



Training the heart, instructing the mind, empowering the hands

P.O. Box 1284, Kitale, Kenya Phone: 0718901429 or 0773710901 Email: admissions@atseminary.ac.ke

mail: <u>admissions@atseminary.ac.ke</u> Website: www.atseminary.ac.ke

Dear Applicant,

Greetings from Africa Theological Seminary (ATS),

Please complete all the parts of this Form. In addition, have your leader complete Recommendation Form and return it directly to:

The Registrar, Africa Theological Seminary P.O Box 1284-30200 **KITALE**.

Before your application can be finalized the Seminary must have received:

- Applicant Form
- Essay
- Copies of your academic Certificate(s) and Transcript(s).

<u>NOTE:</u> Applicants for BA Degree program <u>must</u> request the schools where they received their diploma or degree to send an <u>OFFICIAL COPY</u> of the transcripts to the Registrar, Africa Theological Seminary, P.O Box 1284-30200, Kitale, Kenya. An official copy of your transcript must be on file with ATS before your application can be processed.

- One passport size photograph.
- Copy of National ID.
- Recommendation form.
- Marriage certificate, if married.
- A non-refundable Application fee of Ksh.500 for Certificate applicants; Ksh.750 for Diploma applicants; and Ksh.1,000 for BA applicants. Note: This fee may be paid in cash, or by a postal Money order made out to: "International Christian Ministries", and DO NOT send a personal Cheque.
- **Note:** All our continuing students will pay a non-refundable Application Fee of Ksh.500.

I hope to hear from you soon.

In Christ,

REGISTRAR

<u>ADMISSIONS OFFICE - ATS SEMINARY</u>
EMAIL: registrar@atseminary.ac.ke

Please, Confirm your coming through registrar's number given above.



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## **APPLICATION FORM**

APPLICATION FORM						For Official Use Only Program Applied For:	
First Name:	Middle Name:					Bible & Theology Couns. Psychology	
Last Name:	Address:					Couns. Psychology	
Mobile:	Email:					Bible & Theology couns. Psychology	
Nationality	ID NO. /Passport NO.:					Christian Ministry Received	
Year of Birth:	Male or Female?Marital Status					Fee Form	
Name of your sending Church or Organization						raph	
Are you presently in Christian ministry? Full time or Part time?						n.Form nal ID	
Describe your position and how long you have held it						□Certificate (s) □Transcript (s)	
How did you know about ATS?							
<b>Denomination</b> : Record your church de				ed with:			
Dates of Affiliation	Name of I	Denomination	on				
□ Certificate in Christian Min istry □ Diploma in Counseling Psychology □ Certificate in Counseling Psychology □ Diploma in Bible & Theology □ Diploma in Bible & Theology □ BA in Counseling Psychology □ BA in Counseling Psychology □ BA in Counseling Psychology □ School Based/Holiday Classes □ School Based/Holiday Classes							
NAME OF INSTITUTION	DATES ATTENDED From To		DIPLOMA/CERTIFICATE  Name & Final Grade  Completed? Yes		No	DATE Cert/Diploma Awarded	
Primary	FIOIII	10	Completed?	1 es	NO	Awarded	
Secondary/High School							
Post-Secondary							
Essay: Please submit the following has Write a paper of two to three page your life since that time. Explain I ministry, and finally why you wan	s about your now <u>God cal</u>	salvation e led you into	xperience; how you ca the ministry, your pre	me to the Lord, sent work for Go	and describ		
Signature of applicant			Date				



## **Africa Theological Seminary**

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## Recommendation Form of Sending Organization/Church (Confidential)

This recommendation should be completed by the leader of the applicant's Church or Organization and mailed directly to admissions office.

1.	Applicant's N	Jame:
2.	Your Name:_	
3.	Official Title:	<u></u>
4.	Church or Or	ganization Name:
4.	Mobile No.:	Email:
5.	Is your Churc Choice)	th or Organization sending this individual to ATS Seminary for training? Yes/No (Circle the Correct
6.	If your Churc correct choice	th or Organization is able, will you assist the applicant in paying his school fees? Yes or No (circle the
7.	i. ii. iii.	tterhead, write a letter concerning the applicant in which you briefly note the following points: When the applicant joined your Church or Organization. His / Her position within your Church or Organization (both past and present) Testimony of the applicant's Christian character and morals How do you foresee that his/her training with ATS will benefit to your Church or Organization.
8.	Please return	this completed form and accompanying letters(s) directly to:
	Theological Ser x 1284-30200,	ninary,
Signati	ure of Official	Date and Official Stamp