following details of your children

S.No	Name	Age	Sex (M/F)
1			
2			
3			
4			

2. Father's Name & Occupation _____

Denominational Preference _____

Mother's Name & Occupation _____

Denominational Preference _____

Address _____

Town _____ District _____ City _____

State _____ Pin Code _____ Phone () _____

RELIGIOUS INFORMATION

1. Mention the denomination in which you consider yourself to have been raised

Name of the church you attend _____

Pastor's Name _____ **Denomination** _____

Address _____

Phone () _____ **Fax ()** _____

2. Minister to whom your recommendation letter will be sent _____

Address _____

Phone () _____ **denomination** _____

(If you are unable to provide a completed pastor/minister's recommendation for any reason, please contact the college office and state the same)

3. a) Have you accepted Jesus Christ as your personal savior?

YES NO How long? _____

b) Do you have the baptism of the Holy Spirit with the evidence of

speaking in tongues? YES NO How long? _____

4. What is your current involvement in the church or ministry?

5. List your ministerial skills, talents and abilities (Please attach separate sheet if necessary)

6. List your ministry experience (If Any)

S.No	Name of Church / Ministry/Details of Ministry Done	Place of ministry	Period of ministry

7. Identify the area(s) of ministry to which you feel God is calling (or has called) you to be.

- PASTOR HELPS TEACHER – ADULTS EVANGELIST MISSIONS
 TEACHER–YOUTH TEACHER – CHILDREN MUSIC-VOCAL MUSIC-INSTRUMENTAL
 OTHERS _____

8. Please provide your testimony of Christian experience

EDUCATIONAL INFORMATION

SCHOOL COLLEGE DEGREE MASTERS DOCTORATE OTHERS
SPECIFY _____

(PLEASE GIVE COMPLETE DETAILS STARTING WITH THE MOST RECENT)

Name & Address Of Institution	YEAR / DATES	Degree / Diploma

EMPLOYMENT INFORMATION

(PLEASE GIVE COMPLETE DETAILS STARTING WITH THE RECENT)

Name & address of employer	YEAR / DATES	Nature of work

a) List your occupational, professional skills, special talents and capabilities you possess

b) DO YOU HAVE A CRIMINAL RECORD? YES NO (if yes, please attach a letter of explanation in detail)

FINANCIAL INFORMATION

1. How do you plan to pay your bible college expenses?

PERSONAL EMPLOYMENT SPOUSE'S EMPLOYMENT SAVINGS OTHERS
(SPECIFY) _____

2. Do you have any financial obligations (loans, credit card payments) that would hinder your commitment to bible college? YES NO if yes, give details

CREDITOR NAME	CURRENT BALANCE	MONTHLY PAYMENT

MEDICAL INFORMATION

1. Briefly state the condition of your health _____
2. Have you had any recent illnesses within the last 2 years? YES NO if yes, please explain

3. Do you have any physical handicaps, weaknesses or chronic diseases, which could interfere during bible college? YES NO (if yes, please explain and attach a letter from your physician) _____
4. Person to be contacted in case of any emergency
- NAME _____ ADDRESS _____
_____ TOWN _____ DISTRICT _____
CITY _____ STATE _____ PIN CODE _____
PHONE (O) () _____ R() _____ MOBILE _____
RELATIONSHIP _____

MEDICAL CONSENT

I HEREBY GRANT PERMISSION TO ALL PEOPLES' CHURCH BIBLE COLLEGE OR IT'S CONSULTING PHYSICIAN TO RENDER ME ANY EMERGENCY TREATMENT, MEDICAL OR SURGICAL CARE THAT MIGHT BE DEEMED NECESSARY. WHEN SUCH CARE IS REQUIRED, I GRANT PERMISSION FOR HOSPITALIZATION. I ALSO STATE BY GRANTING SUCH PERMISSION I ABSOLVE ALL PEOPLES' CHURCH BIBLE COLLEGE AND MINISTRY TRAINING CENTER OF ANY FINANCIAL LIABILITY PERTAINING TO SUCH MEDICAL TREATMENT OR HOSPITALIZATION.

_____/_____/_____
DATE

APPLICANT SIGNATURE

STATEMENT OF TRUTH

I HEREBY STATE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND TRUE. IF ALL PEOPLE'S CHURCH BIBLE COLLEGE AND MINISTRY TRAINING CENTER IS NOTIFIED THAT ANY INFORMATION CONTAINED IN THIS IS FALSE, IT WILL BE GROUNDS FOR MY IMMEDIATE DENIAL OR DISMISSAL.

I ALSO UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION, IN NO WAY GUARANTEES OR IMPLIES ACCEPTANCE AND OR ENROLLMENT AS A MEMBER OF ALL PEOPLE'S CHURCH BIBLE COLLEGE AND MINISTRY TRAINING CENTER.

I UNDERSTAND THAT THE INFORMATION CONTAINED IN THE PERSONAL RECOMMENDATION FORM AND THE PASTORAL RECOMMENDATION FORM IS CONFIDENTIAL. I HEREBY WAIVE MY RIGHT TO SEE THE CONFIDENTIAL INFORMATION CONTAINED THEREIN.

_____/_____/_____
DATE

APPLICANT SIGNATURE

Mailing address

All Peoples Church
75, 1st floor, 14th cross, 1st Block
RT Nagar, Bangalore 560032
Phone: +91-080-23544328/ 23544329
extn-35
23539731, 23334328 (Direct)

email: contact@apcwo.org
website: www.apcwo.org

Student Check-list

- 1. Attach Photos**
- 2. Request your Pastor/Minister to complete the Pastoral recommendation Form and mail it directly to us.**
- 3. Attach copies of completed school/college degree certificates**



All Peoples Church & World Outreach

Bible College & Ministry Training Centre

PASTORAL RECOMMENDATION FORM

VISION STATEMENT – All Peoples Church, Bible College & Ministry Training Center is a non – denominational, Spirit-filled college with a balanced emphasis on the Word, the Spirit and a focus on excellence in life and ministry.

Dear Pastor / Minister,

Please fill this pastoral recommendation form carefully and in private. Your comments are held in strict confidence and given serious consideration. Upon completion of this form, it is not to be given to the applicant but seal and mail this directly to the below address.

All Peoples Church Bible College & Ministry Training Center
75, 1st floor (Above Corporation Bank), 1st Block, 14th Cross,
RT Nagar, Bangalore – 560032, Karnataka, India
Phone: +91- 80 23544328/ 23544329 extn – 35 / 23539731, 23334328 (Direct)

• **This section to be completed by Pastor / Minister**

Submitted on behalf of the Applicant (Name)

Address _____

Date _____

1. How long have you known the above person?

2. How well do you know the applicant? (Please tick)

Very Well Well Casual

Personal Close Distant

Other _____

3. Does the applicant know Jesus as his/her Lord and Savior? Yes No

4. Does the applicant life reflect a commitment to Christ? Yes No

5. Does the applicant live by biblical moral standards? Yes No

6. Please describe applicant's home life and / or marriage

7. What do you consider as the applicant's strong points?

8. What do you consider as the applicant's weak points?

9. To your knowledge, which of the following does the applicant use? (Please tick)

Cigarettes Alcohol Illegal drugs Paan/Gutkha

10. How can you best describe the applicant? (Please tick)

	UNKNOWN	POOR	FAIR	GOOD	EXCELLENT
Honesty					
Financial Responsibility					
Co – operative					
Academic Ability					
Ability to work with others					
Ability to lead others					
Hygiene					
Consideration for others					
Moral character					
Acceptance of instruction and / or discipline					
Dependability					
Dress					
Speech					

11. Are you aware any physical/emotional weaknesses that would hinder the applicant in an academic environment? Yes No (Please tick)

If yes, Please explain

12. Have you ever known the applicant in questionable or moral conduct?

Yes No ? (Please tick) If Yes, Please explain

13. With what sort of companions does he/she usually associate?

14. How would you rate the applicant in the following

Leadership outstanding above average average below average

Responsibility outstanding above average average below average

Loyalty to the church:

outstanding above average average below average

15. What type of involvement has the applicant had in your church?

16. Any other comments

17. Please tick the appropriate statement:

Highly recommend the applicant as a qualified candidate for training

Recommend as a candidate for ministerial training

- Recommend them with slight reservations as a candidate
- Hesitate to recommend for ministerial training
- Do not recommend for ministerial training

Specify _____

STATEMENT OF TRUTH

I HEREBY STATE THAT THE INFORMATION CONTAINED IN THIS RECOMMENDATION FORM IS CORRECT AND TRUE. IF THE INFORMATION CONTAINED HEREIN IS FALSE, IT WILL BE GROUNDS FOR IMMEDIATE DENIAL OR DISMISSAL OF THE APPLICANT.

Name (PASTOR / MINISTER)

Position _____

Address _____

Town/City _____ **State** _____

Pincode _____

Telephone (with STD code) _____

Mobile _____

Fax _____

Email _____

Date ____/____/____

SIGNATURE