



Shiloh Bible Institute & Seminary

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APPLICATION FORM (PLEASE PRINT CLEARLY)

Last Name: _____ First Name : _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip/Postal Code: _____

Date of Birth: _____ Country of Birth: _____ Gender : ____ Marital Status : _____
(MM/DD/YYYY)

Telephone (Home):(____) _____ - _____ Cell:(____) _____ - _____ Email Address: _____

List of schools attended:

NAME OF THE SCHOOL	ADDRESS OF SCHOOL	YEAR OF GRADUATION	CERTIFICATE/DEGREE RECEIVED

() Enclosed are copies of my certificates () Enclosed is my ministry resume.

CHECK BELOW WHICH PROGRAM YOU ARE APPLYING FOR (Check only One)

PROGRAM	BIBLICAL STUDIES	THEOLOGY	MINISTERIAL STUDIES	CHRISTIAN EDUCATION	CHRISTIAN COUNSELING	DIVINITY
CERTIFICATE						
DIPLOMA						
BACHELOR						
MASTER						
DOCTORATE						

I understand that the degrees offered by Shiloh Bible Institute & Seminary will be conferred in Toronto, Ontario Canada. It is also my understanding that Shiloh Bible Institute & Seminary is a religious school and no guarantee is given or implied for acceptance in the secular world.

Signature: _____ Date: _____

OFFICE USE ONLY (Please do not write below this line)

Amount Deposited: \$ _____ Student ID#: _____

Approved By: _____