

SCOTT CHRISTIAN UNIVERSITY P.O BOX 49-90100; Phone: +254 713 745 404/ +254 734 833 832 MACHAKOS, KENYA

APPLICATION FORM MASTERS PROGRAMMES

PLEASE TICK [√] THE PROGRAMME YOU ARE APPLYING FOR [] Master of Arts in Theology [] Master of Art in Biblical Studies **Mode of Study** (Tick $\sqrt{ }$): Regular [] Evening [] School Based [] **PERSONAL INFORMATION:** 1. Full Name: ____ First Middle Other(s) Family 2. Current Mailing Address: Telephone/Mobile: Home ______ Work: _____ E-Mail Address: 3. Permanent (or Home) Address: Home Telephone: 4. Date and Place of Birth: 5. Nationality: _____ ID No./Passport No. (if from outside Kenya): _____ 6. Marital Status: [] Single [] Married [] Separated [] Divorced a. If married please give the following information: Name of Spouse: ______ Date of Marriage: _____ Type of Marriage (check one): [] Christian (Church Ceremony) [] Civil (Government Office) [] Traditional/Customary

If in Church, give name of officiating minister:

		Minister's church affiliation or denomination:	
		Was your spouse married before? [] Yes []	No
		If yes, explain:	
		Is your spouse a born-again Christian? [] Yes	[] No If yes, since when?
		What church denomination is your spouse?	
		What is the occupation of your spouse?	
	b.	Names of Children	Date of Birth
	٠.		
7.	Na	ame and Address of next of kin or other individual	to be contacted in case of emergency
		ame: Cell Phone/E	
0		ddress:	
8.		notograph: Send 2 photographs of yourself (facing of ANNEXPENSE)	camera), head and shoulders (passport size).
		IAN EXPERIENCE:	
		ave you accepted Christ as your personal Savior? [·
10.	•	piritual Life History: On a separate sheet of paper was plaining how you became a Christian. Include the	•
	a.	Your conversion and growth in the Christian fait	h
	b.	,	
	c.	Your practical experience in various forms of Ch community	iristian service in the church, school and the
	d.		
	e. f.		
		-	-
		o what church (denomination) do you belong?	
12.	. Wl	here do you usually attend church services?	
13.	Ha	ave you been baptized in water since you accepted	Jesus Christ as your personal Savior?
	[]] Yes [] No	
14.		lcoholic Beverage: On a separate sheet of paper wrinking alcohol, drugs and smoking.	rite your understanding and attitude towards

EDUCATIONAL BACKGROUND:

- 15. a. Send photocopies of Certificates/Diploma/Degrees you hold. Secondary Education, University or College Education and others. A certificate/diploma/degree in a language other than English must be accompanied by a certified English translation.
 - b. Give the names of the schools you attended, together with the years at each school and certificates received.

Name of Institution	Dates Attended From To	Degree/Diploma/Cert Name and final Grade		Date Degree/Diploma/ Certificate Awarded	
Secondary/High					
School					
Post- Secondary/College					
Secondary/Conege					
Other					
	•	have you attended?			
If you left before con	npletion, why?				
		ave you received in the are	*		
18. Language fluenc	y: what languages are y	ou fluent in			
What was the me	edium of instruction for	your first degree?			
		on at the 1 st degree level is imum score of 500 or its ed	•		
VOCATIONAL IN	VOCATIONAL INFORMATION:				
19. Are you pres information:	ently employed?	[] Yes [] No	o If yes, give the fo	ollowing	
•	a. Title or position:b. Employer's Name:				
d. List you	d. List your previous employers, starting with the most recent one:				
Position	Nar	me of employer	Location I	Date	

	_	iciency in typing and basic use of computer skills; l; c) Explanation of your accessibility to a computer, Internet
FINA	ANCIAL INFORMATION:	
21.	. Do you have in full the required fees fo	or the Master's programme?
	_	nt unless you pay one term's in full as specified in the Fees umentary evidence of commitment and ability to pay the year's
22	2. Who has promised to be your sponsor i	n supporting you through university?
	Name:	
	Postal Address:	
CONF	FIDENTIAL REFERENCES:	
		all of whom must be able to communicate well in English.
Scott C sealed In addi If you a	Christian University, P.O. Box 49, 90100 Envelope for you to return together with ition to the recommendation by individua are a member of the Africa Inland Churc	derees have been completed and sent directly to <i>The Registrar</i> , <i>Machakos</i> , <i>Kenya</i> or the referee can give you the forms in a the other forms to the registrar. Referees cannot be relatives. Als, the University requires a report from your Church Council. Ah, a report from your District Church Council is required. If the eport is required from an appropriate Church Council or the Christian service.
1. Pas	stor of the Local Church:	Address:
2. Ch	nurch Elder/Missionary/Christian Leader:	Address:
3. Co	ollege Lecturer:	Address:
	ame of AIC District Church Council or ot	ther Denominational Authority:
	IONAL INFORMATION lid you get to know about SCU? (Please Advertisement in	e Tick √ and explain)
[]	Recommendation from a friend	
[]	Recommendation from a student (Pleas	se give their name)
[]	Exhibition (Please specify): Place:	Date:
[]	Other (Please specify):	
In sign Universuppo		·
orgna	ແաւc	Datc

20. On a separate sheet of paper, describe your knowledge and accessibility to computer and ICT in as far



SCOTT CHRISTIAN UNIVERSITY

P.O BOX 49-90100; Phone: +254 713 745 404/ +254 734 833 832 MACHAKOS, KENYA MASTERS PROGRAMMES

CERTIFICATE OF HEALTH FORM (FOR APPLICANT)

(This Certificate of Health is to be completed by the applicant and a medical doctor)

RT	•
	lowing questions are to be answered by the applicant before taking the physical examination:
	ou ever been an in-patient in hospital or dispensary suffering from any disease or
uy. art fi	if so, give details. rom above, have you ever received medical treatment for any serious disease of injury?
	If so, give details.
1.	Is there any disease or illness that bothers you regularly such as:
	Hay fever?
	Diabetes?
	Stomach ulcers?
	Headache?
	Persistent cough?
	Frequent diarrhea?
	Skin eruption(sores)?
	Other (specify)
2.	Is there any food or drink that you are unable to eat or drink or that causes you stomach trouble?
	if so, give details.
3.	Have you had any recent notable weight loss?
4.	Do you have any family members or close friends who have been diagnosed as having
5.	HIV/ AIDS?
6.	To the best of my knowledge, I have answered the above questions fully and truthfully.
7.	Date:Signature of Applicant
	RT II
	e following questions are to be answered by a Medical Doctor or duly authorized clinical officer.
Do	tes the above named Applicant report or show any symptoms of the following? If so, give details:
	1. Any infectious of contagious disease?
	2. Any chronic disorder or asthma, hay fever, diabetes, etc
	4. Any ailment or disability that would make him/her unable to take part in sports or normal physical
	activities?
	3. Any evidence of impaned vision: ficating:
I h	ear by certify that I have examined the above named person and that in my professional opinion he/she is
	funfit for the activities in the above school.
110	unit for the detivities in the doore sensor.
Sig	gnature:Date:
Ful	Il Name: Designation:
	stal Address: Telephone/Mobile No:

Official Rubber Stamp:



SCOTT CHRISTIAN UNIVERSITY P.O BOX 49-90100; Phone: +254 713 745 404/ +254 734 833 832 MACHAKOS, KENYA CONFIDENTIAL REFEREE FORM (1) MASTERS PROGRAMMES

Name of Applicant:	Name of Referee:
Arts in Theology /Master of Education /Master of Leadership and Managem professional Christian Service. Since frank and honest evaluation is appreciand return immediately to the Registra	The above named person has applied for admission into the Master of on (Internet-Based Distance Learning)/Master of Business Administration tent Programme at Scott Christian University in preparation for this person is a leader in the community and the society at large, your ciated. Please answer the following questions, place in a sealed envelope rar, Scott Christian University, P O Box 49, 90100 Machakos, Kenya or to return to the Registrar. Only members of the University use.
1. How long have you known this p	person?
2. How well do you know this perso	on? Very well; Casually; Not well
•	son use any of the following: Tobacco?; Alcoholic Habit- forming drugs?
-	r been (a) expelled or suspended from school for any misconduct (b) convicted of a crime
	duct
(d) placed under church discipline	
If your answer is 'Yes' to any of thes	se, please give specific information.
5. Is this person honest?	
6. State any special talent, skill or ac	chievement in which the applicant excels
•	son will be able to do serious Masters' level studies at Scott? erage; Fair; Don't know

		about his/her circumstances?; Don't know		Yes, sometimes
9.	Does the applicant cooperate	e well with people? Yes, very; Don't know	y well	_; Yes, with some people
yes	,describe the Christian servi	licant in Church Service? Ye ce rendered (e.g. teaching	Sunday School, pr	reaching, witnessing, singing,
	Is this person making a pos Christian example as well a Don't know	itive contribution in his/her coas in his/her work activity? Y If yes what specific gifts to the community) do you see developments.	ommunity/scho9ol Yes for Christian servi	through his/her; No ce (e.g. educator, teacher, or
12.		ant's reputation and standing in		
13.	Do you think that this perso	on would do well as a leader o Yes, fairly well	or educator or othe	r kind of worker? Yes,
14.		those in authority, and obedimetimes; No	~	-
15.	* *	eas of strength and weakness. h would make him useful in the	•	
	Hindrance in Christian	der to be the applicant's weak service, or other work?		
16.		this person which may indica	-	
	What else do you see in the rk that he/she is involved?	is person, which may not indi	cate a possible cal	lling to Christian service or
-				

17. Please tick in the appropriate places the statements that seem best to describe the applicant:

<u>CHARACTERISTICS</u>	<u>RATING</u>	<u>COMMENT</u>
Social Acceptability	Well-liked by others	
	Liked by others	
	Tolerated	
	Avoided by others	
	Don't know	
Dependability	Most dependable	
Dependatinty	Wost dependable	
	Somewhat dependable	
	Somewhat dependable Not dependable	
	Don't know	
Cooperation	Works your wall with other	ro.
Cooperation	Works very well with other	
	Works fairly well with other	218
	Generally cooperative	
	Cooperative under pressure	
	Un cooperative Don't know	
	Don't know	
Concern for Others	Very outgoing and concern	ned about others
	Interested and often helpfu	1
	Friendly but reserved	
	Self-centered	
	Withdrawn, relates poorly wi	ith others
	Don't know	
Initiative	Always takes the initiative	
	Sometimes leads	
	Average initiative	
	Needs constant encouragement	nt
	Don't know	
Maturity	Exceptional mature	
•	More mature than average	
	Average maturity	
	Immature but growing	
	Very immature	
	Don't know	
	e the information I have given above concern	ing the applicant in question is
correct and accurate.		
Signature:	Date:	
Full name:		
Address:		



SCOTT CHRISTIAN UNIVERSITY P.O BOX 49-90100; Phone: +254 713 745 404/ +254 734 833 832 MACHAKOS, KENYA CONFIDENTIAL REFEREE FORM (2) MASTERS PROGRAMMES

Name of Applicant:	Name of Referee:
Arts in Theology /Master of Educa /Master of Leadership and Manage professional Christian Service. Sin frank and honest evaluation is app. and return immediately to the Reg	The above named person has applied for admission into the Master of ation (Internet-Based Distance Learning)/Master of Business Administration ement Programme at Scott Christian University in preparation for nee this person is a leader in the community and the society at large, your reciated. Please answer the following questions, place in a sealed envelope istrar, Scott Christian University, P O Box 49, 90100 Machakos, Kenya or tope to return to the Registrar. Only members of the University ponse.
1. How long have you known this	s person?
2. How well do you know this per	rson? Very well; Casually; Not well
beverages?;	person use any of the following: Tobacco?; Alcoholic Habit- forming drugs?
_	ver been (a) expelled or suspended from schoool for any misconduct (b) convicted of a crime
	onduct
(d) placed under church discipli	ne
If your answer is 'Yes' to any of the	hese, please give specific information.
•	achievement in which the applicant excels
•	person will be able to do serious Masters' level studies at Scott? average; Fair; Don't know

		about his/her circumstances?; Don't know		Yes, sometimes
9.	Does the applicant cooperate	well with people? Yes, very	well; Y	Yes, with some people
	; Never	; Don't know	·	
yes	,describe the Christian servi	licant in Church Service? Ye ce rendered (e.g teaching S	Sunday School, preach	ning, witnessing, singing,
	Is this person making a post Christian example as well Don't know	sitive contribution in his/her coas in his/her work activity? Y If yes what specific gifts formmunity) do you see develo	ommunity/scho9ol thr Yes For Christian service (ough his/her; No e.g. educator, teacher, or
12.		nt's reputation and standing in		•
13.	Do you think that this person	on would do well as a leader of Yes, fairly well	r educator or other kin	
14.	* *	those in authority, and obedie metimes; No	•	
15.		eas of strength and weakness. h would make him useful in th	· · ·	
	Hindrance in Christian	der to be the applicant's weak service, or other work?		· · · · · · · · · · · · · · · · · · ·
16.	•	this person which may indica	-	
) What else do you see in the rk that he/she is involved?	is person, which may not indi	cate a possible calling	to Christian service or
-				

17. Please tick in the appropriate places the statements that seem best to describe the applicant:

CHARACTERISTICS	RATING	COMMENT
Social Acceptability	Well-liked by others	
Social Proop and many	Liked by others	
	Tolerated	
	Avoided by others	
	Don't know	
Dependability	Most dependable	
	Usually dependable	
	Somewhat dependable	
	Not dependable	
	Don't know	
Cooperation	Works very well with oth	ners
	Works fairly well with ot	thers
	Generally cooperative	
	Cooperative under pressur	e
	Un cooperative	
	Don't know	
Concern for Others	Very outgoing and conce	erned about others
	Interested and often help:	
	Friendly but reserved	
	Self-centered	
	Withdrawn, relates poorly	with others
	Don't know	
Initiative	Always takes the initiative	
	Sometimes leads	
	Average initiative	
	Needs constant encouragem	nent
	Don't know	
Maturity	Exceptional mature	
····· · ,	More mature than average	
	Average maturity	
	Immature but growing	
	Very immature	
	Don't know	
To the best of my knowledg	e the information I have given above conce	rning the applicant in question is
correct and accurate.		
Signature:	Date:	
Full name: _		
Address:		



SCOTT CHRISTIAN UNIVERSITY

P.O BOX 49-90100; Phone: +254 713 745 404/ +254 734 833 832

MACHAKOS, KENYA

CONFIDENTIAL REFERENCE

This form is intended for the Church or other relevant church council as may apply in the applicant's church background.

Name of applicant:
The above named person has applied for admission into the Master of Arts Theology/Master of Education/Master of Business Administration/Master of Leadership and Management Programme at Scott Christian University. Since the applicant may in future become a leader in the church and/or community, the frank and the honesty evaluation by your church council will be significant assistance to this office. Please indicate on this form whether you recommend the applicant, or not. Then sign and endorse with the office rubber stamp. Place the form in a sealed envelope and return directly to the Registrar, Scott Christian University, P.O. Box 49, 90100, MACHAKOS, KENYA. We appreciate your immediate action.
The Church Council of has discussed the above named applicant's intention to join Scott Christian University for training in a Master's Programme. We have decided before the Lord that (tick where appropriate):
1. We do recommend this applicant.
2. We do not recommend this applicant.
If you do not recommend this person please give reasons or explain:
Signature: Name:
Position:
Official Rubber Stamp:
Telephone:

The official rubber stamp of your church must appear on this document.