

FOUNTAIN OF LIFE COLLEGES

717 MacArthur Drive
Prince Albert, SK S6V 5X6
email: 'fountainoflife@sasktel.net'

~Application for Admission~
(Please attach a resume and recent photo)

1. Name: _____
Mr/Mrs/Ms/Rev/Dr Last Name First Name Initials

2. Address: _____
Number and Street Town/City Province/State
_____ (_____) _____
Country Postal/Zip Telephone

3. Date of Birth: _____/_____/_____ (day/month/year)

4. Citizenship: _____ S.I.N. Number: _____-_____-_____

Non-Canadian: Landed Immigrant: _____ (Yes / No) Student Visa: _____

5. Email Address / Web Site: _____

6. Program major requested: _____ Pastoral Ministry
_____ Clinical Pastoral Counseling
_____ Combined 'Pastoral Ministry and Clinical Counseling'

Level being requested:

- Undergraduate: Certificate – 1 yr ____ Diploma – 2 yr ____ Degree – 3 yr ____ Associate Bachelor of Arts – 4 yr ____
- Graduate- 2 and 3 yr _____ (Graduate Entry pre-requisite: earned Bachelor Degree)
- Post-graduate level (2 to 6 yr): DMin _____ ThD _____ (Doctorate Entry Pre-requisite: earned Master Degree, i.e. MDiv; MTh - resident studies only / no correspondence)

7. Please check choice of Full (3.0 credits or more) or Part-time and if applying for Resident studies (attending at school in Prince Albert, SK) or if electing to do studies by Correspondence:

A: Part-time _____ Full-time _____ B: Resident _____ Correspondence _____

Please indicate the number of courses you would like to take at one time? (New courses will be added throughout January 2009 to complement the correspondence side of the school)

Part time = 1 _____ 2 _____ Full time = 3 _____ 4 _____ 5 _____

8. The name and address of the Christian congregation where you are a member:

9. What is your pastor's name? _____

10. What is your marital status(*)? _____ How long? _____

(*) if divorced, separated and/or remarried, please provide details below:

11. Do you smoke? _____ (Yes / No) Most ministries do not accept smokers. If you answered 'yes', are you willing to quit? _____ (Yes / No) Please explain:

12. Do you drink alcoholic beverages? _____ (Yes / No) If 'yes', please explain how much:

13. Do you use non-prescription drugs? _____ (Yes / No) If 'yes', please explain:

14. Are you on prescription medication? _____ (Yes / No) If 'yes', please explain:

15. Please indicate the languages you have a working knowledge in:

Primary: _____

Secondary: _____

16. Anticipated commencement of program: _____ (month / year)

- Distance education/correspondence applicants, check here: _____

17. **Personal References:** Please provide the COMPLETE NAME, ADDRESS, PHONE, AND EMAIL (if possible) for three (3) personal references. At least one is to be a licensed minister of a Christian denomination. Preferably, another will be a current or previous employer. The third may be a friend. Please indicate how long each person has known you:

a) Minister of Religion: has known applicant for _____ (Duration)

Name, mailing address of minister

Telephone where may be reached in daytime

Email

b) Current/Previous Employer: has known applicant for _____ (Duration)

Name and mailing address of employer

Telephone where may be reached in daytime

Email

c) Personal Friend: has known the applicant for _____ (Duration)

Name and mailing address of friend

Telephone where may be reached in daytime

Email

18. How did you come to know about FLSM and what is the reason you seek enrollment?

19. Describe your relationship with God at the present time:

20. Describe how you feel you have been and are currently being used by God:

21. Please tell us what arrangements are in place to finance your education:

22. Is there any other information that you feel we should know?

23. Education and Training Background: Please provide information regarding any past education, seminars, training you may have along with (if possible) a copy of your transcripts/degrees/certificate for education or training. Please include any technical, trade, military, vocational training you may have received as well as any correspondence courses or apprenticeships. Please supply the date and location where completed:

1.

2.

3.

4.

5.

6.

7.

8.

9.

24. Employment History: Please provide us with your work history for the last 8 years:

1.

2.

3.

4.

- 5. _____
- 6. _____
- 7. _____

25. Memberships: Please provide us with information regarding memberships you have had with various societies, clubs, organizations, associations, churches, et al:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Please return this completed form with accompanying documentation and \$75 application fee to:

**Office of the Registrar
Fountain of Life School of Ministry
717 MacArthur Drive
Prince Albert, Saskatchewan
Canada S6V 5X6**

The form may be faxed or emailed with all required documentation to:

Fax: (306) 763-4353 Email: folsom.registrar@sasktel.net

The non-refundable application fee of \$ 75.00 Canadian and must be received before the application will be considered. If fax or email is used for sending application, please send the application fee by mail or contact the school at (306) 763-4353 or email for alternate arrangement such as Western Union, Mailgram, Paypal or Direct Bank Deposit.

Please make the application fee payable to '**The Fountain of Life School of Ministry**'.

Signature: _____ **Date:** _____

In signing this application, I attest that all information submitted is truthful and complete. Should I be accepted as a student at Fountain of Life Colleges, evidence to the contrary would constitute reason for immediate review and possible dismissal from the student body of the Colleges.

Thank you for considering Fountain of Life School of Ministry. May God bless you in the decision making process as you consider advanced studies in the ministry of our Lord Jesus Christ. ~