

# GLOBAL ASSOCIATION OF THEOLOGICAL STUDIES, VANUATU

For 2019, we are offering all three levels of study. Certificate, Diploma and Associate Degree. Fulltime day students will do all three levels at the Port Vila campus. Those only wanting Diploma, will complete it in two years. Those wanting associate degree, will take three years.

Term Dates for 2019 are:

**Term 1 Monday February 4<sup>th</sup> to Thursday April 25<sup>th</sup>**

**Term 2 Monday May 20<sup>th</sup> to Thursday August 8<sup>th</sup>**

**Term 3 Monday September 2<sup>nd</sup> to Thursday Nov. 21<sup>st</sup>**

BOARDING STUDENT – This is not available yet

**FEES (All levels of study are the same)**

Tuition per Term VT 17 500 = Full year Tuition = VT 52 500  
- this is VT 2500 per subject, there are 7 subjects per term.

Text books/materials = VT 1500 per term x 3 = VT4500

Practical assignment fee VT 4000

Ambulance cover fee VT1000

**TOTAL for the ENTIRE YEAR = VT 62 000**

- Payment of the full year in advance = 20% discount. Payment is non-refundable if this option is taken and you leave college any time early.

Please NOTE: *SPONSORSHIP is available and will be assessed at the interview.*

*If you are from a UPCIV church, we will also contact your pastor for his/her recommendation as well. Thank you for your interest and God Bless.*

## INTERVIEWS

**Mailing Address:** P.O Box 1449 Port Vila, Vanuatu

**As soon as your application is complete forward it to the Address above. We will contact you for an interview date.**

***ALL APPLICATIONS MUST BE RECEIVED***

***BEFORE THE 17th***

***JANUARY 2019***

**Please circle the class you are applying for:**

- DAY CLASS
- NIGHT CLASS

## APPLICATION



**Please circle the level you are wanting to complete:**

- Certificate
- Diploma
- Associate Degree

GLOBAL ASSOCIATION OF THEOLOGICAL STUDIES, VANUATU

PO Box 1449

Port Vila, Vanuatu

Tel 594 1117

[Acts2vanuatu@gmail.com](mailto:Acts2vanuatu@gmail.com)

**PLEASE ANSWER ALL QUESTIONS!**

Please Print or Type and fill in every blank!

THIS APPLICATION MUST BE COMPLETED AND RECEIVED BY THE COLLEGE AT THE ADDRESS ABOVE **ASAP** FOR YOU TO BE CONSIDERED FOR INTAKE

1. Name \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

### **GENERAL INFORMATION**

3. Birth Date: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ AGE \_\_\_\_\_

4. PARENT'S NAME \_\_\_\_\_

5. Tick appropriate blank; Single?  Married?  Divorced?  Widowed?

A. If married, give name of companion. \_\_\_\_\_

B. Number of children \_\_\_\_\_

C. If divorced or widowed send letter of full explanation.

6. Physical Disability \_\_\_\_\_

Do you have good health? Yes  No  Explain \_\_\_\_\_

### **PERSONAL INFORMATION**

7. Pastor's name and address \_\_\_\_\_

8. Name and address of your home church \_\_\_\_\_

9. How long have you been a member of this congregation? \_\_\_\_\_

10. Have you been baptized in the Name of Jesus Christ? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_

11. Have you received the Holy Ghost with the evidence of speaking in other tongues?  
\_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

12. What are your Christian goals in this life? \_\_\_\_\_  
\_\_\_\_\_

13. Do you have a definite call to do Christian work? \_\_\_\_ What kind? \_\_\_\_\_  
\_\_\_\_\_

14. Tick the following capacities in which you have served the Lord:  
Witnessing \_ Youth group leader \_\_\_\_ Office work \_\_\_\_\_  
Preaching \_\_ Teaching \_\_\_\_\_ Musician \_\_\_\_\_ Singing \_\_\_\_\_  
Other \_\_\_\_\_ Please explain \_\_\_\_\_

15. Do you feel a call from God to Preach? \_\_\_\_ Have you done any preaching? \_\_\_\_\_

16. Do you have a ministers license with the UPCI? \_\_\_\_\_

**EDUCATION**

17. What secondary school did you attend? \_\_\_\_\_

18. Where? \_\_\_\_\_

19. What years did you attend? \_\_\_\_\_ to \_\_\_\_\_ What year did you finish? \_\_\_\_\_

20. What was the last year completed if you did not complete secondary school? .

21. Schools attended beyond secondary school:  
Name \_\_\_\_\_  
Address \_\_\_\_\_

22. Why do you plan to attend Bible college? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCES**

23. Are you employed? \_\_\_\_\_ Employer's name \_\_\_\_\_

24. Who will be responsible for your school bill? \_\_\_\_\_

25. How much have you save for college? \_\_\_\_\_

**REFERENCES**

26. List the three person to whom you have given personal recommendation forms:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# PASTORS RECOMMENDATION FOR BIBLE COLLEGE

**Please forward this to your Pastor**

**Pastor, please do not give this form to the student, but mail or hand deliver to Peter Gration or P.O.Box 1449, Port Vila**

Recommendation for: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ -

Church: \_\_\_\_\_

Date: \_\_\_\_\_

1. Is this person registered on the church roll in your church? \_\_\_\_\_

2. How long has this person attended your church? \_\_\_\_\_

3. What activities do they participate in, in the church? \_\_\_\_\_

4. Is he/she faithful to church, Or they are irregular? \_\_\_\_\_

5. How many times have they attended church in the last 3 months? \_\_\_\_\_

6. Are they accountable to you? \_\_\_\_\_ Do they tell you when they are sick, or missing church, or absent for any reason. \_\_\_\_\_

7. Do they hold a job? \_\_\_\_\_

8. Do they pay their tithes and offerings regularly? \_\_\_\_\_

9. Is your church helping to support them in Bible College? \_\_\_\_\_

10. If yes, then have you made it clear to them of conditions regarding this support? \_\_\_\_\_  
(Please explain to them that you expect them to be faithful to the local church, at all regular services, a good example at all times).

11. Could you use this person in your local church more than you do? \_\_\_\_\_ If no, why not? \_\_\_\_\_

12. Do you know of any special problems about this person that we, the Bible School Committee should know?

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*I, \_\_\_\_\_, pastor of \_\_\_\_\_ recommend this person, to be faithful. I am pleased for them to attend Bible School and will do all I can to encourage them in their studies.*

Signature (Pastor) \_\_\_\_\_ - Date \_\_\_\_\_