



Africa Theological Seminary

Training the heart, instructing the mind, empowering the hands

P.O. Box 1284, Kitale, Kenya

Phone: 0732814996, 054-31094, 054-31759

Email: admissions@atseminary.ac.ke

Dear Applicant,

Greetings from Africa Theological Seminary (ATS),

Please complete all the parts of this Form. In addition, have your leader complete Recommendation Form and return it directly to:

The Registrar,
Africa Theological Seminary
P.O Box 1284-30200
KITALE.

Before your application can be finalized the Seminary must have received:

- Applicant Form
- Essay
- Copies of your academic Certificate(s) and Transcript(s).
NOTE: Applicants for BA Degree program must request the schools where they received their diploma or degree to send an **OFFICIAL COPY** of the transcripts to the Registrar, Africa Theological Seminary, P.O Box 1284-30200, Kitale, Kenya. An official copy of your transcript must be on file with ATS before your application can be processed.
- One passport size photograph.
- Copy of National ID.
- Recommendation form.
- Marriage certificate, if married.
- A non-refundable Application fee of Ksh.500 for Certificate applicants; Ksh.750 for Diploma applicants; and Ksh.1,000 for BA applicants. Note: This fee may be paid in cash, or by a postal Money order made out to: "International Christian Ministries", and DO NOT send a personal Cheque.
- **Note:** All our continuing students will pay a non-refundable Application Fee of Ksh.500.

I hope to hear from you soon.

In Christ,

REGISTRAR
ADMISSIONS OFFICE - ATS SEMINARY
EMAIL: registrar@atseminary.ac.ke

Please, Confirm your coming through registrar's number given above.



Africa Theological Seminary

Training the heart, instructing the mind, empowering the hands

P.O. Box 1284, Kitale, Kenya

Phone: 0732814996, 054-31094, 054-31759

Email: admissions@atseminary.ac.ke

APPLICATION FORM

First Name: _____ Middle Name: _____

Last Name: _____ Address: _____

Mobile: _____ Email: _____

Nationality _____ ID NO. /Passport NO.: _____

Year of Birth: _____ Male or Female? _____ Marital Status _____

Name of your sending Church or Organization _____

Are you presently in Christian ministry? _____ Full time or Part time? _____

Describe your position and how long you have held it _____

Who recommended you to ATS? _____

For Official Use Only Program Applied For:

- Bachelor of Arts Degree
- Diploma in Counseling
- Diploma in Theology
- Certificate in counseling
- Certificate in Christian Ministry

Items Received

- Appl. Fee
- Appl. Form
- Essay
- Photograph
- Recom. Form
- National ID
- Certificate (s)
- Transcript (s)

Denomination: Record your church denomination with which you have been affiliated with:

Dates of Affiliation	Name of Denomination

Programme of Study: Please indicate the programme you are applying for

- Certificate** in Christian Min
- Certificate** in counseling
- Diploma** in Bible & Theology
- Diploma** in Counseling
- BA** in Bible & Theology
- BA** in Counseling.

Choose a study programme designed that is best for you from the following:

- Regular Block Classes
- School Based/Holiday Classes

Education: Give information on your education background.

NAME OF INSTITUTION	DATES ATTENDED		DIPLOMA/CERTIFICATE			DATE Cert/Diploma Awarded
	From__	To__	Completed?	Yes	No	
Primary						
Secondary/High School						
Post-Secondary						

Essay: Please submit the following hand-written essays. Use A4 paper. Be neat and use your best English.

Write a paper of two to three pages about your salvation experience; how you came to the Lord, and describe the change in your life since that time. Explain how God called you into the ministry, your present work for God, your future plans for ministry, and finally why you want to enroll in the program you are applying for.

Signature of applicant _____ **Date** _____



Recommendation Form of Sending Organization/Church
(Confidential)

This recommendation should be completed by the leader of the applicant's Church or Organization and mailed directly to admissions office.

1. Applicant's Name: _____
2. Your Name: _____
3. Official Title: _____
4. Church or Organization Name: _____
4. Mobile No.: _____ Email: _____
5. Is your Church or Organization sending this individual to ATS Seminary for training? Yes/No (Circle the Correct Choice)
6. If your Church or Organization is able, will you assist the applicant in paying his school fees? Yes or No (circle the correct choice)
7. On official letterhead, write a letter concerning the applicant in which you briefly note the following points:
 - i. When the applicant joined your Church or Organization.
 - ii. His / Her position within your Church or Organization (both past and present)
 - iii. Testimony of the applicant's Christian character and morals
 - iv. How do you foresee that his/her training with ATS will benefit to your Church or Organization.
8. Please return this completed form and accompanying letters(s) directly to:

The Registrar,
Africa Theological Seminary,
P o Box 1284-30200,
KITALE.

Signature of Official

Date and Official Stamp