



SHEKINAH THEOLOGICAL SEMINARY (STS)

APPLICATION FORM

Date: _____

SECTION A: PERSONAL INFORMATION

1. Full Name: _____
2. Age: _____ Years
3. Gender: Male Female
4. Date of Birth: ____ / ____ / ____
5. Nationality: _____
6. Marital Status: Single Married Widow/Widower Separated
7. Place of Birth: Region: _____ District: _____ Ward/Village: _____
8. National ID / Voter's Card / Passport Number: _____
9. Residential Address: Street/Village: _____ District: _____ Region: _____
10. Postal Address: _____
11. Mobile Phone: _____
12. Email Address: _____
13. Emergency Contact Person:
Name: _____ Relationship: _____ Phone: _____
14. Health Information: Yes No
If yes, please specify:

15. Languages Spoken/Written Fluently:
1. _____ 2. _____ 3. _____
16. Social Media Accounts:
Facebook: _____ WhatsApp: _____ Other: _____
17. Additional Information:

SECTION B: EDUCATION BACKGROUND

1. Highest level of education attained: _____
2. List your education history starting from the highest level to the lowest:

Year Started	Year Completed	School / College	Certificate / Diploma / Degree	Major Subjects / Curriculum

3. Have you ever received any Christian or Theological training?

Yes No

If yes, please specify:

Name of Institution / Bible College: _____

Course / Level: _____

Duration of Training: _____

Certificate Awarded? Yes No

4. Other certificates or short courses (e.g., computer skills, music, languages, youth leadership, etc.):

 5. Special skills you possess:

 6. Languages you can speak and/or write fluently:

1. _____

2. _____

3. _____

SECTION C: CHURCH INFORMATION

1. Name of Church: _____

2. Denomination / Fellowship: _____

3. Church Address: _____

4. Name of Senior Pastor: _____

5. Pastor's Phone: _____

6. Pastor's Email (if available): _____

7. How long have you been a member of this church? _____

8. Current responsibilities or ministries you serve in at the church:

9. Have you ever participated in Christian ministry outside your local church?

Yes No

If yes, please explain:

10. Testimony of your salvation (write briefly, or attach a separate sheet if space is not enough):

11. Briefly explain your calling to ministry:

12. Why have you chosen to study at Shekinah Theological Seminary?

SECTION D: REFERENCES

Provide the names of two (2) people who know you well in your Christian life and character. One of them must be your spiritual leader.

1. First Reference

- Full Name: _____
- Relationship: _____
- Phone: _____
- Email (if available): _____
- Address: _____

2. Second Reference

- Full Name: _____
- Relationship: _____
- Phone: _____
- Email (if available): _____
- Address: _____

SECTION E: APPLICANT'S DECLARATION

1. I hereby declare that all the information provided in this application form is true and correct to the best of my knowledge.
2. I understand that giving false or misleading information may result in my application being rejected or my admission being revoked.
3. I have read and understood the rules, regulations, and code of conduct of Shekinah Theological Seminary (STS) and I am willing to abide by them if admitted.

Signature of Applicant: _____

Full Name of Applicant: _____

Date: ____ / ____ / ____

REQUIRED ATTACHMENTS

Tick (✓) the box if you have attached the document.

1. Copy of National ID / Voter's Card / Passport
2. Copies of academic certificates / transcripts
3. Two (2) recent passport-size photographs
4. Recommendation letter from your current church pastor
5. Written testimony of your salvation and calling to ministry
6. Copy of marriage certificate (if married)
7. Copy of baptism certificate (if available)
8. CTC results (for those who attended CTC)

SECTION F: FOR OFFICIAL USE ONLY

Date Application Received: ____ / ____ / ____

Name of Admissions Officer: _____

Position: _____

Phone: _____

Documents Verification

- All documents complete

Documents incomplete (attach remarks)

Remarks: _____

Admission Decision

Accepted Rejected

Reason (if rejected): _____

Date of Decision: ____ / ____ / _____

Signature of Admissions Officer: _____