CO-WORKERS WITH CHRIST INTERNATIONAL®

CO-WORKER'S SCHOOL OF MINISTRY

(Powered by co-workers Int. Fellowship of Churches-World-wide)

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BUILDING CONFIDENT AND TRUTHFUL LEADERS FOR CHRIST'S KINGDOM

Africa Association of Bible Schools

AABS

APPLICATION FOR ADMISSION

PERSONAL DATA

COURSE PREFERENCE TICK

- ☐ CERTIFICATE - $
- ☐ DIPLOMA - $10.00
- ☐ MASTERS - $20.00
- ☐ DOCTORATE - $ 30.00

Please enclose a recent photograph of yourself (wallet size, full face view

Write your name on the back on the photograph for identification

Photograph MUST be submitted with the application, along with a valid ID Cards.

OFFICE USE ONLY

- ❑ App. Fee .....
- ❑ Form A
- ❑ Form B
- ❑ Form C
- ❑ Form D
- ❑ Form C
- ❑ Accepted Yes ☐No

By_____Date_____

LEARNING CENTER:

PLEASE WRITE IN BLOCK LETTERS

NAME ❑ Mr. ❑ Mrs. ❑ Miss ❑ Rev. ❑ Dr.

Last | First | Middle | Maiden

PRESENT ADDRESS _____ ( ) _____

Email Address | Cell or Work Telephone

Street and Number | City or Town | State/Prov. | ( ) Home Telephone

PERMANENT ADDRESS (if different from present address)

Street and Number | City or Town | Region | ( ) Telephone

BIRTH DATE _____/_____/_____ **AGE** _____ **SEX** ❑Male ❑ Female

Month / Day / Year

Birth place _____

City | Region | Country / Province

MARITAL STATUS ❑ Single ❑ Married ❑ Widowed ❑Divorced ❑ Separated

If married, name of spouse_____ ❑Husband ❑Wife

Date of Birth _____ Occupation_____ Number of children _____

FATHER/GUARDIAN ❑ Mr. ❑Rev. ❑Dr. LIVING? ❑ Yes ❑No

Last | First | Middle | ( ) Home Telephone | ( ) Work Telephone

Address – Street and Number | City or Town | Region | Occupation

MOTHER/GUARDIAN ❑ Mrs. ❑ Dr. ❑Other LIVING? ❑ Yes ❑No

Last | First | Middle | ( ) Home Telephone | ( ) Work Telephone

Address – Street and Number | City or Town | Region | Occupation

FORM A