



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

STUDENT APPLICATION FORM

Vision Statement: Equipping men and women to make disciples of all nations.

*Please
 affix your recent
 Passport size
 Photograph here*

FOR OFFICE USE ONLY

1. Student application received _____
2. Student Photograph received _____
3. Pastoral Recommendation received _____
4. Mark sheets received _____
5. Reviewed by _____
6. Approved _____ Rejected _____ Date _____
7. 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. Father's Name & Occupation _____

2. Mother's Name & Occupation _____

Address _____

Town _____ District _____ City _____

State _____ Pin Code _____ Phone () _____

3. Do your parents approve of your attending the Bible College? YES NO

4. If "No", please explain _____

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. Name of the Pastor who will provide your recommendation letter _____

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 CENTRE 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. I ACKNOWLEDGE THAT IF AT ANY TIME ***ALL PEOPLE'S CHURCH BIBLE COLLEGE AND MINISTRY TRAINING CENTRE*** IS NOTIFIED THAT ANY INFORMATION CONTAINED IN THIS IS FALSE, IT WILL BE GROUNDS FOR DENIAL OF ADMISSION OR IMMEDIATE DISMISSAL, WHICHEVER IS APPLICABLE.

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 CENTRE***.

I UNDERSTAND THAT THE INFORMATION CONTAINED IN 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 – Admin Office
#319, 2nd Floor, 7th Main, 2nd Block
Kalyan Nagar, Bangalore 560043
Phone: +91-080-25452617/ 65970617

email: contact@apcwo.org

website: www.apcwo.org

Student Check-list

1. Attach Photo
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