

Zion Theological Institute

2117 Jenny Lind Street, McKeesport, PA 15132 + 412 678-7248 or 412 206-6073 (cell)
www.ziontheologicalinstitute.org

Partnering Potential to Achieve Personal Greatness

Application for Admission

Personal Data

1. Name _____
Last _____ First _____ MI _____

Mailing Address: _____
Number/Street _____
_____, _____, _____ Zip Code _____
City/Town _____ State _____

Telephone (____) _____ - _____ (cell/home) E-mail Address _____

Admission Information

2. Program of Study

Ministerial Licensing Certificate

Ministerial Ordination Certificate

Sunday School Teacher Certificate Deacon's Certificate General Studies/Transformation Studies

Educational Information

3. List in chronological order any high school, post-secondary school, college or university previously attended.

High School Name _____ City, State _____ Graduation Date _____

Post HS Education Name _____ State _____ From ____/____ to ____/____ Graduation Date _____
(if applicable)

If you did not graduate from high school but completed the GED, please provide the date of completion. _____

Proof of educational achievements may be requested.

Application Policy

This application must be accompanied by an application fee of \$25 (non-refundable) payable to Zion Apostolic Assembly. Upon acceptance and registration of classes, students must agree to pay all tuition, fees and books as stipulated by the school.

Optional Personal Data

The requested information below is voluntary and is used for statistical purposes only. The information will not be used in evaluating your application for admission. Zion Theological Institute (ZTI) does not discriminate against applicants on grounds of race, color, sex, age, national origin, disability or veteran status.

4. Age _____ Gender: Male _____ Female _____ USA Born Citizen Yes _____ No _____

5. Denomination/Church Affiliation/Local Church _____

References

Clergy Reference (only mandatory for students pursuing Ministerial Licensing or Ordination)

6. Name: _____

Name of Church: _____

Complete Mailing Address: _____

Telephone (____) ____-_____
E-mail Address _____

I authorize the identified minister on this form to release requested information to Zion Theological Institute. I understand that the information is confidential and release the minister and ZTI from all claims, liabilities and damages related to disclosure of the information consistent with the authorization. The purpose is to assure that the student authorized to participate studies towards credentialing.

Signature _____ Date _____

Personal/Professional References

7. Name: _____

Mailing Address _____
Number/Street _____ City _____ State _____ Zip _____

Telephone (____) ____-_____
E-mail Address _____ Relationship _____

8. Name: _____

Mailing Address _____
Number/Street _____ City _____ State _____ Zip _____

Telephone (____) ____-_____
E-mail Address _____ Relationship _____

Signature

I understand this application will not be completed until I have submitted an application fee of \$25 to Zion Apostolic Assembly and that the information provided on this application will remain confidential.

Signature _____ Date _____