Word of Life
Africa Bible Institute

TESTIMONY WORKSHEET

APPLICANT INFORMATION

Year applied: _____ Semester: ☐ 1st ☐ 2nd

Name of Applicant: _____
SURNAME FIRST MIDDLE

Mailing Address: _____

Cell Phone No: _____ Email Address: _____

SHORT ESSAY

Write at least a paragraph answering each question. **Please print clearly and neatly.**

1) Write your salvation testimony and the circumstances surrounding your salvation experience.

_____
_____
_____
_____
_____
_____
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_____

2) Please briefly describe your current:

Devotional life:

_____
_____
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_____
_____

Church ministry involvement:

_____
_____
_____
_____
_____

3) How do you hope to benefit from your time at Word of Life Africa Bible Institute?

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4) Is there any additional information you would like us to know about yourself? (Optional)
If yes, please explain:

_____
_____
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_____

PARENTAL AGREEMENT

We / I _____ parent(s) / guardian(s) of _____ have read through the documents of the Bible Institute program and the information provided by our son / daughter and are in agreement with the information provided and hereby consent to our son / daughter being a part of the program.

Signature: _____ Date: _____

Signature: _____ Date: _____

MAIL DIRECTLY TO:
Word of Life Africa Bible Institute Admissions Office • P.O.Box 29899 Kampala, Uganda
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