



Pan-Africa Theological Seminary Application for Admission

Official Use Only

Date Received _____

Fee Paid _____

INSTRUCTIONS:

1. Please type or print all information requested. Additional information may be required as the Admissions Committee deems necessary.
2. Enclose your non-refundable application fee of \$50 US.
3. Obtain and include a copy of your recent passport photograph.
4. Submit all above items to:

Admissions Office
Pan-Africa Theological Seminary
PO Box 6200
Springfield, MO 65801, USA.

Courier address:
580 W. Central
Springfield, MO 65802, USA
Phone: (417) 862-7725. Fax: (417) 862-1867
Email: seminary@africashope.org

IMPORTANT: You will also need to complete the following forms: Personal Reference, Health History, Transcript Request, and Church Reference.

PART ONE – BIOGRAPHICAL INFORMATION

1. Name: _____
First Middle Last
2. Mailing address: _____
PO Box or Street Address City Country Code
3. Telephone: (_____) _____ Cell Phone: (_____) _____
Country Area Local Country Area Local
4. Email Address: _____ @ _____
5. Alternate Email Address: _____ @ _____
6. Gender: Male Female 7. Age: _____ 8. Date of Birth: Year _____ Month _____ Day _____
9. Place of Birth _____ 10. Country of Citizenship: _____
11. Have you ever been a citizen of another country? Yes No If yes, which country? _____
12. Have you ever been convicted of a felony or incarcerated? Yes No If yes, please explain on a separate sheet.
13. Marital Status: Single Married Divorced If married, what is your spouse's name? _____
14. Please list the name(s) and age(s) of your child(ren): _____

15. When do you plan to enroll? _____
16. What is your first language? _____

17. What other languages do you speak? List first those you speak most fluently. _____

18. Do you have ministerial credentials? Yes No If yes, with whom? _____

19. Check the appropriate level and indicate the date of credentialing below.

Ordained Date _____ Licensed Date _____ Other Date _____

20. Do you currently hold any of the following ministry positions? Please check all that apply.

Pastor Missionary Evangelist College teacher Other (Specify) _____

21. On a separate sheet of paper, explain in what way you feel this program of study will enhance your vision and leadership in ministry.

22. Please provide the following emergency contact information:

Name: _____ Name: _____

Address: _____ Address: _____

City/Country: _____ City/Country: _____

Telephone: (_____) _____ Telephone: (_____) _____

PART TWO – CHURCH/SPIRITUAL INFORMATION

1. Have you accepted Jesus Christ as your Savior and Lord as described in John 3:1-7? Yes No
If yes, when? _____

2. Have you been baptized in water? Yes No
If yes, when? _____

3. Have you received the baptism in the Holy Spirit, as described in Acts 2:4? Yes No
If yes, when? _____

4. On a separate sheet of paper detail your call into the ministry.

5. On a separate sheet of paper list all employment you have had, including your present occupation. Include the name and location of church/business/institution and positions held, with the number of months/years in each position.

6. Are you currently involved in a lifestyle that conflicts with Scripture and/or standards of the Church? Yes No
If yes, please explain on a separate sheet.

7. What church do you presently attend (or pastor)?
Name of church, city and country: _____

Denominational affiliation: _____

If you are not the pastor, name of pastor: _____

Are you a member of this church? Yes No

8. What church do you consider to be your home church, if different from the one listed above?
Name of church, city and country: _____

Denominational affiliation: _____

If you are not the pastor, name of pastor: _____

Are you a member of this church? Yes No

9. What do you consider to be your denominational affiliation? _____

10. What is the name of your national church leader? _____

11. Do you agree with the seminary's Core Values as listed in PAThS literature and at <http://www.africashope.org/Dr/about.html> on the PAThS website? Yes No

If no, please explain on a separate sheet.

12. For A/G: Are you willing to cooperate with and support A/G churches /agencies after your training? Yes No

13. For non-A/G: Name of your Church and Denomination: _____

14. For non-A/G: Please submit an official letter indicating the support of your denomination for this training. Please give the name and address of your Superintendent, Bishop, General Overseer, etc: _____

PART THREE – EDUCATIONAL INFORMATION

1. List chronologically **all** schools attended after secondary school:

School	City/Country	Dates Attended	Degree	Date Awarded
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2. Are you currently enrolled in any other school? Yes No If yes, where? _____

3. Have you ever been dismissed or denied admission at any school? Yes No If yes, name the school and explain.

4. Are you considering enrolling at any other seminary? Yes No If yes, which one(s)? _____

5. Do you own or have access to a computer and the internet? Yes No

6. Are you skilled in using a computer yourself to type written and research assignments? Yes No

Please note: Email is the chief method of communication at PATHS. All applicants and students must have computer and internet access.

PART FOUR - SIGNATURE

By signing this form, you certify that, to the best of your knowledge, all responses on this application are true and correct, and if approved for admission, you pledge to submit to all the regulations of the Pan-Africa Theological Seminary.

Signature

Date

Pan-Africa Theological Seminary is not a ministerial credentialing agency of the Assemblies of God. Therefore, matriculation into a degree program does not assure the granting of credentials or ministerial placement in the Assemblies of God fellowship. Persons desiring to be credentialed with the Assemblies of God should acquaint themselves with the General Council Bylaws of the Assemblies of God for the country in which they seek credentialing.