



Heritage of Faith Bible Institute & Leadership Academy
An Outreach of Jerry Savelle Ministries International
Witbank Campus 7 Duiker Street, Reyno Ridge, Witbank Tel 013 697 2476
e-mail hfbfi@hfbfi.co.za (Your campus details)

Application for Admission 2021

Attach photo here.

[Head and shoulders only]

**This application may
not be processed
without a photo and
copy of ID Document**

Requirements for making application:

Attach a current photo and copy of ID Document

2. Enclose a **R500** non-refundable application fee
[Payable to Heritage of Faith Bible Institute]

3. The 2 recommendation forms [1 pastor and 1 personal]
to be submitted with every application form

Do not leave any question unanswered. If a question is not
applicable, kindly write N/A

Application data

Program application: 1st Year Bible Institute ☐ R5 440 or R680 pm over 8 months

[Please tick] 6 pack **Mon** ☐ or **Thu** ☐ R2 720 or R340 pm over 8 months

2nd Year Bible Institute ☐ R5 440 or R680 pm over 8 months

6 pack **Mon** ☐ or **Thu** ☐ R2 720 or R340 pm over 8 months

3rd Year Leadership Academy ☐ R5 920 or R740 pm over 8 months

4th Year School of Ministry ☐ R7 360 or R920 pm over 8 months *

5th Year Master in Ministry ☐ R11 120 or R1390 pm over 8 months *

6th Year Doctorate ☐ R13 520 or R1690 pm over 8 months *

Note: A 10% discount will be awarded if the full tuition and registration fees are paid before end of February 2021

* Carry two [2] years registration to complete the program. Re-registration is required for longer study periods at a reduced tuition fee

Have you previously applied to study this programme? Yes ☐ No ☐

If yes, please answer the following questions.

Year of previous application _____ Name of Campus _____

Are you in full time ministry? Yes ☐ No ☐ If yes, name of Ministry _____

Personal data

Name of Applicant _____

ID Number _____

_____ Last _____ First

Address _____

_____ Number and Street _____ Suburb

_____ City. _____ Postal code

Postal Address _____

_____ Postal Code

Cellular Number (Personal) _____

Telephone Number (Alternative) [_____] _____

mail Address _____

Employer _____ Contact Number [_____] _____

Family Information

Marital Status Married ☐ Divorced ☐ Single ☐

Is your spouse in agreement with your decision to attend this school? Yes ☐ No ☐

Number of minor children _____ Ages _____

Christian Background

When did you receive Jesus Christ as your personal Lord and Saviour?
Year _____

Have you been baptised in the Holy Spirit with the evidence of speaking in other tongues?
Yes ☐ No ☐

Name of church you currently attend _____

Address _____

Name of your Pastor _____ Telephone Number [_____] _____

How long have you been attending this church? _____

What has been your involvement? _____ Please list volunteer activities and service period.

Have you attended any other Bible College? Yes ☐ No ☐

If yes, kindly list full details of previous School/College

Academic Background

Have you graduated from High School? Yes ☐ No ☐ Year _____

If no, what is your highest level of education completed? _____

Please list all higher educational institutions you have attended.

Name of Institution	Dates	Major	Qualification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any learning disabilities? Yes ☐ No ☐

If yes, please describe [i.e. dyslexia, reading, comprehension, etc] _____

Occupational Background

Please list your previous work experience beginning with your last employer.

Name of Employer	Duties Performed	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any occupational or professional skills, hobbies and special interests.

Health Record

Your general health Excellent ☐ Good ☐ Fair ☐ Poor ☐

Answering the following questions will assist the school in preparing for your individual, academic needs.

Do you have any physical limitations [visual, hearing, etc]? Yes ☐ No ☐

If yes, describe the limitations? _____

Are you currently taking prescribed medication? Yes ☐ No ☐

If yes, please give brief details _____

Are you currently undergoing medical treatment? Yes ☐ No ☐

If yes, kindly give brief details _____

Personal Summary

Please state your reasons for desiring to attend Heritage of Faith Bible Institute and the goals you expect to attain while enrolled as a student.

References

One personal recommendation and one pastor's recommendation is required by each applicant. Please provide the names and phone numbers of the people who will be completing your recommendation forms.

Reminder: Before applications can be processed, both recommendation forms must be received by the Admissions Office

Name of Pastor _____ Cell Number _____
Name of Personal _____ Cell Number _____

I certify that all information is true and factual

Signature _____ **Date** _____