



# Shiloh College

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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	CHURCH PLANTERS
CERTIFICATE							
DIPLOMA							
BACHELOR							
MASTER							
DOCTORATE							

*I understand that the degrees offered by Shiloh College will be conferred in Toronto, Ontario Canada. It is also my understanding that Shiloh College 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: \_\_\_\_\_