

CHURCH AFFILIATION

Home Church _____ Pastor: _____

Address: _____ City: _____

State _____ Zip: _____ Province/Country: _____ Phone: (_____) _____ - _____

CHRISTIAN EXPERIENCE

Have you accepted Jesus Christ as your Lord and Savior? _____ If so, when? _____

Have you been filled with the Holy Spirit as recorded in Acts, chapter two? _____

After completing your studies as CWCT, what are your vocational or ministry objectives: _____

On a separate sheet of paper please detail how you came to know Christ and what He means to you. Also, include information about the calling or direction the Lord has given you in regard to your future and ministry.

EDUCATION INFORMATION

High School Last Attended: _____ City/State of High School: _____

Did you graduate? Yes, Year _____ No _____

If you did not, do you have a G.E.D., or other high school equivalent? YES ___ NO ___

Please submit documentation of High School completion or its equivalency (G.E.D.) with this application as well as SAT or ACT. scores (These should be on your H.S. Transcript).

Have you previously applied to CWCT? YES ___ NO ___ If Yes, when? _____

Please list below all colleges you have attended – you will need to submit on official transcript for each of these institutions:

Institution	Dates Attended	Diploma or Degree	GPA	Credit Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Christian World College of Theology

P.O. Box 986

Salisbury, MD 21803-0986

Phone: 410-749-1719 Fax: 410-546-5325

**APPLICATION FOR ADMISSION
ASSOCIATE PROGRAM
PERSONAL INFORMATION**

Please print or type answers
to all items of the application

Last Name: _____ First Name: _____ Middle Initial: _____

Current address: _____ City _____

State: _____ Zip Code: _____ Province/Country: _____

At Current Address Since (Date) ____/____/____ Current Phone #: (____) _____ - _____

Work #: (____) _____ - _____ Cell#: (____) _____ - _____ Other#: (____) _____ - _____

Parent /Guardian (if dependent student) _____ Phone#: (____) _____ - _____

Parent/Guardian home Address: _____

City: _____ State: _____ Zip Code: _____ Province/Country: _____

Home Telephone (____) _____ - _____ E-Mail Address: _____

Date of Birth ____/____/____ Country of Birth _____ Social Security #: _____

Are you a U.S. Citizen? YES ____ NO ____ If No, Country of Citizenship: _____

Permanent Resident # _____ F-1 Student Visa #: _____

Other U.S. Immigration Status _____ Do you consider the English Language your native tongue? YES ____ NO ____

Racial/Ethnic Group: Black/Non Hispanic American Indian/ Alaskan Native Asian/Pac. Islander
 Hispanic Caucasian Other _____

Marital Status: Single Married Separated Widowed Divorced Engaged

Spouses Name: _____ # of Children(s) _____ Name(s) and Age(s): _____
