



LIGHT OF THE WORLD MINISTRIES

FOR OFFICE USE ONLY

Date Recorded ____ / ____ / ____
Fee Rec'd _____
Student ID _____
Semester _____

APPLICATION FOR DIPLOMA PROGRAM

Student Information:

Mr. Mrs. Ms. NAME (first/last) _____

Address _____ Home Phone _____

_____ Work Phone _____

_____ Mobile Phone _____

_____ E-mail _____

Emergency Contact: _____ Phone _____

(first and last name - please print)

Address _____ Relationship _____

Education History:

Institution Date completed Grade completed

Secondary _____

Post-secondary _____

Experience History:

Ministry _____

Career _____

Payment Option: (please select one)

Certified cheque Money order/bank draft Cash (in person only, not by mail)

Affirmations: (please check all that apply)

I have carefully read and I:

- affirm my beliefs in the Tenets of Faith.
- agree to adhere to the Academic Policies as an active student.
- agree to embrace the principles of the Vision, Mission and Values as an active student.
- understand that this educational program is designed to impart knowledge on the basis of the Bible.
- will work diligently and in harmony with fellow students and staff during my studies at this Ministry.

I certify that all the information provided on this application is true and accurate.

Signature _____

Date ____ / ____ / ____