

General Application Page 1 FOR OFFICE USE ONLY

Student Id#:

Additional Program Electives Three Year Diploma in Christian Ministries Bachelor of Theology (4 year) Additional Program Electives Three Year Diploma in Christian Ministries Bachelor of Theology (4 year) Personal InFormation (PLEASE PRINT OR CHECK APPROPRIATE BOXES) Mis. Mais First Name: Middle Name: Last Name: Date of Birth (yyy/mn/id): Citizenship: Canadian US First Language: English Other: Province/State: PC/Zip: Home Phone: Cell Phone: Email: Marital Status: Single Married Separated Divorced Social Insurance Number: PC/Zip: Spouse's Name (if married): Cell Phone: Email: Marriage (yyy/mm/idd) Name & ages of children at home: Date of Marriage (yyy/mm/idd) Name & ages of children at home: Date of Marriage (yyy/mm/idd) Province/State: PC/Zip: Are you presently on any form of medication? Yes No If yes, please explain: Are you presently on any form of medication? Yes No If yes, please explain:	PROGRAM OF INT	FREST	One Year Certific	ate in Ch	ristian	Studies	ТПТ	wo Year Certificat	e in Biblical Studies	
Additional Program Electives	FRUGRAM OF INTEREST									
PERSONAL INFORMATION (PLEASE PRINT OR CHECK APPROPRIATE BOXES) Image: Last Name: Clitzenship: Canadian US First Language: English Other: Mailing Address: City: Province/State: PC/Zip: Date of Marriage (yyyy/mm/dd) Marital Status: Single I Married ISeparated IDivorced Social Insurance Number: Spouse's Name (if married): Date of Marriage (yyyy/mm/dd) Image: 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? Learning disability Physical disability Endown of medication? We No If yes, please explain: Current Network INFORMATION Name of Church: Passer's Name: Mailing Address: City: Province/State: PC/Zip: Church Phone: Church Fax: Church Email: Pastor's Email: How long have you attended this church? How regularly have you attended this church? How regularly have you attended in the last year? Weekky Monthly Other, explain: EDUCATIONAL HISTORY Date of Graduation(mm/yyyy): School Address: City: Province/State: PC/Zip: Post Secondary Institutions Attended: Lity: Province/State: PC	Additional Dragger Floothus					VIIIIIStiles				
Image: Male First Name: Last Name: Last Name: Last Name: Image: Image: <tdi< th=""><th colspan="2">Adultional Program Electives</th><th colspan="4"></th><th></th><th></th><th></th></tdi<>	Adultional Program Electives									
Image: Male First Name: Last Name: Last Name: Last Name: Image: Image: <tdi< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tdi<>										
□ Mis. □ Mis. □ Female □ Other: □ Other: □ First Language: □ English □ Other: Mailing Address: □ Other: □ Other: □ City: Province/State: PC/Zip: Home Phone: C ell Phone: Email: □ □ □ □ Marital Status: □ Single □ Married □ Separated □Divorced Social Insurance Number: Spouse's Name (if marrieg): □ □ Date of Marriage (yyyy/mm/dd) Name & ages of children at home: □ □ □ □ Date of Marriage (yyyy/mm/dd) Name & ages of children at home: □				APPROPF						
Mailing Address: City: Province/State: PC/Zip: Mailing Address: Cell Phone: Email: Province/State: PC/Zip: Marital Status: Single Married Separated Divorced Social Insurance Number: Social Insurance Number: Spouse's Name (if married): Date of Marriage (yyyy/mm/dd) Date of Marriage (yyyy/mm/dd) Name & ages of children at home: Do you have any disabilities which require consideration? Learning disability Physical disability © pour have any disabilities which require consideration? Learning disability Physical disability © pour have any disabilities which require consideration? Yes No If yes, please explain: Are you presently on any form of medication? Yes No If yes, please explain: Ame of Church: Pastor's Name: Mailing Address: City: Mailing Address: City: Province/State: PC/Zip: Church Fax: Church Email: Pastor's Email: Pow regularly have you attended this church? How long have you attended this church? Mare of Graduation(mm/yyyy): School Address: City: Province/State: PC/Zip: Post Secondary Institutions Attended:	🗆 Ms. 🗖 Miss	□ Female						Last Name:		
Home Phone: Cell Phone: Email: Marriad Status: Sigle Married Secial Insurance Number: Spouse's Name (if married): Date of Marriage (yyy/mm/dd) Name & ages of children at home: Do you have any disabilities which require consideration? Learning disability Physical disability Do you have any disabilities which require consideration? Learning disability Physical disability Physical disability Demotional/Mental Health Condition Medical Illness/Condition. Please explain: Image: Condition. Are you presently on any form of medication? Yes No If yes, please explain: Image: Condition. Mame of Church: Pastor's Name: Married Church: Province/State: PC/Zip: Church Phone: Church Fax: Church Email: Pastor's Email: Province/State: PC/Zip: How negularly have you attended in the last year? Iweekly Monthly Other, explain: Image: Condition Image: Condition School Address: City: Province/State: PC/Zip: Province/State: PC/Zip: Post Secondary Institutions Attended: Image: Condition: Image: Condition: Image: Condition: Image: Conditio		y/mm/dd):	Citizenship: Canadian L		US	First Language: English Ot				
Marital Status: Social Insurance Number: Spouse's Name (if married): Date of Marriage (yyy/mm/dd) Name & ages of children at home: Do you have any disabilities which require consideration? Learning disability Physical disability Emotional/Mental Health Condition Medical Illness/Condition. Please explain: Are you presently on any form of medication? Yes No If yes, please explain: Are you presently on any form of medication? Yes No If yes, please explain: Are you presently on any form of medication? Yes No If yes, please explain: Are you presently on any form of medication? Yes No If yes, please explain: Are you presently on any form of medication? Yes No If yes, please explain: Are you presently on any form of medication? Yes Pastor's Name: Marie of Church: Pastor's Name: Province/State: PC/Zip: Church Fax: Church Fax: Church Email: Pastor's Email: Province/State: How regularly have you attended in the last year? Weekly Mare of High School: Date of Graduation(mm/yyyy): School Address: City: Post Secondary Institutions Attended: Dates of Attendance: Degree/Content of Education: Dates of Attendance: EMPLOYMENT INFORMATION	Mailing Address:			City:				Province/State:	PC/Zip:	
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? De you have any disabilities which require consideration? Learning disability Physical disability Physical disability Emotional/Mental Health Condition Medical Illness/Condition. Please explain: Are you presently on any form of medication? Yes No If yes, please explain: Current CHURCH INFORMATION Name of Church: Pastor's Name: Mailing Address: City: Church Fax: Church Email: Pastor's Email: Povince/State: How long have you attended this church? How regularly have you attended in the last year? Weekly Monthly 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	Home Phone:		Cell Phone:		Email:			1		
Name & ages of children at home: Do you have any disabilities which require consideration? Learning disability Physical disability Emotional/Mental Health Condition Maining Address: Church Information Mailing Address: Church Fax: Pastor's Name: How long have you attended this church? How regularly have you attended in the last year? Ware of High School: School Address: City: Province/State: PC/Zip:	Marital Status:	Single 🛛 Mar	ed Deparated Divorced Social Ir			al Insurance	nsurance Number:			
Do you have any disabilities which require consideration? Deaming disability Physical disability Physical disability Deaming disability Physical disability Physica	Spouse's Name (if married):		Date of Marriage (yyyy/mm/d			iage (yyyy/mm/dd)	l		
□ Emotional/Mental Health Condition □ Medical Illness/Condition. Please explain: Are you presently on any form of medication? □ Yes Name of Church INFORMATION Name of Church: Pastor's Name: Mailing Address: Church Phone: Church Fax: Postor's Email: How long have you attended this church? How regularly have you attended in the last year? □ Degree/Content of Education: City: Province/State: PC/Zip: Post Secondary Institutions Attended: Degree/Content of Education:	<u>v</u>									
OURRENT CHURCH INFORMATION Name of Church: Pastor's Name: Mailing Address: City: Province/State: PC/Zip: Church Phone: Church Fax: Church Email: Pastor's Email: PC/Zip: How long have you attended this church? Monthly Other, explain: How regularly have you attended in the last year? Weekly Monthly Other, explain: EDUCATIONAL HISTORY Name of High School: Date of Graduation(mm/yyyy): School Address: PC/Zip: Post Secondary Institutions Attended: Dates of Attendance: PC/Zip: Degree/Content of Education: EmpLoyment INFORMATION EmpLoyment INFORMATION	Emotional/Mental Health Condition									
Name of Church: Pastor's Name: Mailing Address: City: Province/State: PC/Zip: Church Phone: Church Fax: Church Email: Pastor's Email: How long have you attended this church? How regularly have you attended in the last year? Weekly Monthly Other, explain: EDUCATIONAL HISTORY Image: City: Date of Graduation(mm/yyyy): School Address: City: Province/State: PC/Zip: School Address: City: Image: City: Province/State: PC/Zip: Post Secondary Institutions Attended: Dates of Attendance: Image: City: Province/State: PC/Zip: Degree/Content of Education: Image: City: Image: City: Province/State: PC/Zip: EMPLOYMENT INFORMATION Image: City: Image: City: Image: City: Image: City: Image: City:					yes, p					
Mailing Address: City: Province/State: PC/Zip: Church Phone: Church Fax: Church Email: Pastor's Email: How long have you attended this church? How regularly have you attended in the last year? Weekly Monthly Other, explain: EDUCATIONAL HISTORY Image: City: Date of Graduation(mm/yyyy): School Address: City: Province/State: PC/Zip: School Address: City: Image: City: Province/State: PC/Zip: Post Secondary Institutions Attended: Dates of Attendance: Image: City: Province/State: PC/Zip: Degree/Content of Education: Image: City: Dates of Attendance: Image: City: Image: City: Image: City: EMPLOYMENT INFORMATION Image: City: Image: City: <th>CURRENT CHUR</th> <th>CH INFORMATIC</th> <th>N</th> <th></th> <th>1</th> <th></th> <th></th> <th></th> <th></th>	CURRENT CHUR	CH INFORMATIC	N		1					
Church Phone: Church Fax: Church Email: Pastor's Email: Pastor's Email: How long have you attended this church? How regularly have you attended in the last year? Weekly Monthly Other, explain: EDUCATIONAL HISTORY Name of High School: School Address: City: Pate of Graduation(mm/yyyy): School Address: Post Secondary Institutions Attended: Dates of Attendance: Degree/Content of Education: EMPLOYMENT INFORMATION	Name of Church:									
How long have you attended this church? How regularly have you attended in the last year? Weekly Monthly Other, explain: EDUCATIONAL HISTORY Name of High School: School Address: City: Province/State: Post Secondary Institutions Attended: Degree/Content of Education: EMPLOYMENT INFORMATION Patter Secondary Instruction	Mailing Address:			City:				Province/State:	PC/Zip:	
How long have you attended this church? How regularly have you attended in the last year? Weekly Monthly 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	Church Phone:		Church Fax:	1						
EDUCATIONAL HISTORY Name of High School: School Address: Post Secondary Institutions Attended: Dates of Attendance: Degree/Content of Education: EMPLOYMENT INFORMATION	How long have yo	ou attended this	church?							
Name of High School: Date of Graduation(mm/yyyy): School Address: City: Province/State: PC/Zip: Post Secondary Institutions Attended: Dates of Attendance: Dates of Attendance: Degree/Content of Education: EmpLoyment Information EmpLoyment Information										
School Address: City: Province/State: PC/Zip: Post Secondary Institutions Attended: Dates of Attendance: Image: City: Degree/Content of Education: Image: City: Image: City: City: EMPLOYMENT INFORMATION Image: City:	EDUCATIONAL H	ISTORY								
Post Secondary Institutions Attended: Dates of Attendance: Degree/Content of Education: EMPLOYMENT INFORMATION	Name of High School:					Date of	Graduation(mm/yyyy):			
EMPLOYMENT INFORMATION	School Address:			City:				Province/State:	PC/Zip:	
EMPLOYMENT INFORMATION	Post Secondary I			Dates o	of Atte	endance:				
EMPLOYMENT INFORMATION										
	Degree/Content of Education:									
Please list previous work experience:	EMPLOYMENT INFORMATION									
	Please list previous work experience:									



Application Page 2

FOR OFFICE USE ONLY

Student Id#:

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? : D Yes D 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?					

FINANCIAL INFORMATION

Are you able to meet your school expenses? Yes No Unsure

How do you plan on financing your education? Savings Student loan Parents 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.

- Explain how and when you received Jesus Christ as your personal Lord and Saviour.
- Give some highlights of your Christian walk.
- Share how you are growing in your spiritual life at this time and any current ministry involvement.
- Share any significant supernatural experiences you've had with God (e.g. filling of the Spirit, supernatural gifts, miraculous healings, etc.).
- What are some of the goals you would like to achieve during your time at Clearwater College?
- Do you sense God calling you into a particular area of ministry? If so, please explain.

Is your family in support of your decision to attend Clearwater College? IYes 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 TOM 0M0 Email: Attention: Admissions Department admissions@clearwatercollege.com