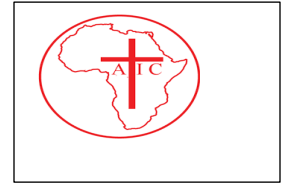




UKAMBA BIBLE COLLEGE

P. O.BOX 1271-90100 – MACHAKOS – KENYA
0727-459365/0716795859
Website: www.ubc.co.ke



Application form:

Greetings in the name of the Lord and Savior,

Thank you for your letter in regards to the admission at U.B.C. Praise be to God for the wonderful things He Has done to you. May the Lord continue to work His purposes in your life. However, there are few things we would like you to know.

1. Attached are the application forms. Please fill them and return them duly signed by the relevant person(s) to the above desk not later than than 15th July in order to be considered for the September intake.
 - (a) Applicant information forms(to be filled by the applicant)
 - (b) Approval letter forms:
 - (i) Local church council(to be completed and signed by your pastor)
 - (ii) District church council(to be signed and completed by the Head of the local church councils under jurisdiction).
 - (c) Certificate of health (to be completed and signed by a registered medical officer).
 - (d) Fees structure.
 - (e) Sponsor's form(to be completed and signed by your sponsor).
2. You are expected to submit the following:
 - (a) Your I.D- photocopy.
 - (b) Photocopies of your educational testimonials.
 - (c) Application fees
 - (d) 2 passport size photos(colored).
3. Please note that you MUST have completed secondary Education with a grade not falling below K.C.S.E. D(plus)or K.C.E DIV. III(or their equivalents)
4. All the above should reach us before the stated date above.

Thank you, and may the lord guide you as you prepare to join us.

Yours faithfully,

Admissions desk.

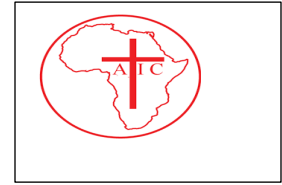
Contact us :ukambabc@yahoo.com





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Personal information

Thank you for the letter in which you expressed your zeal to serve the Lord, and requested more information to be enrolled in the college. Before we sent you more details, we request you kindly answer the questions below then sent this form back to us. Please note that, you are supposed to answer all the questions truly and on this form and Not on a separate sheet of paper.

1. Full Names.....
Address
2. How do you know you saved?.....
.....
.....
3. What are your Form Four Exam Results(must not fall below K.C.S.E mean Grade D(plus)or K.C.E DIV III or their Equivalents).....
4. Why do you want to come to Ukamba Bible College?.....
.....
.....
.....

Thank you and may the Lord bless you as you prepare to join us.

Yours in Christ's services,

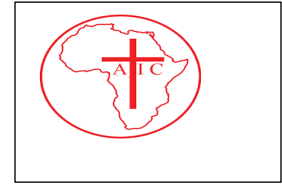
Admission Desk.





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PERSONAL INFORMATION

1.Name :

2.Your Father's Name :

3.Your Present Address :

4.Your Nationality : Date of Birth :

5.Marital status(Tick appropriate)

Single : Engaged:..... Married:.....

Single : With:..... Children :.....in
school.

6.Name of Denomination you belong :

.Name of your Pastor of the church you attend :

.Address :

7.When were you baptize(Year).....by who

.....when were you save ?.....

(Write and explain in how you accepted Christ as your lord and Saviour and how he called you to the ministry of the Gospel .In a separate paper.)

8.What Christian work have you been doing since your conversion n :

9.Have you ever been put under Church discipline:.....When.....

If yes ,explain.....

10 .Which of the following expresses your reasoning for coming to UBC (Tick your answer(s)).

To be better Christian []

To be a Pastor []

To further my education []

To be more effective in the Christian Ministry []

To serve full time in other Christian works, not as a pastor []

To prepare for(give any other reason you had in mind).....

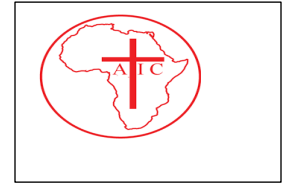
11.Give the name and address of the person the college should contact incase of:





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- (i) Fees:.....
- (ii) Disciple:.....
- (iii) Medical Care:.....
- (iv) Approval:.....
- Any other measure :.....
- 12. Do you have debt?.....How much?.....
- How are you to pay?.....
- 13. Are any members of your family or relatives opposed to your entering Bible College ?. If yes Explain.....

EDUCATION BACKGROUND

- 14. Do fill the following education History
- (a) Name of Primary school attended.....From.....To.....
- (b) Name of Secondary school attended.....From.....To.....
- (c) Name of college attended(if any).....
- (d) From.....To.....Obtained.....
- Name of Course**.....
- (e) Are you working?.....if yes ,where?.....
- Or have you ever worked? Position
- Period of time.....You have been working
- (Attach photocopies of all Academic performance in your previous institution to this form.)

REFEREES

15. Please fill in the names and addresses of any two referees who know you well your referees below.

First Referee

Name.....

Address.....

Who is he/she to you

Second Referee

Name.....

Address.....

Who is he/she to you

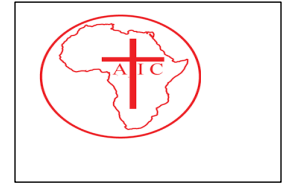
(Please the referee should not be a relative).





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UKAMBA BIBLE COLLEGE,
P.O.BOX 1271,
MACHAKOS – KENYA

Letter of the Approval from Your Local Church

Name of Applicant :.....Date.....
(In Block)

This is to certify that, we have examined the above mentioned applicant, and we are satisfied that he/she is called by God to His Ministry. We therefore recommend the applicants for acceptance at Ukamba Bible College.

Name of Church:.....

Address:.....

Name of Pastor (In block):.....

Signature:.....

Church Impression

(Rubber Stamp)

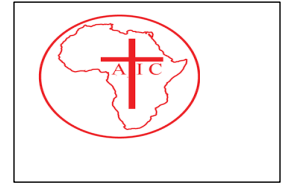
(To be completed, and mailed to the college by Pastor In charge)





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UKAMBA BIBLE COLLEGE,
P.O.BOX 1271,
MACHAKOS.

Sponsors Form:

Name of Applicant.....Date.....

This is to certify that I know the above mentioned applicant and I shall be held responsible for the payments of his/her fees and any other expenses he/she will incur during the period of time which will be spend in this college.

Name of Sponsor :.....

Relation :.....

Address :.....

.....

.....

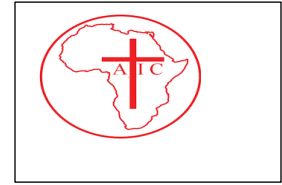
Signature :.....Date.....





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CERTIFICATE OF HEALTH

Name of Applicant Date of Birth.....
 HeightWeight.....Pulse.....Blood.....
 Pressure(last time occurred ,treatment in past year(s) and comment.
 Eyes: Nay vision problem?for/nearsighted.....
 Comment
 Nose & Throat: Coughing/sneezing/Sore throat/others
 .Ears: Any hearing problemEar aches/Discharge.....
 Comments.....Dental:Tooth
 ache/other
 Comments.....
 Headache/Dizziness/others.....Comments

 Chest :Heart murmur /difficult breathing/Astma/Palpitation with exertion
 Comment:
 Abdomen :Heartburns/Constipation/Diarrhoea/Bleedermuscus in stool.....
 Comments
 G.U pain in Urination/Blood urine /Urinanalysis/Discharge Comment:

 Skeletal: Bone injuries? Back problem.....
 Comments :
 Comments about the following diseases concerning the above as for a treatment and occurrence are concerned: (a)
 Malaria.....
 (b)Hay fever.....
 (c) Veneral Diseases
 (d)T.B
 (e)Dysentery /Amoeba /Typhoid /any other Borne diseases
 (f) Other diseases
 Comment:.....

LADIES ONLY:

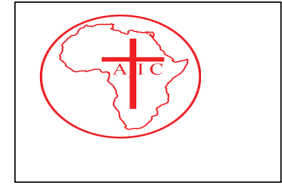
Any abnormal several mental cramps
 Comment
 Current list of medication
 Any known allergy?if yes, what is the allergy..... Treatment
 :.....any other past illness which occurs frequently
if yes,
 Name it and treatment I hereby
 certify that I have examined the above person and that in my opinion ,he /she is fit for the activities of the students in the
 students in Ukamba Bible College(Use back page for more information is necessary) .
 Name of Health Centre/Hospital Name of Examiner
 (Verify with valuable stamp)
SIGNATURE.....





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**UKAMBA BIBLE COLLEGE,
P.O.BOX 1271,
MACHAKOS**

Name of Applicant

Name of Referee

A word to the Referee :The above named person has applied to the above College for study in preparation for Christian Ministry. Your Frank and honest evaluation is appreciated .Please, respond to the following questions and send the completed form as soon as soon as possible to the **Registrar ,Ukamba Bible College ,P.O.BOX 1271 ,MACHAKOS,90100.**

1.How long have you known this person.....

2.How well do you know this person **(Tick your answer)**

(a)Very well [] (b) Casually [] c)Not well []

3.As far as you know ,does this person use **(Tick your answer)**

(a)Tobacco [] (b) Alcohol [] (c) Drugs [] (d)None mentioned []

4.State where this person has ever been

(a)Disciplined, expelled or suspended from school because of misconduct.....

(b)In trouble with the law

(c) Involved in questionable moral conduct

If your answer is YES to any of these ,please give specific information

5.Do you have reservation concerning this person's honesty of integrity.....

6.State any special talent ,skills or achievement in which the applicant excels.....

7.How well do you believe this person will be able to perform academically in the college.(Tick your answer).

(a)Above average []

(b)Fair []

(c)Poor []

(d)i do not know []

8.Does the applicant complain about his/her circumstances.(Tick your answer).

(a)Yes very much []

(b)Yes sometimes []

(c)Never []

(d)i do not know []

9.Does the applicant co-operate well with people.(Tick your answer).

(a)Yes very well []

(b)Yes with some people []

(c)Never []

(d)i do not know []

10.Have you observed the applicant in Christian Services? Yes /No if Yes ,describe the Christian services?(as teaching Sunday school, Preaching ,witnessing ,singing general conduct as far as service are concerned.)

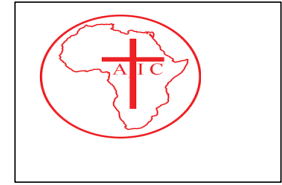
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.....
.....

- (a) In the church.....
- (b) Outside his church, e.g in his school or working place.....
.....

11. Is this person making a positive contribution in his church through his/her Christian examples as well in his activity?

Yes.....No.....

If yes, what specific gifts for Christian ministry(preaching, teaching, work place, music e.t.c)do you see developing in the applicant.....

12. Briefly describe the applicant’s reputation and standing in school, church or community.....

.....
.....

13. Do you think that this person can do well as a pastor or church worker(tick your answer)

- (a) Yes, very well []
- (b) Fairly well []
- (c) No []
- (d) Don’t know []

14. Is the applicant obedient to those in authority and obedient to regulations and rules

(Tick your answer)

- (a) Yes, very much []
- (b) Yes, sometimes []
- (c) No []
- (d) Don’t know []

15. Every person has certain areas of strength and weakness.

(a)What do you consider to be the applicant strengths which, would make him/her useful in Christian ministry.

.....
.....

(b)What would you consider to be the applicant’s weakness which would possibly be a hindrance in Christian ministry.

.....
.....

16. What else do you see in this person which may or may not indicate a possible call of God to Christian

.....
.....

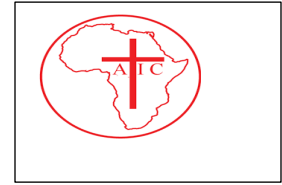
17. Please tick in the appropriate places the statements that seem best to describe the applicant





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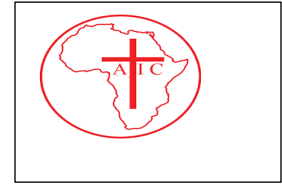
CHARACTERISTICS	RATING	TICK HERE
Social Acceptability	Sought by others	[]
	Well liked by others	[]
	Tolerated	[]
	Don't know	[]
Dependability	Most dependable	[]
	Conscientious	[]
	Usually dependable	[]
	Not dependable	[]
Co-operation	Don't know	[]
	Works very well with others	[]
	Works fairly well with others	[]
	Generally cooperative	[]
Concern for others	Un-cooperative	[]
	Don't know	[]
	very outgoing and concerned about others	[]
	Interested and often helpful	[]
Initiative	Friendly but reserved	[]
	Self centred	[]
	Withdrawn, relates poorly with others	[]
	Don't know	[]
Maturity	Always takes the initiative	[]
	Sometimes Leads	[]
	Average initiative	[]
	Need Constant encouragement	[]
Maturity	Don't Know	[]
	Exceptionally mature	[]
	More more mature than average	[]
	Average maturity	[]
Maturity	Very immature	[]
	Don't Know	[]





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UKAMBA BIBLE COLLEGE

P.O BOX 1271

MACHAKOS-KENYA

LETTER OF APPROVAL FROM HEAD CHURCH(D.C.C)

Name of Applicant.....DATE.....
(IN BLOCK)

This is to certify that after going through the recommendations of the applicant’s pastor and further examining him/her, we are satisfied that he/she is called by God in to His ministry.

We therefore recommend him/her for acceptance at Ukamba Bible College.

Head Church.....Address.....
.....
.....

Name of the leader.....

Church impression

Rubber stamp

To be completed and mailed to the college by the chairman.

