



TVET REGISTERED

P.O BOX 62644 – 002200, NAIROBI

Phone: (02) 7788400

Mobile: 0735 853 460; 0722 519 595

Email: info@kingsbiblecollege.ac.ke

www.kingsbiblecollege.ac.ke

APPLICATION FORM

Instructions;

- a. Application **FORM** can be obtained from the college website or the office.
- b. The form should be dully **filled** giving detail accurate information.
- c. Attach the following **items** to the application form:
 - i. Hand-written personal testimony (salvation),
 - ii. Copies of your CV, Educational Certificates, Birth Corticate, ID and or any other testimonials,
 - iii. Two recent coloured passport size photos,
 - iv. Ksh. 500/= non-refundable application fee.
- d. Members of Deliverance Church Umoja may not require an official church stamp.
- e. Entry requirements: **Diploma** C- (minus). **Certificate** D- (minus) or Grade 8 and **MUST** be able to write and communicate in English language.
- f. Application to be **submitted** within TWO weeks to college principal through the above address.

PART I – APPLICANT’S GENERAL INFORMATION

Name:

Email Address:

TELEPHONE NO. MOBILE:

OFFICE:

DATE OF BIRTH: SEX: M F
SINGLE MARRIED DIVORCED SEPARATED
HIGHEST LEVEL OF EDUCATION

HOW DID YOU KNOW ABOUT KINGS BIBLE COLLEGE?

.....

STATE HOW YOU WILL BENEFIT FROM THE PROGRAM APPLIED FOR?

.....

.....

.....

.....

ARE YOU FLUENT IN ENGLISH? Yes No

WHEN WERE YOU SAVED?

REFEREES: Give TWO names of people who know you well.

1. Name:

Address: Tel:

2 Names:

Address: Tel:

WHAT MINISTRY ARE YOU INVOLVED IN THE LOCAL CHURCH?

.....

HOW WILL YOU MEET YOUR FINANCIAL EXPENSES AT THE COLLEGE?

.....

.....

PART II

NEXT OF KIN TO BE NOTIFIED IN CASE OF EMERGENCY

Name: Relationship:

Address: Tel:

PROGRAM OF STUDY APPLYING FOR: (tick where applicable)

Program	Diploma	Certificate
1. Christian Ministry		
2. Counselling Psychology		
3. Marriage and Family Therapy		
4. Information and Communication technology		
5. Bible and Theology (under development)		

Applicant's Signature: Date:

PART III – TO BE COMPLETED BY THE LOCAL CHURCH PASTOR

Dear Pastor,

The applicant's application will be considered to join Kings Bible College on the basis of clear Christian testimony. Therefore, for the college to be sure that the applicant will utilize the acquired knowledge effectively kindly state the information required as accurate as possible.

1. HOW LONG HAVE YOU KNOW THE APPLICANT? (*TICK*)

Three to Six Months ☐

1-4 Years ☐

5-8 Years ☐

More than 10 Years ☐

2. HAS THE APPLICANT MADE A PERSONAL COMMITMENT TO CHRIST? (*TICK*)

Yes ☐

No ☐

3. State the Ministry in which the applicant is involve in the Church if any.

.....
.....

4. HOW WOULD YOU RATE THE COMITMENT OF THE APPLICANT IN MINISTRY? (*TICK*)

Excellent ☐

Very Good ☐

Average ☐

Below Average ☐

Don't know ☐

5. WOULD YOU RECOMMEND THE APPLICANT FOR THE PROGRAM APPLIED FOR?

Yes ☐

No ☐

6. ANY OTHER INFORMATION YOU WOULD LIKE TO ADD CONCERNING THE APPLICANT?

.....

.....

.....

Name (Applicant's Pastor):

Address:

Position:

Signature & Official Stamp