



**ASIA GRADUATE SCHOOL OF THEOLOGY
Philippines**

c/o Asia-Pacific Nazarene Theological Seminary (APNTS)
Ortigas Extension Ave., Kaytikling, Taytay
1920 Rizal, Philippines
Tel. 63-2-284-3741

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APPLICATION FOR ADMISSION

The applicant must fill out this form in English.

1. Applicant's Name: _____
2. Permanent Address: _____

- Telephone No.: _____ Email Address: _____
3. Date of Birth: _____ Gender: _____ Marital Status: _____
4. Place of Birth: _____ Nationality: _____
5. Father's Name: _____
6. Father's Occupation: _____
7. Number & ages of dependents at home: _____

8. Do you plan to live with your family in Manila during your studies? _____
9. When did you become a born-again Christian? _____
10. Of which church denomination are you a member? _____
11. Of which local church or assembly are you a member? _____
12. List your academic qualifications:

| Name and Place of School | Name of degree received | Date of Completion |
|--------------------------|-------------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

13. What is your mother tongue? _____
What other languages can you speak, read, or write including the Biblical languages? _____

14. List your experiences since your graduation from college: (Please use a separate sheet and give the names of the institutions where you worked, the time period you worked in each and the nature of the work {Job Description} you did in each.)
15. List a bibliography of your publications (both books and articles). (Please use a separate sheet)
16. What areas are of interest to you and what possible research topics would you pursue? (Please use a separate sheet)
17. How do you plan to pay for your educational expenses: tuition, books, and room and board?

18. Give the name and complete address of the person or organization, which will pay the above-mentioned educational expenses.

19. Give the names and complete addresses of the following persons who know you well:
- a. Your Pastor: _____

- b. An official of your Church, Missions, or sponsoring organization: _____

- c. A Ministry Supervisor: _____

- d. Two (2) academic references (one, a Professor and another a school administrator):
(1) _____

(2) _____

20. What are your hobbies and special interests?

21. Describe your level of computer "literacy." E-mail? Internet research? Word Processing? Send attachments?



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PERSONAL COMMITMENT TO CHRIST and CALL TO CHRISTIAN SERVICE

(Please use additional sheets of paper to give complete answers to the following questions)

Name in Full _____

1. Explain briefly your personal spiritual journey (how and when you made a commitment to Christ), your call to Christian service, including a brief description of your current relationship with God (approx. 700 – 1000 words).
2. Share briefly about your vocational experience in ministry during the past four (4) years.
3. A statement of the applicant's personal vocational objectives and how this program will help achieve those goals (approx. 700 – 1000 words).
4. How do you evaluate the Statement of Faith of AGST? (over)
Do you find any section with which you do not agree?
5. Please share about your family and your hopes for them.
6. How do you expect to support your family during your studies? Do you plan to move them to Manila (if you currently live elsewhere) during your studies?

Date: _____ Signature: _____

Please type or print information legibly.



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STATEMENT OF FAITH

- Section 1:** The divine inspiration of the Holy Bible of sixty-six books of the Old Testament and New Testament, as the infallible Word of God. Its consequent uniqueness, entire trustworthiness and supreme authority on all matters of faith and conduct.
- Section 2:** One God eternally existent in three persons: Father, Son, and Holy Spirit.
- Section 3:** The full deity and humanity of the Lord Jesus Christ, His representative and substitutionary death, His bodily resurrection and personal return in glory to consummate His Kingdom.
- Section 4:** The dignity of man created in the image of God, his universal sinfulness, his need of repentance, redemption and justification through faith alone in Christ crucified and risen from the dead.
- Section 5:** The resurrection of all men either to eternal life or to eternal death.
- Section 6:** The illuminating, regenerating, indwelling and sanctifying work of the Holy Spirit enabling the Christian to witness effectively to the Gospel and to serve responsibly in the world.
- Section 7:** The unity in our Lord Jesus Christ to all believers, who comprise the Church.
- Section 8:** The total mission of the Church to the whole man in society in the contemporary context, in obedience to God according to the Scriptures.



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FINANCIAL STATEMENT BY SPONSOR

To the Sponsor: In consultation with your student and the Prospectus, please complete and SIGN this statement. Our bill to you will be made accordingly.

Name of Student _____

Name of Sponsor (Society of Individual) _____

I am prepared to pay the fees as follows:

1. Payments REQUIRED:
 - a. To be paid to AGST for tuition: US\$ _____ per year.
 - b. To be paid to AGST for board and lodging: US\$ _____ per month.
 - c. Actual medical expenses incurred.
 - d. Round trip travel expenses between his home and the seminary.
2. Funds recommended for the student (specify the amount approved)
 - a. Book allowance per year US\$ _____
 - b. Pocket money per month (minimum) US\$ _____
 - c. Dissertation expenses _____

Date: _____ Sponsor's Signature _____

Sponsor's Position _____

Name and address of PERSON TO WHOM THE BILL SHOULD BE SENT FOR PAYMENT:



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LETTER OF RECOMMENDATION FOR APPLICANT

Name of Applicant _____

Name of the writer of this recommendation _____

Note: The above applicant has given your name as one who knows him/her well and can give information about his/her character and qualifications. As AGST is training men and women in postgraduate theological education, it needs to take utmost care in selecting applicants. So please supply the information requested as fully and accurately as possible. All information will be treated as strictly confidential. Please return this letter promptly to the Program Director at the address given above. Thank you very much.

1. How long have you known the applicant? _____

2. In what capacity have you known him? (e.g. employer, pastor, teacher, etc. If a relative, please state the relationship) _____

3. Do you know why the applicant wants to study at AGST? _____

4. What do you know about the applicant's personal commitment to Christ? _____

5. In what ways has the applicant been involved in the life and work of his/her local congregation? _____

6. Does he/she have a place of ministry after finishing studies at AGST? _____

7. All people have weaknesses. What do you feel are the main areas of weakness in the applicant's life?

8. Give your opinion of the applicant's character: General maturity and stability, relationship with others, honesty and reliability, diligence in assignments, willingness to do manual work, moral uprightness, and other relevant points. _____

9. Give your opinion of the applicant's intellectual capacity to pursue postgraduate studies (e.g. ability for critical thinking and scholarly research). _____

10. Give your opinion of the applicant's health – keeping in mind the hard work and emotional pressures to be faced in seminary and in the future Christian ministry? _____

11. Are there any problems in the applicant's family, which might affect his/her studies, such as opposition from parents, lack of finances, poor health of relatives, etc.? _____

12. Please tick one: _____ I recommend the applicant very highly
 _____ I recommend the applicant.
 _____ I recommend the applicant with hesitation.
 _____ I do not recommend the applicant.

Signature: _____

Position or Title _____

Address _____



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MEDICAL FORM FOR APPLICANT

(It is in the applicant's own interest to complete this form as honestly and as accurately as possible.)

Portion to be completed by applicant:

Full Name _____

Date of Birth _____ Sex _____ Single/Married _____

Number and ages of children _____

Home Address _____

Family History: List illnesses and causes of death of

Parents: _____

Brothers or Sisters: _____

Wife or children _____

Signed: _____ Date: _____

Portion to be completed by applicant's doctor:

1. Does he have any physical deformities or limitations? (If so, please specify)

2. If he suffers from any of the following, please encircle them:

Poor vision
Eye strain
Poor hearing
Noises in ears
Frequent headaches
Frequent colds
Nose bleeds
Bleeding gums
Sinus trouble

Allergies
Shortness of breath
Asthma
Bronchitis
Palpitations of the heart
Skin disease
Food intolerance
Indigestion
Stomach pains

Diarrhea
Frequent constipation
Muscle or bone pain
Mental depression
Sleep trouble
Frequent urination
Blood in urine or stool
Trouble with periods (if female)

3. List any illnesses he has had (including surgery, diabetes, heart trouble, seizures, venereal disease, tuberculosis, etc.) _____
4. Is he allergic to any drugs? _____ if so, which? _____
5. If he is taking long-term drugs (e.g. for TB), please specify. _____
6. How long have you known or treated this applicant? _____

Examination of applicant: _____ Weight _____

Eyes _____ Visual Acuity (Right) _____ (Left) _____

Ears _____ Hearing (Right) _____ (Left) _____

Mouth _____ Throat _____

Teeth _____ Palpable Glands _____

Chest: Expansion _____ Auscultation _____

Cardio vascular system: Pulse (resting) _____ After 1 min. running _____

Blood Pressure _____ Heart sounds _____

Abdomen: Scars _____ Palpable organs _____

Tenderness _____ Hernias _____

Genitalia _____ Rectum _____ Hemorrhoids _____

Neurological: Power _____ Sensation _____

Co-ordination _____ Reflexes _____

Mental Evaluation: Has the applicant any history of mental disorder? _____

If so, state its duration and treatment given. _____

Are there now any signs of excess anxiety, depression, or hallucination? _____

Laboratory tests: Chest X-ray (or screen) _____

IMPORTANT: Do you find from the applicant's history and examination reasons to think he might not tolerate years of intensive mental demands, and changes of diet, climate and culture? _____

Please summarize important findings: _____

Date: _____ Signature of Doctor: _____

Address: _____

Please type or print all information legibly.

For APNTS only (*not to be filled out by applicant*):

| | |
|--|---------------------------------|
| Application form received: _____ | Application fee received: _____ |
| College transcript: _____ | Photographs (2) _____ |
| Seminary transcript: _____ | Personal Essay: _____ |
| Recommendation from National Body: _____ | Health Certificate: _____ |
| Recommendation from Mission: _____ | Masteral Degree Average: _____ |
| TOEFL score: _____ | Date of approval: _____ |