ENTRANCE APPLICATION

a. Diploma in Christian Ministries:

a. Completion of an approved secondary school with a holder of IGSCE/GCE/SGCSE or other internationally recognized qualification with at **least three Credit passes including the English language**.

b) Certificate in Christian Workers Service:

a. Completion of *Form five* and a *pass in English* Or for mature entry, be a Pastor serving on the ground - Basic English knowledge is essential

Other Requirements:

- 1. Recommendation letter from the Local Pastor (must come sealed in its envelope)
- 2. Signature of the District Superintendent certifying the recommendation of DBA (If not Wesleyan, the signature of the Denominational leader to whom the applicant's Pastor is responsible)
- 3. Medical report from family Doctor to include the following; (On Campus Only)
 - i) Health conditions that need monitoring
 - ii) Diet restrictions
 - iii) Certification of required general well-being for studying
- 4. Two Passport-size photos (On Campus Only)
- 5. For International students Police clearance from originating Country (On-Campus Only)
- 6. Marriage Certificate for On-Campus Married Students
- 7. Letter of Sponsorship from the body/individual paying fees for student
- 8. A 400 Word neatly typed document including the following
 - a. Life before you became a Christian
 - b. The Events which led to you becoming a Christian
 - c. Life after the Salvation experience
 - d. Why you desire to come to EWBC Bible College

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Section A

Please select; (Tick the appropriate Box)
On-Campus
Three Year Diploma in Christian Ministrises Selected Course / Courses Ordination Courses
One Year Certificate Services Course
<u>Online</u>
Online - Full Diploma in Christian Ministries or Online - Selected Courses / Course
Online - One Year Certificate Service Course or Online – Selected Courses / Course
4) Full Names
1) Full Name;
2) Date of Birth (mm/dd/yyyy)//
3) Box Address
4) Mobile No
5) Email address;
6) Marital Status: Single Married Divorced Widowed
o) Wartar Status: Single Warted Divorced Widowed
7) Do you have a Child/Children? Yes No
8) If with children, give us the following details
Full Name Age Gender Class

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If Marr	ed (On Campus Only)
b) c)	Spouse's Full Name His/Her Phone Number Marriage Certificate No Issue Date His/Her Email address Occupation; Employed Self-employed Ministry Student
9)	Do you or any of your family members have special dietary needs? If Yes, please specify (On Campus Only)
10)	Medical Report (On Campus Only) a. Please fill in the attached medical report to be completed by a Doctor.
Secti	on B
Profess	ional Qualifications
	Name of University/College last attended
c)	Qualifications received
d)	Graduation year Location
e)	Please request your Institution to post directly to EWBC your Official Transcript.
High sc	hool qualification
	a) Name of High School Attended
	b) Address
	c) Final Exams Results Aggregate (Submit your results slip)
	Tel; 78408344 or 79161140

Section C

Christian Walk

a)	Year of Salvation	_ b) Baptized
d)	Denomination or Local Church Address	
e)	Local Church Physical Address or Location	
f)	Name of your Local Pastor	
g)	Email address of Pastor	
h)	Pastors Phone No	
i)	Your Ministry involvement (Department)	
j)	Number of years involved in this ministry	
k)	Number of years been in this Church	

Section D

a)	How w	ill your Fe	es be paid
	a.	Self.	Local Church District Scholarship
	b.	If Scholar	rship or Sponsor, give us details
		1)	Name of sponser
		2)	Address
		3)	Email address
			Sponsor/Scholarship type; Full Board Tuition Only Others. Please specify
		6)	Amount; Annually
	C.	If Local C	hurch or District, Please specify
		1)	Contact Person or Board
		2)	Email address
		3)	Phone No
		4)	Sponsor/Scholarship type; Full Board Tuition Only Others. Please specify
		5)	Amount; Annually

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Section F

a)	When	do you plan to start Classes		
b)	•	agree to conduct yourself to the following rules and conditions of EWBC I agree with the fact that this is a NO-SMOKING and ALCOHOL-free zone.	Yes	No [
	2)	I agree to attend Chapel as per stipulated dates and times	Yes	No _
	3)	I agree to participate in all Academic, Extracurricular, Missions, and workhour activities.	Yes	No [
	4)	I agree not to participate in picketing and riots but resolve all issues through dialogue	Yes	No _
	5)	I agree to abide by all the rules and stipulations of the Institution	Yes	No
ignatu	ıre	Date		
District	Board	Certification		
his is t	o Certif	y that		is
ecomn	nended	by his/her District Board of Administration (if not Wesleyan, the governing body to whon	n the applic	ant's
ocal ch	nurch is	accountable), to be a student of Emmanuel Wesleyan Bible College.		
		strict Superintendent: Date		
ianatu	ira of Di	strict Superintendent: Date		

Section G

Financial Information

Cost per semester for full-time residence students

	Item	Cost Per	Total
1	Tuition fees (Six Courses)	E. 550.00	E 3,300.00
2	Board		E. 6,050.00
3	Room		E. 3,300.00
4	Activity fee		E 220.00
5	Semester Registration Fee		E 1,340.00
	TOTAL		E.14,210.00
			_

NB:

Children less than 12 years pay the following amounts

Room 1,000.00

Board 3,000.00

By the EWBC Board of Management action, a student will not be permitted to graduate or enroll in a new year until all amounts owed to the college are paid in full.

Online Fees:

	Item	Cost Per
1	Tuition fees per Course	E. 990
	TOTAL (Per Course)	E. 990