



Canada Word of Faith Bible Training Centre
5833-53 Avenue
Red Deer, AB T4N 4L4
(403) 340-3946
1(888) 598-4999
www.bibletrainingcentre.com

APPLICATION FORM

- Attach a PHOTO
- Attach a \$100.00 NON-REFUNDABLE application fee
- Please TYPE or PRINT CLEARLY. If the question does not apply, type N/A
- The Persons completing the Pastoral and Personal Recommendation forms must return the forms directly to the Canada Word of Faith Bible Training Centre.
- Mail application with the fee before SEPTEMBER 1 to:

Canada Word of Faith Bible Training Centre
5833 - 53 Avenue
Red Deer, AB T4N 4L4

Ph. 403-340-3946 Fax 403-340-1880
Email info@bibletrainingcentre.com
Website www.bibletrainingcentre.com

Full payment arrangements must be made before September 15

Please PRINT or TYPE full legal name:

I am applying for

First Year Program

Second Year Program

ATTACH A
PASSPORT
PICTURE

Last Name First Name Middle Maiden Name

Address City Prov/State Postal/Zip Code Country

Phone # (with country/area code) Fax Email

Male / Female _____
please circle Date of Birth Nationality

Marital Status

- Married Spouse's full legal name: _____
 Divorced Date of Divorce: _____
 Separated
 Engaged

Is your spouse/fiancee in agreement with your decision to attend the Canada Word of Faith Bible Training Centre? Yes No Unsure

IGNITING LEADERSHIP

INFUSING FAITH

IMPARTING GRACE

Where you raised in a Christian home? Yes No

Date you were saved _____ Briefly state how you know you are saved _____

Have you received the Baptism of the Holy Spirit with the evidence of speaking with other tongues, according to Acts 2:4 and Acts 19:6 ? Yes No

Briefly state how you know you were filled with the Holy Spirit _____

Briefly state why you want to attend the Canada Word of Faith Bible Training Centre _____

FOR SECOND YEAR STUDENTS:

Which Ministry Department are you interested in:

- Associate Pastor Praise & Worship Administration
- Youth Pastor Children's Ministry Senior's Ministry
- Missions Multi-Media Counseling

Education

Circle the highest level attained

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical 1 2 3 4

College/University 1 2 3 4 Master's _____ Specialist _____ Doctorate _____

List Educational Institutions you have attended, beginning with High School:

Name & City	Years Attended	Major	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Have you ever used any form of tobacco products? Yes No
- Have you ever used alcoholic beverages? Yes No
- Have you ever used illegal or habit forming drugs? Yes No

If you have answered yes to any of the above 3 questions, please give a BRIEF explanation regarding the date of last use, occasion and other details on a separate sheet of paper.

The information you provide will be held strictly confidential and may or may not be a factor for successfully applying at the Canada Word of Faith Bible Training Centre.

The Canada Word of Faith Bible Training Centre is a Ministry Training Centre to equip the five-fold ministry with the Word and Spirit of Faith, to mobilize the Ministry of Helps and to educate believers with Holy Ghost revelation.

In order for a person to assume a leadership role in Christian Ministry, the highest standards of personal conduct are expected.

For these reasons, we have included a *student handbook*, to describe our expectations while you are attending Canada Word of Faith Bible Training Centre and to ensure a safe and productive environment for quality ministry training.

Understanding our position in these matters, please indicate your decision regarding these policies:

- Yes, I will abide by the policies of the Canada Word of Faith Bible Training Centre
- No, I cannot abide by the policies of the Canada Word of Faith Bible Training Centre

I understand that all information provided becomes the permanent property of Canada Word of Faith Bible Training Centre and will not be returned or copied for the applicants use. All information will be held strictly confidential.

 Date

 Signature

If any changes occur after you sign this application form, you must inform the office immediately with details in writing.

Be sure to send in the entire application form with the enclosed fee and picture.

Incomplete application forms WILL be returned, causing unnecessary delay and potential denial of enrollment.

I was referred by:

 Name Address City Province PC Phone

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ Date	_____ Signature

OFFICE USE ONLY
Date received _____
Cheque # _____
Amount \$ _____
<i>Recommendations received:</i>
Personal _____
Pastoral _____

Have you ever known the applicant to engage in questionable conduct? Yes No

Please, explain: _____

Have you noticed a physical weakness or emotional problems that would hinder the applicant in an academic environment? Yes No

If Yes, please explain: _____

To your knowledge, does the applicant use:
 Tobacco products Alcoholic beverages Illegal drugs

Comments: _____

What do you consider the applicants's strong points: _____

What do you consider the applicant's weak points: _____

Please, share any information that may help our evaluation of the applicant: _____

Will you or your organization be financially supporting the applicant to come to Canada Word of Faith Bible Training Centre? Yes No

Name Signature Date Position

Address City Prov/State

Postal Code Phone #

Licensed Ordained _____ Age:
Organization 18-29 30-45 46+

Application due date is September 1



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PERSONAL RECOMMENDATION

PLEASE READ BEFORE DISTRIBUTING THIS FORM

I understand this confidential statement is submitted directly to Canada Word of Faith Bible Training Centre's Admissions Department with the understanding that its contents will NOT be shared with me.

I hereby waive my right to see the confidential information provided on this form.

Name of Applicant	Applicant's Signature	Date
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To the person who is filling out this document:

Please, complete this form carefully and in privacy. Since we request a candid evaluation, we will hold your comments in strict confidence. We ask you to send this form directly to Canada Word of Faith Bible Training Centre Admission's office in the provided self-addressed envelope or you can use the address above.

I have known the applicant for _____ years and _____ months.

My relationship with the applicant has been: Intense Close Casual Distant Other

The nature of my relationship with the applicant has been as: Employer Friend Co-worker

Character Evaluation

How industrious is the applicant as a student or worker?

Conscientious Above average Average Below average Lazy

Comments: _____

List the attributes which best describe the applicant's attitude toward the church and its activities:

1 _____ 2 _____ 3 _____ 4 _____

From your personal knowledge of the applicant, would you:

- Highly recommend the applicant for ministerial training, including training for supportive ministries?
- Recommend the applicant as a qualified candidate for ministerial training, including training for supportive ministry?
- Recommend the applicant as a qualified candidate to receive further instruction in the Word and Spirit of Faith?
- Hesitate to recommend the applicant for enrollment in Canada Word of Faith Bible Training Centre?
- Be unable to recommend the applicant for enrollment in Canada Word of Faith Bible Training Centre?

Please, explain _____

Emotional Evaluation: Very Stable Stable Unstable Very Unstable

Does the applicant respond well to authority: Yes No

The applicant's spiritual influence on others is: Positive Neutral Negative

INFUSING FAITH

INSTILLING CHARACTER

IMPARTING GRACE

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