



# FULLSTATURE COLLEGE OF THE BIBLE AND MISSIONS

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- 1 Thank you for applying to **FULLSTATURE COLLEGE OF THE BIBLE AND MISSIONS**. It is our prayer that you will make your mission in life possible by this decision. In order for us to process your application, we must receive ALL the following completed forms. If a question does not apply to you, please write N/A in the space. Husbands and wives enrolling, as students must complete separate applications.
- 2 **Applicable fee.** A non – refundable Application fee of ₦2,500 or \$20 is to be forwarded with the application. Cheques and Bank Drafts made out to “FULLSTATURE COLLEGE OF THE BIBLE AND MISSIONS” please bank details: **Bank: Guarantee Trust Bank PLC, Account Number 0029391100. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT IT. Please send a text to 0802 333 9638 after payment with your name and amount paid. You may pay in cash on arrival.**
- 3 **Life questions.** Please prayerfully answer the life questions on a separate sheet of paper and attach it to your application form. The reason for these personal questions is to help us to more accurately assess your application and, once accepted, to help us understand you as a person. Please be assured that your application will be treated with the strictest confidence.
  - i) Give a brief description of your conversion experience
  - ii) What Christian experiences do you have and what responsibilities have you handled to date since conversion
  - iii) What languages do you speak?
  - iv) What behaviors in your culture are anti gospel?
  - v) What are your expectations for this course you apply for?
  - vi) What are your dreams and visions in life?
  - vii) What are you doing to fulfill them?
  - (viii) Who are your mentors presently?
  - (ix) What are you called to do in God’s kingdom?
  - (x) What spiritual gifts and talents do you have?
4. Request two referees to complete your reference forms. Those completing the forms online should forward the name and valid email addresses of the referees.



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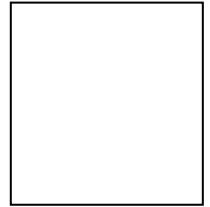
(A Ministry of Fullstature Missions International)

BOX 29929 SECRETARIAT, P.O. IBADAN, OYO STATE, NIGERIA.

(Off Koyejo Street, Seventh Day Adventist Road, Oke Bola Ibadan – Nigeria)

E-mail: fullstaturemissionscollege@yahoo.com

Phone no: 07065992659, 08101098655



## STUDENT APPLICATION FORM

### A. PERSONAL DATA

1. FULL NAME \_\_\_\_\_
2. POSTAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_
3. RESIDENTIAL ADDRESS \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail: \_\_\_\_\_
4. PERMANENT HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_
5. SEX \_\_\_\_\_ 6. DATE /PLACE OF BIRTH \_\_\_\_\_
7. NATIONALITY \_\_\_\_\_ 8. COUNTRY OF BIRTH \_\_\_\_\_
9. NAME OF FATHER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
OCCUPATION \_\_\_\_\_
10. NAME OF MOTHER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
OCCUPATION \_\_\_\_\_
11. (a) NUMBER OF BROTHERS \_\_\_\_\_ (b) NO OF SISTERS \_\_\_\_\_  
(b) IS ANY ENGAGED IN FULL – TIME CHRISTIAN WORK? YES  NO
12. WHOM DO YOU LIVE WITH?  
(State Relationship) \_\_\_\_\_
13. NEXT OF KIN \_\_\_\_\_  
ADDRESS \_\_\_\_\_
14. YOUR MARITAL STATUS  SINGLE  ENGAGED  MARRIED  SEPERATED   
DIVORCED  WIDOWED  REMARRIED
15. IF ENGAGED, GIVE THE FOLLOWING INFORMATION CONCERNING YOUR FIANCE OR FIANCEE
  - (a) FULL NAME \_\_\_\_\_
  - (b) AGE \_\_\_\_\_ (C) NATIONALITY \_\_\_\_\_
  - (d) DATE OF WEDDING \_\_\_\_\_
  - (e) WAS HE/SHE PREVIOUSLY MARRIED? \_\_\_\_\_
  - (f) IS HE/SHE BORN AGAIN? \_\_\_\_\_
16. IF MARRIED GIVE THE FOLLOWING INFORMATION CONCERNING YOUR HUSBAND/WIFE
  - (a) FULL NAME \_\_\_\_\_
  - (b) AGE \_\_\_\_\_ (c) NATIONALITY \_\_\_\_\_
  - (d) DATE OF WEDDING \_\_\_\_\_
  - (e) WAS HE/SHE MARRIED BEFORE? \_\_\_\_\_
  - (f) IS HE/SHE COMING WITH YOU OR ENROLLING? \_\_\_\_\_
  - (g) IS HE/SHE BORN AGAIN? \_\_\_\_\_
17. NUMBER OF CHILDREN AND THEIR AGES \_\_\_\_\_
18. HAVE YOU BEEN MARRIED TO MORE THAN ONE WIFE/HUSBAND OR ARE YOU PRESENTLY MARRIED TO MORE THAN A WOMAN?

### B. SPIRITUAL DATA

19. CONVERSION EXPERIENCE WITH DATE \_\_\_\_\_
20. OTHER CHRISTIAN EXPERIENCES \_\_\_\_\_
21. WHY DO YOU WANT TO BE TRAINED? \_\_\_\_\_
22. WHAT ASPECT OF MINISTRY ARE YOU BEING CALLED INTO? \_\_\_\_\_
23. FIELD OF SERVICE (Country and people group) \_\_\_\_\_
24. HAVE YOU BEEN INVOLVED IN EVANGELISM OR OUTREACHES? \_\_\_\_\_
25. HAVE YOU EVER LED SOMEONE TO CHRIS? \_\_\_\_\_

26. WHAT DO YOU UNDERSTAND BY A LIFE OF FAITH AND TOTAL DEPENDENCE ON CHRIST? \_\_\_\_\_  
 \_\_\_\_\_
27. HOW SOON DO YOU HOPE TO BEGIN YOUR SERVICE IN MINISTRY? \_\_\_\_\_
28. FOR HOW LONG DO YOU INTEND TO SERVE? \_\_\_\_\_
29. IN WHAT CHRISTIAN SERVICE ARE YOU PRESENTLY ENGAGED IN? \_\_\_\_\_

**C. EDUCATIONAL**

30. WHICH COURSE ARE YOU APPLYING FOR? (Please state whether residential or Non-Residential) \_\_\_\_\_  
 \_\_\_\_\_

31. ACADEMIC ATTAINMENT \_\_\_\_\_

32. LIST ALL EDUCATIONAL INSTITUTIONS YOU HAVE ATTENDED

Attach photocopies of certificates and testimonials.

| S/N | INSTITUTION | LOCATION | DATE | DEGREE EARNED | MAJOR/MINOR |
|-----|-------------|----------|------|---------------|-------------|
| A   |             |          |      |               |             |
| B   |             |          |      |               |             |
| C   |             |          |      |               |             |
| D   |             |          |      |               |             |
| E   |             |          |      |               |             |
| F   |             |          |      |               |             |

**D. PROFESSIONAL**

33. PROFESSION \_\_\_\_\_

34. OCCUPATION \_\_\_\_\_

35. LIST YOUR JOB EXPERIENCE:

| S/N | PLACE OF EMPLOYMENT | LOCATION | DATE | POSITION | JOB DESCRIPTION |
|-----|---------------------|----------|------|----------|-----------------|
| A   |                     |          |      |          |                 |
| B   |                     |          |      |          |                 |
| C   |                     |          |      |          |                 |
| D   |                     |          |      |          |                 |

**E. OTHERS**

36. YOUR LOCAL CHURCH AND DENOMINATION \_\_\_\_\_

37. YOUR PASTOR'S NAME AND ADDRESS \_\_\_\_\_

38. WHAT IS YOUR ROLE IN THE CHURCH/MINISTRY? \_\_\_\_\_

39. IS YOUR PASTOR IN FULL SUPPORT OF YOUR MINISTRY INTEREST? \_\_\_\_\_

40. ARE YOUR PARENTS IN SUPPORT? \_\_\_\_\_

41. WHO IS YOUR SPONSOR? \_\_\_\_\_

42. ARE YOU GENERALLY IN GOOD HEALTH? \_\_\_\_\_

43. DO YOU HAVE ANY PHYSICAL HANDICAP? \_\_\_\_\_

44. CAN YOU FORESEE ANYTHING THAT COULD HINDER YOU FROM ACCEPTING THE OFFER TO BE TRAINED SHOULD YOU BE OFFERED ADMISSION? \_\_\_\_\_

F. **DECLARATION** (To be filled by the candidate)

In signing this application I promise, if accepted as a student, to be subject to rules governing the Social, educational and spiritual standard of **FCBM** in the light of Hebrew 13:17

I agree to subscribe to the doctrinal statements of the **FCBM** and standard of life style. I agree that since this institute is non – denominational, that I will not impose my own views of doctrine or practice on fellow students.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

G. **CERTIFICATION (To be filled by your minister)**

Having gone through the candidate's application form, I \_\_\_\_\_ certify that every Information given is, to the best of my knowledge, correct and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Name of Referees**

**1. Name.**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**E-Mail**

\_\_\_\_\_

**2. Name.**

\_\_\_\_\_

**Address**

\_\_\_\_\_

\_\_\_\_\_

**E-Mail**

\_\_\_\_\_

**RETURN COMPLETED FORMS TO  
REGISTRAR,  
FCBM BOX 29929, SEC. P.O.  
IBADAN, OYO STATE, NIGERIA.**