

FOR OFFICE USE ONLY **DATE** **Initial**

Tuition \$		Rec'd / /	
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**Kelowna Christian Center
Ministry Training Institute
APPLICATION FORM**

Please attach a recent, clear,

(Mr.) (Mrs.) (Miss) _____
(Last) (First) (Middle)

Permanent Address _____
Street City Prov. Postal Code Phone #

Present Address _____
Street City Prov. Postal Code Phone #

I wish to attend K.C.C. Ministry Training Institute second year beginning _____

In Case of Emergency, Contact: _____ Relationship: _____

Address _____
Street City Prov. Postal Code Phone #

Home Church _____

Address _____ Phone _____

Birthdate _____ Place of Birth _____ Age _____

Languages _____

Musical Ability or Other Talents _____

Occupational Skills _____

Marital Status: Single Engaged Married Separated
 Divorced Remarried Widowed

Spouse's Name _____

Names of Children	Birthdate	Grade in School

