



Central African Preaching Academy
Application for Admission

Advanced Certificate of Biblical Studies

Personal Information

Full name: _____
Surname First name(s)

Phone number(s): _____

Current physical address: _____

Postal address: _____

Email address: _____

Date of birth: _____ Citizenship: _____
Day–Month–Year

Marital status: Single Married Divorced Widowed

Spouse's name: _____ Date of Marriage: _____
Surname First name

Have you or your spouse ever been divorced? Yes No

If “yes,” please attach a letter (no more than one page) explaining the circumstances of the divorce, including the date.

List name and ages of your children: _____

Do you have any relatives or friends who have been or are students and/or faculty members at Central African Preaching Academy? Yes No

If “yes,” please list your three closest relatives or friends: _____

Occupation: _____

Employer: _____

Employer’s phone number(s): _____



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Do you have any health problems or physical limitations which could affect your studies, responsibilities, activities, or future ministry? Yes No

If "yes," please attach a letter of explanation (no more than one page).

Education

Have you passed the M.S.C.E. (or an equivalent secondary school exam)? Yes No

Please provide your scores for your top six subjects (including English):

Highest educational level you have achieved: _____

Please attach your most recent certificate/degree and transcript showing your courses and grades.

Please list all education beyond secondary school in chronological order:

Institution	Years Attended	Graduated? (yes/no)	Degree or Qualification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Home language: _____

Other languages you are comfortable speaking: _____

Can you speak English? Fluently Good Poorly No

Can you read English? Fluently Good Poorly No

Can you write English? Fluently Good Poorly No

Christian Ministry

Are you a believer? Yes No

Please write an essay (no more than one page, preferably typed) without assistance from anyone else answering the following questions:

- How did you become a Christian?
- What is the gospel?



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Have you been baptized as a believer by immersion? Yes No

If "no," please explain: _____

Church you currently attend: _____

Does your church have a pastor? Yes No

If "yes," what is his/her name? _____
Surname First name

Are you a member of this church? Yes No

If "no," what church are you a member of? _____

Please describe any position of leadership you have held in the church you currently attend:

Please describe any other ministry experience you have: _____

Are you an ordained minister? Yes No

If "yes," by what church or denomination? _____

Does your church support your desire to attend CAPA? Yes No

Does your spouse support your desire to attend CAPA? Yes No Not married

Briefly describe what someone who knows you well would say about your personal integrity regarding: family life, business dealings, and temperance both in manner and with substances?

Is your spouse willing to be contacted as a reference to confirm this information? Yes No Not married



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Please write an essay (no more than one page, preferably typed) without assistance from anyone else answering the following questions:

- Why do you want to attend Central African Preaching Academy (CAPA)?
- What are your ministry goals? How do you expect CAPA will help with these goals?

At the end of this application is a reference form for your pastor or church leader. Please provide the name and contact information for the person who will be providing your reference.

Reference name: _____
Surname First name(s)

Reference phone number(s): _____

Financial Information

What is your plan to pay for school fees? _____

Application Agreement

Have you read our Statement of Faith (available at www.capamw.org)? Yes No

Are you in general agreement with it? Yes No

Please list any areas of disagreement: _____

Have you read the Student Handbook and agree to abide by it? Yes No

Has anyone assisted you in the filling out of this form? Yes No

If so, whom and how have they assisted you? _____

How did you hear about CAPA? _____

All the information I have provided in this application is true to the best of my knowledge.

Signature: _____ Date: _____



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Instructions for Completing Your Application

Please ensure all your answers are written legibly. Unreadable or incomplete answers might adversely affect your chances for admission.

A non-refundable processing fee is required for all applications. Deposit the appropriate amount into the bank account below and submit your deposit slip with your application.

Bank: Standard

Name: Central African Preaching Academy

Branch: Capital City

Number: 9100002827740

Note: Include the applicant's name

Application fee:

Adv Certificate Program: K 10,000

International Applicants: \$50 USD

Please post this completed application to:

Central African Preaching Academy

P.O. Box 1561

Lilongwe

Or scan and email it to:

academics@capamw.org

Or give it to one of the following CAPA representatives:

Brad Pogue bpogue@capamw.org or Chisomo Goddia cgoddia@capamw.org

Please submit all materials as early as possible. Late applications will only be considered if time and space permit. CAPA will not discriminate on the basis of race, nationality, or ethnicity.

NOTE: FALSE INFORMATION AND DOCUMENTS WILL RESULT IN THE REJECTION OF YOUR APPLICATION FORM AND FORFEITURE OF THE OPPORTUNITY TO APPLY AT CAPA

Checklist

- | | |
|---|---|
| <input type="checkbox"/> Completed application | <input type="checkbox"/> Essay about how you became a Christian (preferably typed) |
| <input type="checkbox"/> Copy of school certificates/degrees and transcripts showing courses and grades | <input type="checkbox"/> Essay about why you want to attend CAPA and your ministry goals (preferably typed) |
| <input type="checkbox"/> Letter explaining the circumstances of your divorce or your wife's (if applicable) | <input type="checkbox"/> Bank deposit slip for application fee |
| <input type="checkbox"/> Pastor or church leader recommendation form | |

Questions?

Call: +265 888528044

Email: academics@capamw.org

Or visit: www.capamw.org

+265 886855151



Central African Preaching Academy
Pastor or Church Leader Recommendation

To be Completed by Applicant

Applicant's name: _____
Surname First name(s)

Please give this reference form to your pastor or church leader. Ideally, this form should be completed by your pastor, unless you are the pastor or your church does not have a pastor.

To be Completed by Pastor or Church Leader

The person named above has applied to Central African Preaching Academy. Your honest, forthright answers to the questions below are greatly appreciated, and will help us determine if admission should be granted. Please complete this form and return it to Central African Preaching Academy at your earliest convenience. Thank you for your cooperation.

Pastor or Church Leader's name: _____
Surname First name(s)

Phone number(s): _____

Email address: _____

Church: _____

To what board is your church affiliated (if applicable)? _____

Title or position: _____

Are you related to the applicant? Yes No

If "yes," how? _____

How long have you known the applicant? _____

How well do you know the applicant? Very well Well Casually Slightly

Is the applicant a member of your church? Yes No

Is the applicant involved in ministry, particularly in leadership roles? Yes No

If "yes," please describe: _____

Have you ever heard the applicant teach or preach? Yes No

If so, do you think the applicant has the gift of teaching? Yes No Not Applicable



Central African Preaching Academy
Pastor or Church Leader Recommendation

What do you believe are the applicant's strengths? _____

What do you think are the applicant's weaknesses? _____

Does the church respect the applicant as a godly person of good moral character and integrity in the areas of marriage, personal holiness, business dealings and freedom from substance abuse? Please explain. _____

If the applicant is admitted, do you agree to help with any disciplinary issues that may arise while he or she is at CAPA? Yes No

Recognizing that the training for Christ's church requires not only rigorous academics, but also the highest moral standards and a close walk with God, can you personally endorse and recommend the applicant for admission to Central African Preaching Academy?

Recommend without reservation

Recommend, but with some reservation

Please explain: _____

Do not recommend

Signature: _____

Date: _____

Please post this completed form to:

Central African Preaching Academy
Admissions
P.O. Box 1561
Lilongwe

Or scan and email it to:

academics@capamw.org

Or return this completed form to the applicant to send in with his application.