



SCOTT CHRISTIAN UNIVERSITY
P.O BOX 49-90100; Phone: +254 713 745 404/ +254 734 833 832
MACHAKOS, KENYA
APPLICATION FOR ADMISSION

IMPORTANT: Before filling out this Application Form, please read carefully the University Prospectus especially the statement on the design and objectives of Scott Christian University. Approved Christian character, a call to Christian ministry as verified by your church, ability to do serious first-degree level/Diploma/Certificate studies and a willingness to accept authority and guidance from the University are among the conditions of acceptance.

Please tick [√] the programme you are applying for

[] Bachelor of Theology [] Diploma in Theology [] Diploma in Christian Ministry
[] Certificate in Theology [] Certificate in Christian Ministry

Mode of Study (Tick √):

Regular [] Evening [] School Based []

USE HANDWRITING IN CAPITAL LETTERS

PERSONAL INFORMATION:

1. Full Name: _____
Title (check one): Mr./Mrs./Miss/Rev./Pastor Gender: [] Female [] Male
2. Present Address: _____
Telephone: _____
Email Address: _____
3. Permanent (or Home) Address: _____
Home Telephone: _____
Nearest Telephone where message can be left: _____
4. Other Important Address and/or Telephone _____
5. Place of Birth: _____ Date of Birth: _____
6. Nationality: _____ Kenyan ID No. / Passport No. (If from outside Kenya): _____
Date of issue: _____ Where issued: _____
7. Father's Full Name: _____
8. What is the attitude of your family toward your attending Scott Christian University?

EDUCATIONAL BACKGROUND:

17. Give the names of the schools you attended, together with the years at each school and certificates received:

- a. Primary School: _____ Dates: _____
KCPE/CPE Certificate No. _____ Result: _____ Date: _____
- b. Secondary School (Form IV): _____ Dates: _____
KCSE/KCE/EACE Certificate No. _____ Result: _____ Date: _____
- c. High School (Form VI): _____ Dates: _____
KACE/EACE Certificate No. _____ Result: _____ Date: _____

18. What other schools, colleges or courses have you attended? _____

If you left before completion , why? _____

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

20. Send photocopies of your Secondary School Certificates: Ordinary Level, Advanced Level, Kenya Certificate of Secondary Education (KCSE), and others. A certificate in a language other than English must be accompanied by a certified English translation.

VOCATIONAL INFORMATION:

21. 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:

Dates	Position	Name of employer	Location

FINANCIAL INFORMATION

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

MEDICAL INFORMATION:

A *Certificate of Health* prepared by the University is to be completed by the applicant and a medical doctor.

CONFIDENTIAL REFERENCES:

Give the names and addresses of three referees, all of whom must be able to communicate well in English. Your application cannot be considered until references have been completed and sent directly to *the Registrar, Scott Christian University, P. O. Box 49, Machakos, Kenya*. Referees cannot be relatives. In addition to the recommendation by individuals, the College 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 capable of endorsing your studies for Christian ministry.

1. Pastor of the Local Church: _____ Address: _____
2. Church Elder or Missionary: _____ Address: _____
3. School Teacher or Businessman: _____ 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*): _____

I hereby certify that I accept the purpose and goals of Scott Christian University. I will support and uphold the Doctrinal and Christian Life standards of the University. I promise to obey the rules and regulations of the college if I should be accepted as a student.

Signature: _____ Date: _____



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CERTIFICATE OF HEALTH FORM
(FOR APPLICANT)

NAME OF APPLICANT (IN CAPITAL LETTERS) _____

PART I

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

1. Have you ever been an in-patient in hospital or dispensary suffering from any disease or injury? _____ if so, give details.
2. Apart from above, have you ever received medical treatment for any serious disease of injury? _____ . If so, give details.
3. 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) _____
4. Is there any food or drink that you are unable to eat or drink or that causes you stomach trouble? _____ if so, give details.
5. Have you had any recent notable weight loss? _____
6. Do you have any family members or close friends who have been diagnosed as having HIV/ AIDS? _____

To the best of my knowledge, I have answered the above questions fully and truthfully.

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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CONFIDENTIAL REFEREE FORM (1)

Name of Applicant _____ Name of Referee _____

A WORD TO THE REFEREE: The above named person has applied for admission into the Certificate/Degree programme/Diploma Programme (Tick one) at Scott Christian University. Since this person may one day become a leader in the church and community, 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, Machakos, Kenya.* Your response will be read only by members of the University administration.

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? _____; Alcohol beverage? _____ 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 ___

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

7. How well do you believe this person will be able to do serious diploma/degree level studies at Scott?
Excellent ___; above average ___; fair ___; poor ___; 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. Briefly describe the applicant's reputation and standing in his/her school, church or community.
- _____
- _____
11. Is the applicant obedient to those in authority, and obedient to regulations and rules? Yes, very much _____; yes, sometimes _____; No _____; Don't know _____
12. Every person has certain areas of strength and weakness.
- (a) What do you consider to be the applicant's strengths which would make him/her useful in his/her area of concentration?
- _____
- (b) What would you consider to be the applicant's weaknesses which would possibly be a hindrance in his/her area of concentration?
- _____
13. Please tick in the appropriate places the statements that seem best to describe the applicant:

CHARACTERISTICS	RATING	COMMENT
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 _____ Exceptionally 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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CONFIDENTIAL REFEREE FORM (2)

Name of Applicant _____ Name of Referee _____

A WORD TO THE REFEREE: The above named person has applied for admission into the Certificate/Degree programme/Diploma Programme (Tick one) at Scott Christian University. Since this person may one day become a leader in the church and community, 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, Machakos, Kenya.* Your response will be read only by members of the University administration.

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? ____; Alcohol beverage? _____ 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 ____

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

7. How well do you believe this person will be able to do serious diploma/degree level studies at Scott?
Excellent ____; above average ____; fair ____; poor ____; 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. Briefly describe the applicant's reputation and standing in his/her school, church or community.
- _____
- _____
11. Is the applicant obedient to those in authority, and obedient to regulations and rules? Yes, very much _____; yes, sometimes _____; No _____; Don't know _____
12. Every person has certain areas of strength and weakness.
- (c) What do you consider to be the applicant's strengths which would make him/her useful in his/her area of concentration?
- _____
- (d) What would you consider to be the applicant's weaknesses which would possibly be a hindrance in his/her area of concentration?
- _____
13. Please tick in the appropriate places the statements that seem best to describe the applicant:

CHARACTERISTICS	RATING	COMMENT
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 _____ Exceptionally 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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CONFIDENTIAL REFEREE FORM (3)

Name of Applicant _____ Name of Referee _____

A WORD TO THE REFEREE: The above named person has applied for admission into the Certificate/Degree programme/Diploma Programme (Tick one) at Scott Christian University. Since this person may one day become a leader in the church and community, 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, Machakos, Kenya.* Your response will be read only by members of the University administration.

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? ____; Alcohol beverage? _____ 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 ____

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

7. How well do you believe this person will be able to do serious diploma/degree level studies at Scott?
Excellent ____; above average ____; fair ____; poor ____; 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. Briefly describe the applicant's reputation and standing in his/her school, church or community.
- _____
- _____
11. Is the applicant obedient to those in authority, and obedient to regulations and rules? Yes, very much _____; yes, sometimes _____; No _____; Don't know _____
12. Every person has certain areas of strength and weakness.
- (e) What do you consider to be the applicant's strengths which would make him/her useful in his/her area of concentration?
- _____
- (f) What would you consider to be the applicant's weaknesses which would possibly be a hindrance in his/her area of concentration?
- _____
13. Please tick in the appropriate places the statements that seem best to describe the applicant:

CHARACTERISTICS	RATING	COMMENT
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
Concern for Others	_____	Don't know
	_____	Very outgoing and concerned about others
	_____	Interested and often helpful
	_____	Friendly but reserved
	_____	Self-Centered

	<input type="checkbox"/>	Withdrawn, relates poorly with others
	<input type="checkbox"/>	Don't know
Initiative	<input type="checkbox"/>	Always takes the initiative
	<input type="checkbox"/>	Sometimes leads
	<input type="checkbox"/>	Average initiative
	<input type="checkbox"/>	Needs constant encouragement
	<input type="checkbox"/>	Don't know
Maturity	<input type="checkbox"/>	Exceptionally mature
	<input type="checkbox"/>	More mature than average
	<input type="checkbox"/>	Average maturity
	<input type="checkbox"/>	Immature but growing
	<input type="checkbox"/>	Very Immature
	<input type="checkbox"/>	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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CONFIDENTIAL REFERENCE

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

Name of applicant:

The above named person has applied for admission into the Certificate/Diploma/ Bachelor/ Masters Degree Programme (Tick one) 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 the local church leadership/pastor 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 Leadership of _____ has discussed the above named applicant's intention to join Scott Christian University for training in preparation for Christian ministry. 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.