KENYA HIGHLANDS SEMINARY

Equipping the saved to serve

a subsidiary of Kenya Highlands University

AFFIX PASSPORT SIZE

2" x 2"

PHOTOGRAPH

HERE

OFFICE OF THE PROVOST

Email: admissions@khseminary.ke Website: www.khs.ac.ke Mobile/WhatsApp: **0757933160**

APPLICATION FORM

APPLICATION GUIDELINES

1. This form should be **FILLED** and emailed to admissions@khseminary.ke
2. **Email Attachments copies of:**
   a. Your Identification Card
   b. Your Professional and academic certificates and transcripts
   c. Application processing fees
3. **Application Processing Fees Remitted to Seminary Accounts:**

   Account name: Kenya Highlands University - Seminary
   Account number: 0102824221701
   Bank: Standard Chartered Kericho branch
   M-pesa Paybill: 329329
   Account number: 0102824221701

   a. Master's Degree applicants Ksh.1,500
   b. Bachelor's Degree applicants Ksh.1,000

SECTION A

PERSONAL DETAILS

1. Name: _____
   (Surname) (Other names)
2. Date of Birth: _____ Gender: (Tick) Male: ☐ Female: ☐
   (Day) (Month) (Year)
3. Nationality: _____ ID/Passport No_____
4. Marital Status: (Tick) Single: ☐ Married: ☐
5. Do you have any disability? (Tick) Yes ☐ No ☐ If yes, explain_____

6. Church Membership:_____Pastor: _____
(name) (name)

7. Source(s) of my payment of Tuition & Fees:
___% - From my personal and family resources
% - From my local church
___% - From my employment income
___% - Scholarship Needed (separate application is required)

CONTACT DETAILS

Postal Address: _____Postal Code: _____
Mobile: _____Landline Tel No: _____
Email: _____

PARENT'S/GUARDIAN'S/SPOUSE INFORMATION

Name: _____
Postal Address: _____Postal Code: _____
Mobile: _____Landline Tel No: _____
Email: _____

SECTION B

1. **FOR WHAT DEGREE ARE YOU APPLYING** (Tick to choose only one)
___Bachelor of Theology
___Bachelor of Arts in Christian Ministries
___Bachelor of Arts in Chaplaincy
___Master of Arts in Theological Studies
___Master of Arts in Christian Ministries

2. **PREFERRED MODE OF STUDY** (Tick to choose only one)
___Face-to-face classroom only
___Online distance learning only
___Blended Face to Face and Online

3. **PREFERRED LOCATION OF CLASSES** (Tick to choose only one)
___Kericho – Kenya Highlands Seminary Campus
___Tenwek
___Karen

4. **PREFERRED TIME OF CLASSES** (Tick to choose only one)
___Weekdays
___Weeknights
___Weekends
___School holidays

5. **ACADEMIC HISTORY**
Institutions attended and qualification (attach certified copies of results slip/certificates)

School Name	Field of Study	Degree earned	Grade attained	Graduation Date

6. **WORK EXPERIENCE/RESEARCH** (where applicable)

Employer	Station of work	Occupation	Dates of Employment

SECTION C

1. ATTACH A 1,000-word (1 page) ESSAY DESCRIBING THE FOLLOWING:

a. YOUR FAITH ENCOUNTER(S) WITH JESUS CHRIST.

b. YOUR FAITH STATEMENT OF WHAT YOU BELIEVE.

c. HOW HAS YOUR ENCOURTER(S) AND BELIEF INFLUENCED YOUR LIFE?

d. WHAT DO YOU PLAN TO DO WITH THE DEGREE FOR WHICH YOU ARE APPLYING?

e. WHAT IS YOUR ROLE IN THE BODY OF CHRIST (apostle, evangelist, teacher, preacher, shepherd, servant, other)?

f. WHY DID YOU CHOOSE KENYA HIGHLANDS SEMINARY?

2. **ATTACH TWO LETTERS OF RECOMMENDATION FROM THE FOLLOWING**:

a. YOUR LOCAL PASTOR OR SPIRITUAL LEADER

b. A SENIOR ACADEMIC OFFICER OR PROFESSOR OF THE LAST SCHOOL, COLLEGE, OR UNIVERSITY FROM WHICH YOU GRADUATED

SECTION D - DECLARATION BY APPLICANT

I hereby declare to the best of my knowledge and belief that the information I have given in this Application is true and correct. I understand that I will be disqualified if the information is later found to be inaccurate.

Signature_____Date Signed_____

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SECTION E - For official use only:

____Approved _____Not approved for admission

If Not approved reason: _____

Dean of the Seminary:

Name: _____Signature_____Date Signed_____

The Seminary Provost:

Name: _____Signature_____Date Signed_____