



**Heritage of Faith Bible Institute & Leadership Academy**  
**An Outreach of Jerry Savelle Ministries International**  
 A Word in Faith Campus, 1 Môreson Building, The Crescent, Durbanville, 7550  
 Tel: 021 975 07120, eMail: [merle@meccommunityservices.co.za](mailto:merle@meccommunityservices.co.za)

## Application for Admission 2017

Requirements for making application:

1. Attach a current photo and copy of ID Document
2. Enclose a **R500** non-refundable application fee  
 [Payable to Heritage of Faith Bible Institute]
3. The 2 recommendation forms [1 pastor and 1 personal]  
 to be submitted with every application form
4. Do not leave any question unanswered. If a question is not applicable, kindly write N/A

Attach photo here.

[Head and shoulders only]

This application may not be processed without a photo and copy of ID Document

### Application data

|                                       |   |                                     |
|---------------------------------------|---|-------------------------------------|
| Program application:<br>[Please tick] | 1 <sup>st</sup> Year Bible Institute <input type="checkbox"/>                     | R4 960 or R620 pm over 8 months     |
|                                       | 6 pack <b>Mon</b> <input type="checkbox"/> or <b>Thu</b> <input type="checkbox"/> | R2 480 or R310 pm over 8 months     |
|                                       | 2 <sup>nd</sup> Year Bible Institute <input type="checkbox"/>                     | R4 960 or R620 pm over 8 months     |
|                                       | 6 pack <b>Mon</b> <input type="checkbox"/> or <b>Thu</b> <input type="checkbox"/> | R2 480 or R310 pm over 8 months     |
|                                       | 3 <sup>rd</sup> Year Leadership Academy <input type="checkbox"/>                  | R5 440 or R680 pm over 8 months     |
|                                       | 4 <sup>th</sup> Year School of Ministry <input type="checkbox"/>                  | R6 880 or R860 pm over 8 months *   |
|                                       | 5 <sup>th</sup> Year Master in Ministry <input type="checkbox"/>                  | R10 400 or R1300 pm over 8 months * |
|                                       | 6 <sup>th</sup> Year Doctorate <input type="checkbox"/>                           | R12 800 or R1600 pm over 8 months * |

**Note:** A 10% discount will be awarded if the full tuition and registration fees are paid before end of February 2017

\* Carry two [2] year registration to complete the program. Re-registration is required for longer study periods at a reduced tuition fee

Have you previously applied to study this programme? Yes  No

If yes, please answer the following questions.

Year of previous application \_\_\_\_\_ Name of Campus \_\_\_\_\_

Are you in full time ministry? Yes  No  If yes, name of Ministry \_\_\_\_\_

### Personal data

Name of Applicant \_\_\_\_\_

Last First

ID Number \_\_\_\_\_

Address \_\_\_\_\_

Number and Street Suburb

City. Postal code

Postal Address \_\_\_\_\_

Postal Code

Telephone Number (Home) [\_\_\_\_\_] \_\_\_\_\_

Telephone Number (Business) [\_\_\_\_\_] \_\_\_\_\_

Telephone Number (Facsimile) [\_\_\_\_\_] \_\_\_\_\_

Telephone Number (Cellular) [\_\_\_\_\_] \_\_\_\_\_

Employer \_\_\_\_\_ e-mail address \_\_\_\_\_

Male  Female

## Family Information

Marital Status Married  Divorced  Single

Is your spouse in agreement with your decision to attend this school? Yes  No

Number of minor children \_\_\_\_\_ Ages \_\_\_\_\_

## Christian Background

When did you receive Jesus Christ as your personal Lord and Saviour?

Year \_\_\_\_\_

Have you been baptised in the Holy Spirit with the evidence of speaking in other tongues?

Yes  No

Name of church you currently attend \_\_\_\_\_

Address \_\_\_\_\_

Name of your Pastor \_\_\_\_\_ Telephone Number [\_\_\_\_\_] \_\_\_\_\_

How long have you been attending this church? \_\_\_\_\_

What has been your involvement? Please list volunteer activities and service period.

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Have you attended any other Bible College? Yes  No

If yes, kindly list full details of previous School/College

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## Academic Background

Have you graduated from High School?    Yes             No             Year \_\_\_\_\_

If no, what is your highest level of education completed? \_\_\_\_\_

Please list all higher educational institutions you have attended.

| Name of Institution | Dates | Major | Qualification |
|---------------------|-------|-------|---------------|
| _____               | _____ | _____ | _____         |
| _____               | _____ | _____ | _____         |
| _____               | _____ | _____ | _____         |
| _____               | _____ | _____ | _____         |

Do you have any learning disabilities?            Yes     No

If yes, please describe [i.e. dyslexia, reading, comprehension, etc] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Occupational Background

Please list your previous work experience beginning with your last employer.

| Name of Employer | Duties Performed | Dates |
|------------------|------------------|-------|
| _____            | _____            | _____ |
| _____            | _____            | _____ |
| _____            | _____            | _____ |
| _____            | _____            | _____ |
| _____            | _____            | _____ |

List any occupational or professional skills, hobbies and special interests.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Health Record

Your general health      Excellent       Good       Fair       Poor

Answering the following questions will assist the school in preparing for your individual, academic needs.

Do you have any physical limitations [visual, hearing, etc]?    Yes       No

If yes, describe the limitations? \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking prescribed medication?    Yes       No

If yes, please give brief details \_\_\_\_\_  
\_\_\_\_\_

Are you currently undergoing medical treatment?    Yes       No

If yes, kindly give brief details \_\_\_\_\_  
\_\_\_\_\_

## Personal Summary

Please state your reasons for desiring to attend Heritage of Faith Bible Institute and the goals you expect to attain while enrolled as a student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

One personal recommendation and one pastor's recommendation is required by each applicant. Please provide the names and phone numbers of the people who will be completing your recommendation forms.

**Reminder:** Before applications can be processed, both recommendation forms must be received by the Admissions Office

Name of Pastor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Personal \_\_\_\_\_ Telephone Number \_\_\_\_\_

**I certify that all information is true and factual**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_