



CHARIS

B I B L E C O L L E G E

APPLICATION FOR ADMISSION

Place photo here
2" x 2"
If you submit
application online
please e-mail or mail
photos.

Please complete and mail to:
Director
Charis Bible College
P.O. Box 191
Heidelberg (Western Cape)
6665

FOR OFFICIAL USE ONLY
Date Rec'd _____
Fee Rec'd _____
Student ID # _____

Application for Bible College:

Start in: January Start Year: _____
Starting as: First-year student Second-year student

Instructions:

Please complete the application in BLOCK LETTERS. You must be at least eighteen (18) years old to apply at Charis Bible College.

Payment:

Please enclose a cheque/money order for R500 non-refundable registration fee.

General:

Your Name: Mr. Mrs. Ms. _____
Last Name First Name ID or Passport number
(copy of document)

Address: _____
City/Town: _____ Country: _____ Post Code: _____ Country: _____
Home Phone: _____ Cell/Work Phone: _____
E-mail Address: _____

Personal:

Gender: Male Female Marital Status: Single Married Separated Divorced Widowed/Widower
Have you previously attended CBC or Correspondence course? Yes No If yes, please describe: _____

Date of Birth; _____ Age: _____
Are you a SA Citizen? Yes No If no, country of citizenship? _____
If no, what type of visa have you obtained to live in South Africa _____

Spiritual:

When did you accept Christ as your personal savior? _____
Have you been baptized in the Holy Ghost? Yes No Do you speak in tongues? Yes No
Do you attend Church regularly? Yes No If yes, how often? _____
Do you serve in a local church? Yes No If yes, in what capacity? _____

PO Box 191
Heidelberg –WC
6665

Website: www.charisbiblecollege.org.za
e-mail: enquiries.hb.wc.za@awmcharis.com
Tel: 028-7222701 / Fax: 086 658 4930

Registered: Andrew Wommack Ministries International – Charis Bible College NPC

Registration number: 2012/071903/08

An Extension of Andrew Wommack Ministries
Heidelberg, WC, South Africa

Current Church/denomination Name: _____

Pastor's Name: _____ Phone: _____

Address of Church: _____

Medical:

Are you presently under the care of a physician? Yes No

If yes, please explain: _____

Family:

Spouse:

If married, name of spouse: _____

Children:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Parents: (Please complete this section if you are still residing with your parents/guardian)

Name of father or guardian: _____ Tel: _____

Address: _____ City/Town: _____ Country: _____ Post Code: _____

Name of mother or guardian: _____ Tel: _____

Address: _____ City/Town: _____ Country: _____ Post Code: _____

Education History:

High School (Matric) _____ Dates Attended: _____ Did you graduate? Yes No

College: _____ Dates Attended: _____ Course of study/degree conferred: _____

Bible College: _____ Dates Attended: _____ Course of study/degree conferred: _____

Other: _____ Dates Attended: _____ Course of study/degree conferred: _____

Employment Experience:

Present employer: _____ Past employer: _____

Address of employer: _____ Address of employer: _____

Dates (from/to): _____ Dates (from/to): _____

Supervisor: _____ Supervisor: _____

Ministry Experience and Interests:

Ministry experience: Full-time Part-time Volunteer Years: _____

Have you been involved in Praise and Worship ministry? Yes No In what way? _____

Mark 1st, 2nd and 3rd Counseling _____ Theology _____ Music Ministry _____

For areas of interest: Biblical Studies _____ Missions _____ Pastoral Ministry/Preaching _____

Church Growth _____ Evangelism _____ Pastoral Ministry/Helps _____

Affirmations:

- I have carefully read the "Doctrinal Statement", and I affirm my belief in each of the articles.
- I understand that faithfulness is most important for success as a student at CBC. I will be faithful to keep my appointments, fulfill my obligations, complete the tasks I have been assigned, and to do them on time.
- I have carefully read the "financial Information" and the "Enrollment and Admissions Information", and I agree to abide by the Financial policies set forth by CBC.

I Certify, to the best of my knowledge, that all of the answers and statements on this application are true, and give an accurate and adequate account of my background and beliefs.

Signature: _____ Date: _____

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