

Application
Expository Preaching
Track, 2018-2019

Application Instructions:

1. Please print in black ink.
2. Answer all questions.
3. Use additional sheets if needed.

A. PERSONAL DETAILS

SURNAME	FIRST NAMES	
PREFERRED FIRST NAME	TEL. HOME	
SOUTH AFRICAN IDENTITY #	PASSPORT NUMBER (<i>If no RSA ID</i>)	TEL. WORK
HOME ADDRESS POST CODE:	POSTAL ADDRESS POST CODE:	CELL PHONE
		FAX
		E-MAIL
	DATE OF BIRTH (<i>dd-mm-yyyy</i>)	COUNTRY OF CITIZENSHIP
NAME OF SPOUSE / FIANCÉE	NAMES AND AGES OF CHILDREN	
DATE OF MARRIAGE		
I HAVE ACCESS TO A COMPUTER AND CAN RECEIVE CLASS NOTES, ETC. IN ELECTRONIC FORMAT: * <input type="checkbox"/> Yes <input type="checkbox"/> No *Your answer to this question will NOT affect your application for admission.		
I HAVE SPECIAL DIETARY REQUIREMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO, <i>IF YES, PLEASE EXPLAIN:</i> 		

B. EMPLOYMENT

Please complete the following concerning your last three positions of employment.

ORGANISATION	LOCATION	POSITION	DATES (mm/yy)
1.			/ TO /
2.			/ TO /
3.			/ TO /

C. EDUCATION

List **all** institutions attended beyond high school in chronological order.

INSTITUTION	LOCATION	DEGREE EARNED	COURSE OF STUDY

D. REFERENCES (COMPULSORY)

Indicate the person to whom you are giving the reference form. Use the **attached form** for this reference.

NAME OF REFERENCE: _____

REFERENCE FOR PASTORS: *IF YOU ARE A PASTOR, PLEASE HAVE THE CHAIRMAN OF YOUR LEADERSHIP BOARD COMPLETE THE REFERENCE.*

REFERENCE FOR LAYPERSONS: *IF YOU ARE A LAYPERSON, PLEASE HAVE YOUR PASTOR OR AN ELDER FILL OUT THE REFERENCE.*

E. CHURCH INFORMATION

OF WHAT CHURCH ARE YOU PRESENTLY A MEMBER OR PASTOR? (*Name, address, phone number*)

WITH WHICH CONFERENCE, FELLOWSHIP OR DENOMINATION IS THIS CHURCH AFFILIATED, IF ANY?

WHAT IS YOUR ROLE IN THE CHURCH (SENIOR OR ASSOCIATE PASTOR, LAY ELDER, ETC.)?

F. STATEMENT OF FAITH

PLEASE READ THE GSM DOCTRINAL STATEMENT (AVAILABLE AT WWW.GRACEFELLOWSHIP.CO.ZA)

INsofar AS YOU HAVE FORMED AN OPINION, ARE YOU IN GENERAL AGREEMENT WITH THE DOCTRINAL STATEMENT OF THE GRACE SCHOOL OF MINISTRY? Yes No

ARE THERE INDIVIDUAL AREAS OF DISAGREEMENT? Yes No *If Yes, state which:*

WHAT IS YOUR GENERAL EVALUATION OF OUR DOCTRINAL STATEMENT?

G. PREACHING INFORMATION

WHAT FORMAL TRAINING HAVE YOU RECEIVED IN PREACHING?

HOW MANY TIMES PER WEEK DO YOU TYPICALLY PREACH? HOW MANY SMALL GROUP BIBLE STUDIES DO YOU LEAD PER WEEK? HOW MANY YEARS HAVE YOU BEEN PREACHING?

SUMMARISE THE STRENGTHS AND WEAKNESSES OF YOUR PREACHING.

H. PERSONAL TESTIMONY

ESSAY QUESTIONS

Respond to each of the following in your own words. Please keep each response between 200 and 400 words, using scriptural references as appropriate:

- WHAT IS THE SCRIPTURAL BASIS FOR YOUR SALVATION AND HOPE OF ETERNAL LIFE?
- WHY DO YOU DESIRE TO ATTEND THIS PROGRAMME AND HOW DO YOU HOPE THAT IT WILL IMPROVE YOUR PREACHING?

CONDITIONS OF APPLICATION

1. ALL APPLICATIONS ARE SUBJECT TO A SELECTION PROCESS AND AN APPLICATION DOES NOT GUARANTEE ADMISSION.
2. GRACE SCHOOL OF MINISTRY RESERVES THE RIGHT TO REQUEST FURTHER DOCUMENTATION AND SUPPORTING DOCUMENTATION, AND MAY IMPOSE FURTHER REQUIREMENTS UPON THE STUDENT BEFORE AN APPLICATION WILL BE TAKEN INTO CONSIDERATION.
3. SHOULD THE APPLICANT BE ACCEPTED TO GRACE SCHOOL OF MINISTRY, AND IT BE FOUND THAT THE APPLICANT HAS PROVIDED FALSE INFORMATION IN THIS APPLICATION, THE STUDENT WILL BE EXPELLED FROM ATTENDANCE AT GRACE SCHOOL OF MINISTRY, AND ALL EXPENSES INCURRED BY GRACE SCHOOL OF MINISTRY OR GRACE FELLOWSHIP PRETORIA IN THE PROCESS WILL BE CLAIMED FROM THE APPLICANT.
4. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

<i>Signature of Applicant:</i> _____	<i>Date:</i> _____
--------------------------------------	--------------------

RETURN THIS APPLICATION AND ALL SUPPORTING MATERIALS TO:
GSM ADMISSIONS,
PO BOX 39263, GARSFONTEIN EAST, 0060, REPUBLIC OF SOUTH AFRICA
(TEL.) +27 12 803 9838 (FAX) +27 12 803 4261
gsmadmissions@gracefellowship.co.za



Confidential Reference

Expository Preaching Track

To the applicant:
Complete the **top portion** and give this form to a person who can provide this specific reference and who knows you well.

What year do you intend to begin classes?
YEAR: _____

Applicant:

SURNAME	FIRST NAMES	
PERMANENT ADDRESS		COUNTRY (<i>if not RSA</i>)
POST CODE		PHONE NUMBER

Signature of Applicant: _____ *Date:* _____

A. THIS SECTION FOR REFERENCE ONLY

To the Reference: The candidate named above is applying for admission at the Grace School of Ministry. The Admission Committee finds candid, thorough evaluations invaluable in the decision-making process. Please feel free to include any information on the candidate that you feel is pertinent, and remember that your prompt appraisal will help to assure full consideration. Please complete this form, along with any additional comments, and return to the applicant in a sealed envelope.

COOPERATION Consider willingness to work with people in various capacities, loyalty.	Outstanding	When convenient	Indifferent	Unwilling	Not observed
EMOTIONS Consider reactions in various situations when stress is likely.	Well balanced	Fairly well balanced	Easily depressed	Unresponsive	Not observed
INITIATIVE Consider ability to see things to do, resourcefulness, aggressiveness.	Seeks additional tasks	Fairly well balanced	Does assigned tasks	Needs prodding	Not observed
JUDGMENT & COMMON SENSE Consider ability and foresight in decisions in everyday situations.	Sound decisions	Fair deductions	Poor results	Lacks ability	Not observed
LEADERSHIP Consider ability to others.	Consistently a leader	Usually a leader	Leads occasionally	Seldom never leaves	Not observed
PERSONALITY Consider mannerisms and appearance, general impression on others.	Well liked	Accepted	Tolerated	Rejected	Not observed
RELIABILITY Consider dependability, willingness, and consistency.	Conscientious	Usually reliable	Erratic	Unreliable	Not observed
CHRISTIAN CHARACTER Consider maturity, vitality, and consistency of life.	Outstanding/ Mature	Usually consistent	Questionable at times	Little or no evidence	Not observed
COMMUNICATION SKILLS Consider ability to present thoughts with logic and clarity.	Outstanding	Good	Has difficulty	Unable to communicate clearly	Not observed

B. CONFIDENTIAL REFERENCE

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

DO YOU BELIEVE THE APPLICANT IS GIFTED IN THE AREA OF PREACHING?

WHAT ARE THE STRENGTHS AND WEAKNESSES OF THE APPLICANT'S PREACHING AS YOU SEE THEM?

DOES THE APPLICANT CONSISTENTLY EXHIBIT GODLY CHARACTER OUTSIDE OF THE PULPIT?

CAN YOU CONSENTIOUSLY RECOMMEND THE APPLICANT FOR ADMISSION TO THIS PROGRAMME?

- Yes, with confidence Yes, with the following reservation(s): No (*Please explain*)

Reference:

Name: _____

Signature: _____ Date: _____

Name of Organization: _____ Title: _____

Address: _____ Post Code: _____

Phone: _____ E-mail: _____