

LIVING WATERS THEOLOGICAL SEMINARY

A MINISTRY OF THE
APOSTOLIC FAITH MISSION IN ZIMBABWE

AZUSA CAMPUS

Linking Academic Excellence with Spiritual Profundity

APPLICATION FOR ADMISSION FORM

PROGRAMMES ON OFFER (*Select only one Programme*):

1. Diploma in Theology
2. Diploma in Pastoral Theology
3. Certificate in Theology

PROGRAMME BEING APPLIED FOR.....

YEAR / MONTH.....2015.....

*****Application Fees is \$25 for any of the programmes above*****

APPLICANT'S BIODATA

1.1. NAME.....Title mr

1.2. RESIDENTIAL & POSTAL ADDRESS

1.3. ID.No..... DOB.....

1.4. MARITAL STATUS..... (Married/Single/Divorced/ Widowed/ Remarried)

1.5. TEL(HM)..... BUSINESS.....CELL.....

1.6. OCCUPATION..... EMAIL.....

1.7. NATIONALITY.....

1.8. NEXT OF KIN... RELATIONSHIP.....

1.9. ADDRESS.....

Email.....

1.10. TEL..... OCCUPATION.....

1.11. ARE YOU A MEMBER OF AFMZ: if Yes

1.12. POSITION HELD.....

HOW LONG.....

1.13. NAME & CONTACT DETAILS OF PASTOR.....

1.14. DENOMINATION/ ORGANISATION IF NOT A.F.M.....

1.15. ARE YOU BORN AGAIN?..... BAPTISED IN WATER? BAPTISED IN HOLY SPIRIT?
.....

1.16. HOW DO YOU KNOW YOU WERE BAPTISED IN THE HOLY SPIRIT?.....THE UNDIVIDED AND
EVER GROWING LOVE FOR GOD .ACCOMPANIED BY THE SPEAKING OF TONGUES .HELP ME
KNOW THAT I AM BAPTISED IN THE SPIRIT

.....

1.17. SPOUSE'S NAME..... DATE OF BIRTH

1.18. CHILDREN'S NAMES DATES OF BIRTH

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2.1. O/A LEVEL QUALIFICATIONS

SUBJECT	GRADE	YEAR

2.2. TERTIARY QUALIFICATIONS

COLLEGE/UNIVERSITY	TITLE OF DIPLOMA/DEGREE	YEAR AWARDED

2.3. WORK EXPERIENCE (Please give Details of your work experience below)

YEARS	ORGANIZATION	POSITION

3.1. HAVE YOU EVER USED ILLEGAL DRUGS? IF YES, FOR HOW LONG?

3.2. HAVE EVER BEEN ARRESTED? IF YES, WERE YOU CONVICTED?.....

3.3. IF YES TO QUESTIONS 3.1 & 3.2 PLEASE EXPLAIN

3.4. ARE YOU IN GOOD HEALTH? IF NOT GIVE DETAILS

3.5. PLEASE DESCRIBE ANY PHYSICAL OR EMOTIONAL LIMITATIONS AND STATE SPECIAL
 TREATMENT REQUIRED

3.6. HOW DO YOU PLAN TO FINANCE YOUR EDUCATION? (We need tangible evidence/written commitment:
 Letter).....

3.7. ON A SEPARATE SHEET, DESCRIBE YOUR CHRISTIAN WALK, INCLUDE YOUR CONVERSION,
 SERVICE; CALL, VISION AND FUTURE PLANS. (200-400Words)

3.8. FINANCE:

Application Fees (\$25)

Tuition Fees (\$ 300 per term/\$100 per month)

NOTE: THE STUDENT IS SUBJECT TO DISMISSAL BY THE ADMINISTRATION IF HIS/ HER FINANCIAL OBLIGATIONS ARE NOT MET.

DECLARATION OF APPLICANT

Ido hereby declare that I will be bound by the Azusa Theological Seminary regulations as amended from time to time. I pledge to abide by the College Regulations and to maintain a high standard of conduct. To abstain from all appearances of evil. To obey those who have a position of authority over me and do any duty assigned to me in a humble and obedient attitude, to endeavor to live in loving harmony with fellow students.

I do declare that I fully understand the fact that I cannot hold the Apostolic Faith Mission Church responsible to furnish me with employment if and when I have successfully completed my studies. I am also acquainted with the Constitution and Regulations of the above Church, and know that any appointment to full time service must and can only be reflected in accordance with the Constitution and Regulations of the said Church.

I do declare that I am called of God to the Ministry of the Gospel. I also declare that if at any time I should break any of the above agreements or have made any false statements on this application or break any of the college regulations that I am subject to immediate dismissal by the administration.

SIGNATURE.....DATE.....

CHECKLIST OF DOCUMENTS TO BE ATTACHED TO THIS COPY

- ID PHOTOCOPY
- BIRTH CERTIFICATE PHOTOCOPY
- ACADEMIC CERTIFICATE PHOTOCOPIES
- MARRIAGE CERTIFICATE PHOTOCOPY (if applicable)
- PASTORS BOARD RECOMMENDATION
- PROVINCIAL RECOMMENDATION
- STATEMENT OF CHRISTIAN WALK (CONVERSION/SERVICE POSITION/ CALL/ VISION & FUTURE PLANS)

FOR OFFICE USE ONLY

ACCEPTED

☐

NOT ACCEPTED

☐

REASONS.....

.....

ON THE WAITING LIST

☐

REASONS

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ASSEMBLY BOARD RECOMMENDATION

ASSEMBLY BOARD PLEASE COMPLETE THIS FORM AND ARRANGE THE NECESSARY INTERVIEWS WITH THE APPLICANT. (MUST BE ATTACHED TO STUDENT'S FORM)

NAME OF PASTOR

NAME OF CHURCH

CHURCH ADDRESS

NAME OF APPLICANT AGE

INSTRUCTIONS: EACH APPLICATION FOR ADMISSION TO AZUSA THEOLOGICAL SEMINARY MUST BE ACCOMPANIED BY THE ASSEMBLY BOARD'S RECOMMENDATION. YOU WILL RECOGNISE THE NEED FOR GREAT CARE TO BE TAKEN IN RECEIVING MEN AND WOMEN INTO MINISTERIAL SCHOOLS. SERIOUS CONSIDERATION WILL BE GIVEN TO YOUR COMMENTS; THEREFORE WE ASK THAT YOU COMPLETE THIS FORM CAREFULLY. YOUR COMMENTS WILL BE HELD IN CONFIDENCE.

1. FOR HOW LONG HAVE YOU KNOWN THE APPLICANT?

2. ARE YOU RELATED TO THE APPLICANT?

3. HOW WELL DO YOU KNOW THE APPLICANT?(PLEASE TICK ONE)

CASUALLY ☐

FAIRLY WELL ☐

VERY WELL ☐

4. TO YOUR KNOWLEDGE HAS THE APPLICANT MADE A MEANINGFUL COMMITMENT TO JESUS CHRIST? (PLEASE TICK ONE)

YES ☐

NO ☐

I AM NOT SURE ☐

5. DOES THE APPLICANT SMOKE?.....DRINK?.....USE ILLEGAL DRUGS?.....

6. PLEASE TICK THE TERMS WHICH BEST DESCRIBE THE APPLICANT'S ATTITUDE TOWARDS THE CHURCH AND ITS ACTIVITIES.

WARM HEARTED.....CRITICAL..... TOLERANT..... PASSIVE.....

CONTEMPTUOUS..... RESPECTFUL..... ENTHUSIASTIC..... LIVING...

7. HAS THE APPLICANT GIVEN ANY EVIDENCE OF A SPECIFIC CALL TO THE MINISTRY?

YES ☐

NO ☐

IF YES, EXPLAIN.....

8. PLEASE INDICATE WHAT YOU FEEL ARE THE APPLICANT'S STRONG POINTS

9. PLEASE INDICATE WHAT YOU FEEL ARE THE APPLICANT'S WEAK POINTS

10. HOW DO YOU RATE THE APPLICANT IN THE FOLLOWING AREAS?

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAG E	POOR	NO CHANCE TO OBSERVE
Christian commitment						
Social Adaptability						
Cooperativeness						
Integrity & Honesty						
Responsibility						
Mental Ability						
Physical Health						

Initiative						
Christian Character						
Emotional Stability						
Personal Appearance						
Leadership						
Reliability						
Hardworking						

THE ASSEMBLY BOARD OFHAD A PERSONAL INTERVIEW
WITH ON AND DO HEREBY
RECOMMEND HIM/HER FOR ACCEPTANCE AS A STUDENT AT AZUSA THEOLOGICAL SEMINARY OF
THE APOSTOLIC FAITH MISSION IN ZIMBABWE.

DATE.....

.....
CHAIRMAN

.....
ASSEMBLY SECRETARY

PROVINCIAL COMMITTEE SECTION
(TO BE COMPLETED BY THE PROVINCIAL COMMITTEE)

THE PROVINCIAL COMMITTEE OF HAS ASSESSED THE
SUITABILITY OFFOR MINISTERIAL TRAINING AND
DO HEREBY RECOMMEND HIM/HER FOR ACCEPTANCE AS A STUDENT AT THE
AZUSATHEOLOGICAL SEMINARY OF THE APOSTOLIC FAITH MISSION IN ZIMBAWE.

DATE.....

.....
CHAIRMAN

.....
SECRETARY