

ST. JOHN'S COLLEGE OF THEOLOGY AND DEVELOPMENT

P.O Box, Private Bag
Wau South Sudan.
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APPLICATION FORM

1. Applicant's full name _____

2. Church affiliated to

3. Archdeaconry _____

4. Parish _____

5. Name of your Parish Priest

6. Name of your Bishop/ Moderator or Church leader.

7. Academic qualifications

i) **High school**

Year of completion

ii) **Diploma** _____
institution _____
year of completion _____

iii) **Degree** _____
institution _____

iv) **Other Qualifications** _____
institution _____
Date Acquired _____

8. Write a short statement telling us your purpose for studying or your personal convictions and why you want to study this course:

9. Do you have scholarship? If Yes Please provide us with contact information :

10. How do you plan to raise your three years' tuition fee?

11. Please provide us with details on how you will be paying for your fee. i.e.— Self Sponsored
Church Sponsored – or any other method

12. Will you serve in the church after you complete this course? Please Tick one box

Yes

No

13. How do you plan to train other people or church members?

14. This part should be completed by your diocesan Bishop, Archdeacon or any head of an institution or church funding your study

Leader Only :

How long have you known the applicant?

15. **Do you strongly recommend him/her for this course? Please tick one box below**

Yes NO

16. **Give a brief history of your student's Christian commitment to this divine ministry and if this space is not enough please provide a separate sheet**

17. Applicant's full name

_____ Signature _____

Date _____