



# Calvary Chapel Ishunga School of Ministry

Ishunga, Nyongezi, Itojo, Ntungamo  
PO Box 2384, Kampala, Uganda  
Tel: 0790-528-777  
www.CalvaryChapel.ug

## Student Application for CCI School of Ministry

Please fill in all fields that you are able to.

### PLEASE PRINT:

Full name \_\_\_\_\_ Birthday \_\_\_\_\_

Home Address: Village \_\_\_\_\_ Parish \_\_\_\_\_

District \_\_\_\_\_ Sub-county \_\_\_\_\_

Phone \_\_\_\_\_ National ID number \_\_\_\_\_

### EDUCATION:

Schools attended	Dates	Degree
_____	_____	_____
_____	_____	_____

Please list any courses you've taken, volunteer work, hobbies or interests

\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES:

Name	Phone
1. _____	_____
2. _____	_____
3. _____	_____

*Please continue on back...*

**GENERAL INFORMATION:**

How would you describe your health?

\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Are you married? \_\_\_\_\_ Do you have children and how many? \_\_\_\_\_

**Please answer the following questions to the best of your knowledge.**

What are your spiritual beliefs? \_\_\_\_\_

\_\_\_\_\_

Do you attend church (name of church) or any services regarding your beliefs? \_\_\_\_\_

\_\_\_\_\_

Please write in words your conversion to Christ: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please write in words why you would like to attend our school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_