

# World Vision Theological Seminary

## Application Form

U.I. Post Office Box 22768, Code – 200005, Ibadan, Oyo State, Nigeria

Website: [www.worldvisionseminary.org](http://www.worldvisionseminary.org)

E-Mail: [worldvisionmandate@gmail.com](mailto:worldvisionmandate@gmail.com)

Phone: +2348033616411

Attach Passport  
Photograph

Applications cannot be considered unless:

- ❖ All forms are completed.
- ❖ Your written testimony is attached.
- ❖ A certified copy of your Senior certificate is attached.
- ❖ Certified copies of transcripts.

### 1. PERSONAL INFORMATION:

Title: Rev. \_\_\_\_\_ Pastor \_\_\_\_\_ Dr. \_\_\_\_\_ Prof. \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs \_\_\_\_\_ Miss \_\_\_\_\_

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Date of Birth: (DD/MM/YY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/Citizenship: Nigeria \_\_\_\_\_ Other \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2. Marital/Family Status

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Widow: \_\_\_\_\_ Widower: \_\_\_\_\_ Divorced: \_\_\_\_\_

Name of Spouse(If applicable): \_\_\_\_\_

Number of dependent Children: \_\_\_\_\_ Children Ages: \_\_\_\_\_

### 3. Finance:

What will you depend upon to finance your education?

Personal Savings: \_\_\_\_\_ Church: \_\_\_\_\_ Sponsoring Agency: \_\_\_\_\_

I authorize World Vision Theological Seminary to check the above financial source (s) and exchange information as deemed necessary to ensure sufficient funds Available.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If 'No' \_\_\_\_\_

\_\_\_\_\_

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#### 4. EDUCATIONAL RECORD

Please give details of any tertiary education which you have completed or are currently engaged in.

Institution	Qualification	Date of Completion

Please attach certified copies of all your educational certificates, especially your School Leaving Certificate.

#### 5. COURSE OF STUDY FOR WHICH YOU ARE APPLYING

1. Certificate: C.Th \_\_\_ C.P.S \_\_\_ C.M. \_\_\_ C.B.S \_\_\_ C.C.C. \_\_\_ C.C.E \_\_\_ C.Div. \_\_\_
2. Diploma: D.Th \_\_\_ D.P.S \_\_\_ D.M. \_\_\_ D.B.S \_\_\_ D.C.C. \_\_\_ D.C.E \_\_\_ D.Div. \_\_\_
3. Bachelor: B.Th \_\_\_ B.P.S \_\_\_ B.M. \_\_\_ B.B.S \_\_\_ B.C.C. \_\_\_ B.C.E \_\_\_ B.Div. \_\_\_
4. Masters: M.Th \_\_\_ M.P.S \_\_\_ M.M. \_\_\_ M.B.S \_\_\_ M.C.C. \_\_\_ M.C.E \_\_\_ M.Div. \_\_\_
5. Doctorate: Th.D \_\_\_ D.P.S \_\_\_ D.M. \_\_\_ D.B.S \_\_\_ D.C.C. \_\_\_ D.C.E \_\_\_ D.Div. \_\_\_

#### 6. OCCUPATION AND EMPLOYMENT

List the last two employment positions which you have filled. Start with your current employment and work backwards.

Date	Type of employment	Employer	Length of employment

#### 7. SPIRITUAL LIFE

**On a separate sheet**, please write out your Christian testimony, giving details of how you came to know the Lord and your spiritual growth since then.

#### 8. CHURCH LIFE

Which church do you currently attend?

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Have you discussed your application with the pastor or church leadership?

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If No, please give reasons:

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What is their reaction to your application?

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In what way will your church support you at College?

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9. **On a separate sheet**, please give a brief description of your church background. Explain areas of ministry in which you are currently involved.

List below three people that will attest to your standing as a Christian. At least one must be an ordained pastor.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 10. SPIRITUAL LIFE

**On a separate sheet**, please write out your Christian testimony, giving details of how you came to know the Lord and your spiritual growth since then.

### 11. CHURCH LIFE

Which church do you currently attend? \_\_\_\_\_

Have you discussed your application with the pastor or church leadership? \_\_\_\_\_

If No, please give reasons: \_\_\_\_\_

What is their reaction to your application? \_\_\_\_\_

In what way will your church support you at College? \_\_\_\_\_

**On a separate sheet**, please give a brief description of your church background. Explain areas of ministry in which you are currently involved.

Name and contact number of your pastor or an elder to whom you have given the recommendation form.

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### 12. GENERAL INFORMATION

❖ How did you learn about VOVITHSEM? \_\_\_\_\_

❖ Explain briefly why you want to attend World Vision? \_\_\_\_\_

❖ Is this your first application to World Vision? \_\_\_\_\_

If No, What was the outcome of the previous application? \_\_\_\_\_

❖ How do you plan to pay for your studies at World Vision? (All students are required to pay in full for the first term of study. Thereafter applications for partial financial assistance are considered.)

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**Please sign the declaration below.**

I hereby certify that, to the best of my knowledge the information submitted is correct. Should my application for training be successful, I would be willing to come under the discipline of the Seminary for the duration of my training.

I understand that enrolment at the Seminary is a privilege which may be withdrawn at any time if, in the opinion of the Rector and /or Council, I do not conform to the rules and regulations or the required academic standard of the Seminary.

In the event of withdrawal or dismissal from the Seminary I will still be responsible for payment of the current Semester's fees.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent(s)/Guardian (if you are under 18 years of age):

\_\_\_\_\_

**13. FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

APPROVED OFFICER'S SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_