



School of Ministry

APPLICATION FOR ADMISSION

Streams of Life School of Ministry

Muteesa 1 Road, Mengo, Plot 788
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solc.office@gmail.com www.streamsoflife.co.ug

streams of life

FOR OFFICIAL USE ONLY

Date Rec'd _____
Fee Rec'd _____
Student ID # _____

Registration Fee of UGX 20,000 per Year, Non-Refundable Fee.

Note: Your application will not be processed and/or approved until SOL School of Ministry receives your payment of the administration fee

General:

Your Name: _____

Last Name First Name MI Maiden Name

Address: _____

City: _____ Country: _____ Zip: _____

Home Phone: (_____) _____ Cell/Work Phone: (_____) _____

E-mail Address: _____

Personal:

Gender: Male Female

Marital Status: Single Married Separated Divorced Widowed/Widowered

Date of birth: (mm)___/(dd) ___/(yy)___

Are you a Ugandan Citizen? Yes No If no, country of citizenship? _____

If no, what type of visa have you obtained to live in Uganda? _____

Have you previously attended SOL School of Ministry or extension school? Yes No (If yes, when and where? _____)

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

Are you a member of a church? Yes No

Current church / d

denomination name:

Pastor's name:

Church address:

Family:

Spouse:

If married, name of spouse:

Children:

Name: _____ Age: _____

Name: _____ Age: _____

_____ Age: _____

Name: _____

Name: _____ Age: _____

Parents: *(Please complete this section if under 18 years of age)*

Name of father/guardian:

Phone: _____

Address: _____

City: _____

Country: _____

Zip: _____

Name of mother/guardian:

Phone: _____

Address: _____

City: _____

Country: _____

Zip: _____

Education History:

High School: _____ 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: _____

Affirmations (as found on the following pages):

- I have carefully read the "Doctrinal Statement," and I affirm my belief in each of the articles.
- I have carefully read the prospectus and I agree to abide by the financial policies set forth by SOL School of Ministry.
- I understand that faithfulness is most important for success as a student at SOL School of Ministry. 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 understand that SOL School of Ministry is a non-accredited institution of higher learning.

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

Signature: _____

Date: _____

PERSONAL REFERENCE

Note: The applicant must complete this Section

To the Applicant:

Each applicant to SOL School of Ministry is required to submit a personal recommendation for review. Please complete this entire section, and then give this form to the person (Pastor, Spiritual Leader) you choose to have complete it.

Date _____
Phone _____

Applicant's Name _____
Present Address _____

City _____ Country _____ Zip _____ Code _____

To the Person Completing this Recommendation:

The above-named individual is applying for admission to SOL School of Ministry Uganda. Serious consideration will be given to your comments. Thank you for your assistance. Once you have completed the form, please mail it to SOL School of Ministry

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? (cannot be a family member)

High school teacher/counselor College teacher/counselor

Employer Friend Other: _____

3. How well do you know the applicant? Name/sight Casually Fairly well Very close

4. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

Yes No I don't know

5. Which characteristic(s) best describes the applicant? Please check all that apply.

Critical Enthusiastic Loving Passive Rebellious

Respectful Sympathetic Tolerant Warmhearted

6. To your knowledge, what Christian service is the applicant involved in (such as Sunday school teacher, youth leader, nursery worker)?



7. Please indicate what you consider to be the applicant's strengths.

8. Please indicate what you consider to be the applicant's weaknesses.

9. The applicant's influence on his or her peers is: positive neutral negative I don't know

10. Please evaluate the applicant in regard to the following categories. (Please circle one.)

	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
Christian commitment	1	2	3	4	5	6
Social adaptability	1	2	3	4	5	6
Cooperativeness	1	2	3	4	5	6
Integrity and honesty	1	2	3	4	5	6
Responsibility	1	2	3	4	5	6
Mental ability	1	2	3	4	5	6
Physical health	1	2	3	4	5	6
Initiative	1	2	3	4	5	6
Christian character	1	2	3	4	5	6
Emotional stability	1	2	3	4	5	6
Personal appearance	1	2	3	4	5	6
Leadership	1	2	3	4	5	6
Reliability	1	2	3	4	5	6

11. Please add any further comments you may have that would help in our evaluation.

Please Check One:

I highly recommend

I recommend

Please print or type the information below:

Name: _____

Phone: _____

Address: _____ Signature: _____

Date: _____

I recommend with reservation

I cannot recommend

Please return this Questionnaire to Applicant