



Shiloh College

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Email: registrar@shilohcollege.com, Website: www.shilohcollege.com

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 |
|--------------------|-------------------|--------------------|-----------------------------|
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() 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 | CHRISTIAN CHAPLAINCY |
|-------------|------------------|----------|---------------------|---------------------|----------------------|----------|----------------------|
| 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.

This form must be returned with the relevant application fee of \$ ____ before admission can be processed.

Signature: _____ Date: _____

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

Amount Deposited: \$ _____ Student ID#: _____

Approved By: _____