

## **KAIMOSI BIBLE COLLEGE**

Under the International Pentecostal Church of Christ Mission

P.O. Box 25 Sirwa Kenya Tel: 0732569405 Email: info@kaimosibiblecollege.ac.ke

Our Purpose Is To Prepare Men And Women For The Ministry Of Jesus Christ

### **APPLICATION FORM**

Every applicant must fill this form and send it to us. It must be sent together with a **recommendation letter** from your Pastor or Church Elders and a handwritten letter of your testimony and why you want to come to Kaimosi Bible College (at least 200 words). **A Commitment to pay letter** from your Sponsor will be required.

### **ADMISSION REQUIREMENTS**

#### **DIPLOMA IN BIBLE AND THEOLOGY (Two Academic Years)**

- KCSE (O-LEVEL) C– and above or equivalent qualification for Foreigners.
- Certificate in Bible and Theology from a recognized institution.

#### **CERTIFICATE IN BIBLE AND THEOLOGY (One Academic Year)**

- KCSE (O-Level) D+ and above.
- KCPE – Above half of the total marks.

### **ADDITIONAL REQUIREMENTS**

- A copy of your ID card / Passport No.
- 2 passport size photos
- Kshs. 500 – application fee
- SHA
- Copies of your School Certificates
- KCP or KCSE and any other education certificates
- Medical Report filled & returned
- Reading & signing of Student Handbook

Your application will not be considered without these documents and should come **one month** before the opening date.

**Please print in block letters**

1. Name: \_\_\_\_\_  
2. Gender:  Male  Female  
3. Home Address: \_\_\_\_\_ Country: \_\_\_\_\_  
4. Telephone Number & E-Mail: \_\_\_\_\_  
5. Date and place of Birth: \_\_\_\_\_  
6. SHA No.: \_\_\_\_\_  
7. When were you saved? \_\_\_\_\_  
8. When were you baptized in water? \_\_\_\_\_  
9. Are you a member of a church? \_\_\_\_\_ If Yes, which one? \_\_\_\_\_

**10. MARRIAGE**

- Are you married?  Yes  No If so, when? \_\_\_\_\_ Children? \_\_\_\_\_  
Have you ever been separated or divorced? \_\_\_\_\_  
Have you married a second time? If so, explain: \_\_\_\_\_

**11. EDUCATION**

- Which level did you reach? \_\_\_\_\_  
Have you had any Bible training? \_\_\_\_\_ Which Bible College? \_\_\_\_\_  
Have you been suspended or expelled from any Bible College?  Yes  No  
If Yes, explain: \_\_\_\_\_

12. Explain why you want to come to Kaimosi Bible College? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. CHURCH ATTENDANCE**

- How long have you attended your local church? \_\_\_\_\_  
If less than one year, explain: \_\_\_\_\_

14. What do you do in your church? \_\_\_\_\_

15. How do you plan to pay your fees?  Self  Sponsored  
If Sponsored, let the Sponsor(s) write a **Commitment to pay here.**

**TO BE COMPLETED BY THE FINANCIAL SPONSOR**

I have read and understood the statements about student's finances. I agree to cover all necessary fees for the above-named applicant for the duration of the course. I will ensure a fee is promptly paid on the opening day.

NAME: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

N/B A one year scholarship application is available with this student application. Fill the form before reporting to the college (there is no guarantee the scholarship will be granted , or funds will be available)

### **FEES STRUCTURE**

#### **CERTIFICATE AND DIPLOMA CLASSES – FULL TIME**

| ITEM                | FIRST TERM         | SECOND TERM        | THIRD TERM         |
|---------------------|--------------------|--------------------|--------------------|
| REGISTRAION FEE     | Ksh. 500           | -                  | -                  |
| TUITION FEE         | Ksh. 13.000        | Ksh. 13.000        | Ksh. 13.000        |
| BOARDING FEE        | Ksh. 13.500        | Ksh. 13.500        | Ksh. 13.500        |
| <b>TOTAL AMOUNT</b> | <b>Ksh. 27.000</b> | <b>Ksh. 26.500</b> | <b>Ksh. 26.500</b> |

#### **OLINE CLASSES**

| ITEM                | FIRST TERM         | SECOND TERM        | THIRD TERM         |
|---------------------|--------------------|--------------------|--------------------|
| REGISTRATION FEE    | 500                | -                  | -                  |
| TUITION FEE         | Ksh. 10.000        | Ksh. 10.000        | Ksh. 10.000        |
| <b>TOTAL AMOUNT</b> | <b>Ksh. 10.500</b> | <b>Ksh. 10.000</b> | <b>Ksh. 10.000</b> |

#### **N/B: Graduation fee is Ksh. 4000/=**

- No personal cheques allowed.
- Bankers' cheques and cash are allowed.
- Bank Payments to be made via ABSA BANK – ELDORET BRANCH, Account Number: 2029957471, LIPA NA MPESA PAY BILL: 303030 Account No.: 2029957471
- It is understood that the college may increase the fees whenever necessary.

**(Medical Fee will be covered with your SOCIAL HEALTH AUTHORITY (SHA) Card.)**

#### **Personal Effects to Bring**

- a) Bathing and washing soap
- b) Toothbrush and toothpaste
- c) Body lotion
- d) Towel
- e) Slippers
- f) Bible, pens, exercise books and notebook for chapel services
- g) Pocket money for upkeep and for tithes and offerings
- h) Jacket / warm clothing

#### **NOTE**

- Trousers are not allowed for ladies.
- Neat shirts, trousers and ties for men for preaching.
- Please note that the weather is usually cold. Therefore bring enough warm clothes.

**BREATHLY SHARE YOUR SALVATION STORY**

**Name:**

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Do you believe that the Bible is God’s inspired Word and the only infallible guide in matters of conduct and doctrine?

Yes     No

Do you believe in the Godhead (Trinity) — that God is one but manifested in three persons: the Father, the Son, and the Holy Spirit?

Yes     No

**TO BE COMPLETED BY THE APPLICANT**

I understand all that has been written above and is required and therefore ask to join Kaimosi Bible College.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**TO BE COMPLETED BY THE APPLICANT’S PASTOR (or overseer)**

I have read the completed application form. To the best of my knowledge, the information is true.

I recommend \_\_\_\_\_ to be admitted to KBC.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

**MEDICAL REPORT**

To be filled by a doctor.

Name of applicant: \_\_\_\_\_ is sent for medical examination as a student of Kaimosi Bible College.

**CERTIFICATE OF MEDICAL EXAMINATION**

I HEREBY CERTIFY that I have this day examined the above-named applicant and that in my opinion he is fit / unfit for admission in your school as a student.

Malaria: \_\_\_\_\_

Typhoid: \_\_\_\_\_

Venereal Disease: \_\_\_\_\_

Tuberculosis: \_\_\_\_\_

Heart/High Blood Pressure: \_\_\_\_\_

Asthma: \_\_\_\_\_

Ulcers: \_\_\_\_\_

Overall Health: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Examining Doctor: \_\_\_\_\_ Signature: \_\_\_\_\_

Tel. No. of Doctor: \_\_\_\_\_

Email address of Doctor: \_\_\_\_\_

Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

**TEETH**

Overall report: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

**EYES**

Overall report: \_\_\_\_\_

Optician's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Official Stamp: \_\_\_\_\_ Date: \_\_\_\_\_