

Ethiopian Graduate School of Theology

የኢትዮጵያ የሥነ-መለኮት ድህረ-ምረቃ ት/ቤት

P.O. Box 24934 Code 1000
Addis Ababa, Ethiopia
Tel. 251-011-371-5588

Affix
Photograph
Here

APPLICATION FORM

Full Name _____
 Personal Title _____ Nationality _____ Date of Birth (dd/mm/yy) _____ Sex _____
 Occupation _____

Current Address		Church Affiliation
Country _____	Passport No. _____	Denomination _____
Region _____	Phone: _____ (Off.)	Local Church _____
City _____	_____ (Res.)	Position/Ministry Involvement _____
Sub-City _____	_____ (Mob.)	_____
Woreda _____	Postal Address _____	_____
House No. _____	E-mail _____	_____
	Fax No. _____	_____

Marital Status:

- Single
 Married
 Engaged
 Widowed
 Divorced
 Remarried

Spouse's Name: _____ Number of Children _____

Education: Give information on post-secondary schools attended.

Universities/Colleges attended	Location	Dates		Degree/credential awarded	Credit hours earned
		From	To		

Language Fluency:

Mother Tongue: _____

Other Languages:

- | | | |
|------------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very good | <input type="checkbox"/> Good |

Biographical Sketch: Write your testimonial on a separate sheet (not more than 300 words)

Reference: Write in the space provided below name and address of one referee: Please attach the recommendation sheet separately.

Local Church: Pastor or Elder, who has completed the recommendation form. _____

Finances: How do you anticipate financing your studies? Please check as necessary. Amount of Funds Expected (Provisional in ETB)

My Denomination (give name): _____

My Local Church (give name): _____

Donor Organization (give name): _____

My Office (give name): _____

Friends _____

Personal Funds _____

Other Sources (give name): _____

Programme of Study: (Programme you wish to pursue, Check one)

Programme		Status	
PGD	Post Graduate Diploma in Biblical and Theological Studies	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
MADevS	Master of Arts in Developmental Studies		
	Concentrations:		
	1. Community Development & Theology	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
	2. Gender, Health & Theology	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
MA-PSD	Master of Arts in Peace and Sustainable Development	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
MALM	Master of Arts in Leadership and Management	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
MABTS	Master of Arts in Biblical and Theological Studies		
	1. Biblical Studies	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
	2. Theological and Historical Studies	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
	3. Mission Studies	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
	4. Islamic Studies	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
MTh	Master of Theology	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time

Application Check List (Please do not mark; this section is intended for office use only)

- Two Recent Photographs
- Copies of Diplomas & Transcripts with the Originals
- Official Transcripts
- Church Recommendation
- Application Fee of 300.00 ETB (Three Hundred Birr Only)

Applicant's Signature: I hereby declare that all the information in this application is TRUE.

Signature _____

Date _____

Ethiopian Graduate School of Theology
የኢትዮጵያ የሥነ-መለኮት ድህረ-ምረቃ ት/ቤት

Recommendation (Church)
የቤተክርስቲያን ድጋፍ መሙያ ቅጽ

Name of applicant _____
የአመልካች ስም

Name of the programme _____
የሚያመለክቱበት የትምህርት ክፍል

Please answer all questions as completely as possible.
እባክዎን ቀጥሎ ያሉትን ጥያቄዎች በሙሉ ይመልሱ::

1. How long have you known the applicant? _____
ከአመልካች ጋር ለምን ያህል ጊዜ ይተዋወቃሉ?

In what capacity?
በምን ደረጃ?

2. Please comment on strengths and weaknesses you have observed in the applicant.
እባክዎን ስለአመልካቹ ጠንካራና ደካማ ጎኖች ያለዎትን አስያየት ያስፍሩ::

3. Ethical concerns regarding the applicant:
የአመልካችን ስነምግባር በሚመለከት የሚሰጡት አስተያየት ካለ

4. Additional comments:
ተጨማሪ አስተያየት ካለዎት

5. We affirm that (student's name) _____ has the approval of our
(የአመልካች ስም) _____ የተባሉ አመልካች በEGST
church/organisation for his/her studies at EGST.
እንዲማሩ ቤተክርስቲያናችን ትፈቅዳለች::

6. We will provide the following amount of financial support to enable this student to be trained at EGST:
አመልካች በEGST ትምህርታቸውን ይከታተሉ ዘንድ እንድያስችላቸው የሚከተለውን የገንዘብ እገዛ እናደርግላቸዋለን

Salary: ደመወዝ	_____	birr per month/year (please circle as relevant) ብር በወር/በዓመት (እንደ አስፈላጊነቱ ያክብቡ)
Tuition: ለትምህርት	_____	birr per month/year (please circle as relevant) ብር በወር/በዓመት (እንደ አስፈላጊነቱ ያክብቡ)
Textbooks: ለመማርያ መጻሕፍት	_____	birr per month/year (please circle as relevant) ብር በወር/በዓመት (እንደ አስፈላጊነቱ ያክብቡ)
Stipend for living expenses: ለኑሮ	_____	birr per month/year (please circle as relevant) ብር በወር/በዓመት (እንደ አስፈላጊነቱ ያክብቡ)
Other expenses: ሌሎች ወጭዎች	_____	birr per month/year (please circle as relevant) ብር በወር/በዓመት (እንደ አስፈላጊነቱ ያክብቡ)

7. Upon completion of his/her studies at EGST, what role do you think the applicant will play in your church?
አመልካች የEGST ትምህርታቸውን ካጠናቀቁ በኋላ በቤተክርስቲያን ውስጥ ምን ዓይነት አስተዋፅኦ ያደርጋሉ ብለው ያስባሉ?

Name of Church (የቤተክርስቲያን ስም) _____

Name of Recommender (የድጋፍ ቅጹን የሞላው መሪ ስም) _____ signature (ፊርማ) _____

Position/Title (የስራ/የአገልግሎት ደረጃ) _____ Address (Postal or any) አድራሻ (የመ.ሣ.ቁ. ወይም ሌላ) _____

Phone (የስልክ ቁጥር) _____ Email (ኢሜይል) _____

Date (ቀን) _____ Stamp (ማህተም) _____