



|                                     |   |   |
|-------------------------------------|---|---|
| <b>PROGRAM OF INTEREST</b>          | <input type="checkbox"/> One Year Certificate in Christian Studies  | <input type="checkbox"/> Two Year Certificate in Biblical Studies |
|                                     | <input type="checkbox"/> Three Year Diploma in Christian Ministries | <input type="checkbox"/> Bachelor of Theology (4 year)            |
| <b>Additional Program Electives</b> |   |   |
|                                     |   |   |

| PERSONAL INFORMATION (PLEASE PRINT OR CHECK APPROPRIATE BOXES)   |  |  |                         |
|--|--|--|-------------------------|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss  | <input type="checkbox"/> Male <input type="checkbox"/> Female  | First Name:  | Middle Name: Last Name: |
| Date of Birth (yyyy/mm/dd):  | Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> US <input type="checkbox"/> Other: | First Language: <input type="checkbox"/> English <input type="checkbox"/> Other: |                         |
| Mailing Address:   | City:  | Province/State:  | PC/Zip:                 |
| Home Phone:  | Cell Phone:  | Email:   |                         |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced  | Social Insurance Number:   |  |                         |
| Spouse's Name (if married):  |  | Date of Marriage (yyyy/mm/dd)  |                         |
| Name & ages of children at home:   |  |  |                         |
| Do you have any disabilities which require consideration? <input type="checkbox"/> Learning disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Emotional/Mental Health Condition <input type="checkbox"/> Medical Illness/Condition. Please explain: |  |  |                         |
| Are you presently on any form of medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:  |  |  |                         |

| CURRENT CHURCH INFORMATION  |             |                                  |         |
|---|-------------|----------------------------------|---------|
| Name of Church:   |             | Pastor's Name:                   |         |
| Mailing Address:  | City:       | Province/State:                  | PC/Zip: |
| Church Phone:   | Church Fax: | Church Email:<br>Pastor's Email: |         |
| How long have you attended this church?   |             |                                  |         |
| How regularly have you attended in the last year? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, explain: |             |                                  |         |

| EDUCATIONAL HISTORY                   |       |                              |         |
|---------------------------------------|-------|------------------------------|---------|
| Name of High School:                  |       | Date of Graduation(mm/yyyy): |         |
| School Address:                       | City: | Province/State:              | PC/Zip: |
| Post Secondary Institutions Attended: |       | Dates of Attendance:         |         |
|                                       |       |                              |         |
| Degree/Content of Education:          |       |                              |         |
|                                       |       |                              |         |

| EMPLOYMENT INFORMATION                |
|---------------------------------------|
| Please list previous work experience: |
|                                       |
|                                       |
|                                       |



| INTERESTS & HOBBIES                            | PERFORMANCE ARTS ABILITIES   |                            |
|--|--|----------------------------|
|  | Please rate below (1=beginner, 5=proficient)   |                            |
|  | Drama Ability: 1 2 3 4 5   | Singing Ability: 1 2 3 4 5 |
|  | Do you play a musical instrument? : <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |
| SPECIAL SKILLS, CERTIFICATIONS, LICENSES, ETC. | LIST AND RATE YOUR SKILLS OF ANY INSTRUMENTS YOU PLAY  |                            |
|  | Instrument:  | 1 2 3 4 5                  |
|  | Instrument:  | 1 2 3 4 5                  |
|  | Instrument:  | 1 2 3 4 5                  |
|  | Do you lead worship? <input type="checkbox"/> Yes <input type="checkbox"/> No                |                            |

| FINANCIAL INFORMATION   |
|---|
| Are you able to meet your school expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure   |
| How do you plan on financing your education? <input type="checkbox"/> Savings <input type="checkbox"/> Student loan <input type="checkbox"/> Parents <input type="checkbox"/> Other |
| If you picked other, please explain:  |
|   |

| PERSONAL TESTIMONY   |
|--|
| On a separate sheet of paper write out your personal testimony, including the following information (1 to 4 pages). This must be written by the applicant.   |
| <ul style="list-style-type: none"> <li>• Explain how and when you received Jesus Christ as your personal Lord and Saviour.</li> <li>• Give some highlights of your Christian walk.</li> <li>• Share how you are growing in your spiritual life at this time and any current ministry involvement.</li> <li>• Share any significant supernatural experiences you've had with God (e.g. filling of the Spirit, supernatural gifts, miraculous healings, etc.).</li> <li>• What are some of the goals you would like to achieve during your time at Clearwater College?</li> <li>• Do you sense God calling you into a particular area of ministry? If so, please explain.</li> </ul> |
| Is your family in support of your decision to attend Clearwater College? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If no, please explain in your testimony.   |

| PERSONAL REFERENCES   |                  |
|---|------------------|
| List the name, complete address, phone number and email address of the two persons (not relatives) who have known you for at least one year. One of these should be your pastor or spiritual leader and the other, a mature Christian over the age of 21. Both must complete a Reference Form and return it directly to Clearwater College. |                  |
| Pastoral Reference Name:  | Mailing Address: |
| Phone #:  | Email:           |
| Personal Reference Name:  | Mailing Address: |
| Phone #:  | Email:           |

|  |       |
|--|-------|
| How did you hear about Clearwater College (referral, internet, ministry tour, Encounter Retreat, radio, etc.)? Please explain:   |       |
| To the best of my knowledge all information I have given in this application is complete and true. I authorize Clearwater College to disclose relevant personal information collected on this form as required and I understand that the contents of this application become the property of Clearwater College. |       |
| Applicant's Signature:   | Date: |

**Mail:**  
Clearwater College  
Attention: Admissions Department  
Box 100, Caroline, AB T0M 0M0

**Email:**  
Attention: Admissions Department  
admissions@clearwatercollege.com