



Minister's church affiliation or denomination: \_\_\_\_\_

Was your spouse married before?  Yes  No

If yes, explain: \_\_\_\_\_

Is your spouse a born-again Christian?  Yes  No If yes, since when? \_\_\_\_\_

What church denomination is your spouse? \_\_\_\_\_

What is the occupation of your spouse? \_\_\_\_\_

b. Names of Children	Date of Birth
_____	_____
_____	_____
_____	_____

7. Name and Address of next of kin or other individual to be contacted in case of emergency

Name: \_\_\_\_\_ Cell Phone/E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

8. Photograph: Send 2 photographs of yourself (facing camera), head and shoulders (passport size).

**CHRISTIAN EXPERIENCE:**

9. Have you accepted Christ as your personal Savior?  Yes  No If yes, when? \_\_\_\_\_

10. Spiritual Life History: On a separate sheet of paper write an essay of not less than 700 words explaining how you became a Christian. Include the following elements:

- a. Your conversion and growth in the Christian faith
- b. Your sense of call to Christian faith, learning and service
- c. Your practical experience in various forms of Christian service in the church, school and the community
- d. Your specific purpose for wanting to study at Scott Christian University
- e. Your Christian higher education vision upon graduation
- f. Your explanation on what it means to build on Christian faith a lifetime learning and work

11. To what church (denomination) do you belong? \_\_\_\_\_

12. Where do you usually attend church services? \_\_\_\_\_

13. Have you been baptized in water since you accepted Jesus Christ as your personal Savior?

Yes  No

14. Alcoholic Beverage: On a separate sheet of paper write your understanding and attitude towards drinking alcohol, drugs and smoking.

**EDUCATIONAL BACKGROUND:**

- 15. a. Send photocopies of Certificates/Diploma/Degrees you hold. Secondary Education, University or College Education and others. A certificate/diploma/degree in a language other than English must be accompanied by a certified English translation.
- b. Give the names of the schools you attended, together with the years at each school and certificates received.

Name of Institution	Dates Attended From To		Degree/Diploma/Certificate Name and final Grade	Date Degree/Diploma/ Certificate Awarded
Secondary/High School				
Post-Secondary/College				
Other				

16. What other schools, colleges or courses have you attended? \_\_\_\_\_

If you left before completion, why? \_\_\_\_\_

17. What achievements, awards or honors have you received in the areas of study, leadership, sports, music, or other? \_\_\_\_\_

18. Language fluency: what languages are you fluent in \_\_\_\_\_

What was the medium of instruction for your first degree? \_\_\_\_\_

An applicant whose medium of instruction at the 1<sup>st</sup> degree level is not English is expected to submit a satisfactory result of TOEFL with a minimum score of 500 or its equivalency to be considered for admission.

**VOCATIONAL INFORMATION:**

19. Are you presently employed?  Yes  No If yes, give the following information:

a. Title or position: \_\_\_\_\_

b. Employer's Name: \_\_\_\_\_

c. Employer's Address: \_\_\_\_\_

d. List your previous employers, starting with the most recent one:

Position	Name of employer	Location	Date
_____			
_____			
_____			

20. On a separate sheet of paper, describe your knowledge and accessibility to computer and ICT in as far as the following are concerned: a) Proficiency in typing and basic use of computer skills; b) Proficiency with Internet and E-mail; c) Explanation of your accessibility to a computer, Internet and E-mail.

**FINANCIAL INFORMATION:**

21. Do you have in full the required fees for the Master's programme? \_\_\_\_\_  
 You will NOT be registered as a student unless you pay one term's in full as specified in the Fees Schedule. Please produce reliable documentary evidence of commitment and ability to pay the year's fees in full.
22. Who has promised to be your sponsor in supporting you through university?  
 Name: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_

**CONFIDENTIAL REFERENCES:**

Give the names and addresses of two referees, all of whom must be able to communicate well in English. Your application cannot be considered until referees have been completed and sent directly to *The Registrar, Scott Christian University, P.O. Box 49, 90100 Machakos, Kenya* or the referee can give you the forms in a sealed Envelope for you to return together with the other forms to the registrar. Referees cannot be relatives. In addition to the recommendation by individuals, the University requires a report from your Church Council. If you are a member of the Africa Inland Church, a report from your District Church Council is required. If you are a member of another denomination, a report is required from an appropriate Church Council or Employer capable of endorsing your studies for Christian service.

1. Pastor of the Local Church: \_\_\_\_\_ Address: \_\_\_\_\_
2. Church Elder/Missionary/Christian Leader: \_\_\_\_\_ Address: \_\_\_\_\_
3. College Lecturer: \_\_\_\_\_ Address: \_\_\_\_\_
4. Name of AIC District Church Council or other Denominational Authority:  
 Address: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**How did you get to know about SCU?** (Please Tick ✓ and explain)

- Advertisement in \_\_\_\_\_
- Recommendation from a friend \_\_\_\_\_
- Recommendation from a student (Please give their name) \_\_\_\_\_
- Exhibition (Please specify): Place: \_\_\_\_\_ Date: \_\_\_\_\_
- Other (Please specify): \_\_\_\_\_

**SIGNATURE OF APPLICANT:**

In signing this application form, I hereby certify that I accept the purpose and goals of Scott Christian University; that if accepted as a student I promise to obey the rules and regulations of the University and to support and uphold the Doctrinal and Christian Life standards of the University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SCOTT CHRISTIAN UNIVERSITY**  
**P.O BOX 49-90100; Phone: +254 713 745 404/ +254 734 833 832 MACHAKOS, KENYA**  
**MASTERS PROGRAMMES**  
**CERTIFICATE OF HEALTH FORM (FOR APPLICANT)**  
**(This Certificate of Health is to be completed by the applicant and a medical doctor)**

**NAME OF APPLICANT (IN CAPITAL LETTERS)** \_\_\_\_\_

**PART 1**

The following questions are to be answered by the applicant before taking the physical examination:

Have you ever been an in-patient in hospital or dispensary suffering from any disease or injury? \_\_\_\_\_ if so, give details.

Apart from above, have you ever received medical treatment for any serious disease of injury? \_\_\_\_\_ If so, give details.

1. Is there any disease or illness that bothers you regularly such as:  
Hay fever? \_\_\_\_\_  
Diabetes? \_\_\_\_\_  
Stomach ulcers? \_\_\_\_\_  
Headache? \_\_\_\_\_  
Persistent cough? \_\_\_\_\_  
Frequent diarrhea? \_\_\_\_\_  
Skin eruption(sores)? \_\_\_\_\_  
Other (specify) \_\_\_\_\_
2. Is there any food or drink that you are unable to eat or drink or that causes you stomach trouble? \_\_\_\_\_ if so, give details.
3. Have you had any recent notable weight loss? \_\_\_\_\_
4. Do you have any family members or close friends who have been diagnosed as having \_\_\_\_\_
5. HIV/ AIDS? \_\_\_\_\_
6. To the best of my knowledge, I have answered the above questions fully and truthfully.
7. Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**PART II**

The following questions are to be answered by a Medical Doctor or duly authorized clinical officer.

Does the above named Applicant report or show any symptoms of the following? If so, give details:

1. Any infectious or contagious disease? \_\_\_\_\_
2. Any chronic disorder or asthma, hay fever, diabetes, etc \_\_\_\_\_
3. Any ailment (stomach ulcers or allergies) that might prevent him/her from eating a normal diet? \_\_\_\_\_
4. Any ailment or disability that would make him/her unable to take part in sports or normal physical activities? \_\_\_\_\_
5. Any evidence of impaired vision? \_\_\_\_\_ Hearing? \_\_\_\_\_

I hereby certify that I have examined the above named person and that in my professional opinion he/she is fit/unfit for the activities in the above school.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone/Mobile No: \_\_\_\_\_

Official Rubber Stamp:



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**MACHAKOS, KENYA**  
**CONFIDENTIAL REFEREE FORM (1)**  
**MASTERS PROGRAMMES**

Name of Applicant: \_\_\_\_\_ Name of Referee: \_\_\_\_\_

**A WORD TO THE REFEREE:** The above named person has applied for admission into the Master of Arts in Theology /Master of Education (Internet-Based Distance Learning)/Master of Business Administration /Master of Leadership and Management Programme at Scott Christian University in preparation for professional Christian Service. Since this person is a leader in the community and the society at large, your frank and honest evaluation is appreciated. Please answer the following questions, place in a sealed envelope and return immediately to the Registrar, Scott Christian University, P O Box 49, 90100 Machakos, Kenya or give the applicant the sealed envelope to return to the Registrar. Only members of the University Administration will read your response.

1. How long have you known this person? \_\_\_\_\_
2. How well do you know this person? Very well \_\_\_\_\_; Casually \_\_\_\_\_; Not well \_\_\_\_\_
3. As far as you know, does this person use any of the following: Tobacco? \_\_\_\_\_; Alcoholic beverages? \_\_\_\_\_; Habit- forming drugs? \_\_\_\_\_
4. State whether this person has ever been (a) expelled or suspended from school for any misconduct \_\_\_\_\_ (b) convicted of a crime \_\_\_\_\_ (c) in any questionable moral conduct \_\_\_\_\_ (d) placed under church discipline \_\_\_\_\_.

If your answer is 'Yes' to any of these, please give specific information.

5. Is this person honest? \_\_\_\_\_

6. State any special talent, skill or achievement in which the applicant excels  
\_\_\_\_\_

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7. How well do you believe this person will be able to do serious Masters' level studies at Scott?  
Excellent \_\_\_\_\_; Above average \_\_\_\_\_; Fair \_\_\_\_\_; Don't know \_\_\_\_\_

8. Does the applicant complain about his/her circumstances? Yes, very much \_\_\_\_\_; Yes, sometimes \_\_\_\_\_; Never \_\_\_\_\_; Don't know \_\_\_\_\_

9. Does the applicant cooperate well with people? Yes, very well \_\_\_\_\_; Yes, with some people \_\_\_\_\_; Never \_\_\_\_\_; Don't know \_\_\_\_\_.

10. Have you observed the applicant in Church Service? Yes \_\_\_\_\_; No \_\_\_\_\_; If yes, describe the Christian service rendered ( e.g. teaching Sunday School, preaching, witnessing, singing, youth leader etc.)

(a) In the church \_\_\_\_\_

(b) In the school \_\_\_\_\_

11. Is this person making a positive contribution in his/her community/school through his/her Christian example as well as in his/her work activity? Yes \_\_\_\_\_; No \_\_\_\_\_ Don't know \_\_\_\_\_. If yes what specific gifts for Christian service (e.g. educator, teacher, or any other work within his/her community) do you see developing in the applicant?

\_\_\_\_\_

12. Briefly describe the applicant's reputation and standing in his/her school, church or community?

\_\_\_\_\_  
\_\_\_\_\_

13. Do you think that this person would do well as a leader or educator or other kind of worker? Yes, very well \_\_\_\_\_; Yes, fairly well \_\_\_\_\_; No \_\_\_\_\_; Don't know \_\_\_\_\_

14. Is the applicant obedient to those in authority, and obedient to regulations and rules? Yes, very well \_\_\_\_\_; Yes, sometimes \_\_\_\_\_; No \_\_\_\_\_; Don't know n \_\_\_\_\_

15. Every person has certain areas of strength and weakness. (a) What do you consider to be the applicant's strengths, which would make him useful in the area of Christian service or work?

\_\_\_\_\_  
\_\_\_\_\_

(b) What would you consider to be the applicant's weaknesses, which would possibly be a Hindrance in Christian service, or other work? \_\_\_\_\_

\_\_\_\_\_

16. (a) What else do you see in this person which may indicate a possible call of God to Christian Ministry? \_\_\_\_\_

\_\_\_\_\_

(b) What else do you see in this person, which may not indicate a possible calling to Christian service or work that he/she is involved?

\_\_\_\_\_

\_\_\_\_\_

17. Please tick in the appropriate places the statements that seem best to describe the applicant:

<u>CHARACTERISTICS</u>	<u>RATING</u>	<u>COMMENT</u>
Social Acceptability	_____	Well-liked by others
	_____	Liked by others
	_____	Tolerated
	_____	Avoided by others
	_____	Don't know
Dependability	_____	Most dependable
	_____	Usually dependable
	_____	Somewhat dependable
	_____	Not dependable
	_____	Don't know
Cooperation	_____	Works very well with others
	_____	Works fairly well with others
	_____	Generally cooperative
	_____	Cooperative under pressure
	_____	Un cooperative
	_____	Don't know
Concern for Others	_____	Very outgoing and concerned about others
	_____	Interested and often helpful
	_____	Friendly but reserved
	_____	Self-centered
	_____	Withdrawn, relates poorly with others
	_____	Don't know
Initiative	_____	Always takes the initiative
	_____	Sometimes leads
	_____	Average initiative
	_____	Needs constant encouragement
	_____	Don't know
Maturity	_____	Exceptional mature
	_____	More mature than average
	_____	Average maturity
	_____	Immature but growing
	_____	Very immature
	_____	Don't know

To the best of my knowledge the information I have given above concerning the applicant in question is correct and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full name:** \_\_\_\_\_

**Address:** \_\_\_\_\_





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**MACHAKOS, KENYA**  
**CONFIDENTIAL REFEREE FORM (2)**  
**MASTERS PROGRAMMES**

Name of Applicant: \_\_\_\_\_ Name of Referee: \_\_\_\_\_

**A WORD TO THE REFEREE:** The above named person has applied for admission into the Master of Arts in Theology /Master of Education (Internet-Based Distance Learning)/Master of Business Administration /Master of Leadership and Management Programme at Scott Christian University in preparation for professional Christian Service. Since this person is a leader in the community and the society at large, your frank and honest evaluation is appreciated. Please answer the following questions, place in a sealed envelope and return immediately to the Registrar, Scott Christian University, P O Box 49, 90100 Machakos, Kenya or give the applicant the sealed envelope to return to the Registrar. Only members of the University Administration will read your response.

1. How long have you known this person? \_\_\_\_\_
2. How well do you know this person? Very well \_\_\_\_\_; Casually \_\_\_\_\_; Not well \_\_\_\_\_
3. As far as you know, does this person use any of the following: Tobacco? \_\_\_\_\_; Alcoholic beverages? \_\_\_\_\_; Habit- forming drugs? \_\_\_\_\_
4. State whether this person has ever been (a) expelled or suspended from school for any misconduct \_\_\_\_\_ (b) convicted of a crime \_\_\_\_\_ (c) in any questionable moral conduct \_\_\_\_\_ (d) placed under church discipline \_\_\_\_\_.

If your answer is 'Yes' to any of these, please give specific information.

5. Is this person honest? \_\_\_\_\_

6. State any special talent, skill or achievement in which the applicant excels  
\_\_\_\_\_

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7. How well do you believe this person will be able to do serious Masters' level studies at Scott ?  
Excellent \_\_\_\_\_; Above average \_\_\_\_\_; Fair \_\_\_\_\_; Don't know \_\_\_\_\_

8. Does the applicant complain about his/her circumstances? Yes, very much \_\_\_\_\_; Yes, sometimes \_\_\_\_\_; Never \_\_\_\_\_; Don't know \_\_\_\_\_

9. Does the applicant cooperate well with people? Yes, very well \_\_\_\_\_; Yes, with some people \_\_\_\_\_; Never \_\_\_\_\_; Don't know \_\_\_\_\_.

10. Have you observed the applicant in Church Service? Yes \_\_\_\_\_; No \_\_\_\_\_; If yes, describe the Christian service rendered ( e.g teaching Sunday School, preaching, witnessing, singing, youth leader etc.)

(a) In the church \_\_\_\_\_

(b) In the school \_\_\_\_\_

11. Is this person making a positive contribution in his/her community/school through his/her Christian example as well as in his/her work activity? Yes \_\_\_\_\_; No \_\_\_\_\_; Don't know \_\_\_\_\_. If yes what specific gifts for Christian service (e.g. educator, teacher, or any other work within his/her community) do you see developing in the applicant?

\_\_\_\_\_

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12. Briefly describe the applicant's reputation and standing in his/her school, church or community?

\_\_\_\_\_

\_\_\_\_\_

13. Do you think that this person would do well as a leader or educator or other kind of worker? Yes, very well \_\_\_\_\_; Yes, fairly well \_\_\_\_\_; No \_\_\_\_\_; Don't know \_\_\_\_\_

14. Is the applicant obedient to those in authority, and obedient to regulations and rules? Yes, very well \_\_\_\_\_; Yes, sometimes \_\_\_\_\_; No \_\_\_\_\_; Don't know n \_\_\_\_\_

15. Every person has certain areas of strength and weakness. (a) What do you consider to be the applicant's strengths, which would make him useful in the area of Christian service or work?

\_\_\_\_\_

\_\_\_\_\_

(b) What would you consider to be the applicant's weaknesses, which would possibly be a Hindrance in Christian service, or other work? \_\_\_\_\_

\_\_\_\_\_

16. (a) What else do you see in this person which may indicate a possible call of God to Christian Ministry? \_\_\_\_\_

\_\_\_\_\_

(b) What else do you see in this person, which may not indicate a possible calling to Christian service or work that he/she is involved?

\_\_\_\_\_

\_\_\_\_\_

17. Please tick in the appropriate places the statements that seem best to describe the applicant:

<u>CHARACTERISTICS</u>	<u>RATING</u>	<u>COMMENT</u>
Social Acceptability	_____	Well-liked by others
	_____	Liked by others
	_____	Tolerated
	_____	Avoided by others
	_____	Don't know
Dependability	_____	Most dependable
	_____	Usually dependable
	_____	Somewhat dependable
	_____	Not dependable
	_____	Don't know
Cooperation	_____	Works very well with others
	_____	Works fairly well with others
	_____	Generally cooperative
	_____	Cooperative under pressure
	_____	Un cooperative
	_____	Don't know
Concern for Others	_____	Very outgoing and concerned about others
	_____	Interested and often helpful
	_____	Friendly but reserved
	_____	Self-centered
	_____	Withdrawn, relates poorly with others
	_____	Don't know
Initiative	_____	Always takes the initiative
	_____	Sometimes leads
	_____	Average initiative
	_____	Needs constant encouragement
	_____	Don't know
Maturity	_____	Exceptional mature
	_____	More mature than average
	_____	Average maturity
	_____	Immature but growing
	_____	Very immature
	_____	Don't know

To the best of my knowledge the information I have given above concerning the applicant in question is correct and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full name:** \_\_\_\_\_

**Address:** \_\_\_\_\_



**SCOTT CHRISTIAN UNIVERSITY**

**P.O BOX 49-90100; Phone: +254 713 745 404/ +254 734 833 832**

**MACHAKOS, KENYA**

**CONFIDENTIAL REFERENCE**

This form is intended for the Church or other relevant church council as may apply in the applicant's church background.

Name of applicant: \_\_\_\_\_

The above named person has applied for admission into the Master of Arts Theology/Master of Education/Master of Business Administration/Master of Leadership and Management Programme at Scott Christian University. Since the applicant may in future become a leader in the church and/or community, the frank and the honesty evaluation by your church council will be significant assistance to this office. Please indicate on this form whether you recommend the applicant, or not. Then sign and endorse with the office rubber stamp. Place the form in a sealed envelope and return directly to the Registrar, Scott Christian University, P.O. Box 49, 90100, MACHAKOS, KENYA. We appreciate your immediate action.

The Church Council of \_\_\_\_\_ has discussed the above named applicant's intention to join Scott Christian University for training in a Master's Programme. We have decided before the Lord that (tick where appropriate):

\_\_\_\_\_ 1. We do recommend this applicant.

\_\_\_\_\_ 2. We do not recommend this applicant.

If you do not recommend this person please give reasons or explain:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position:

\_\_\_\_\_

Official Rubber Stamp: \_\_\_\_\_

Telephone: \_\_\_\_\_

The official rubber stamp of your church must appear on this document.