



# ALPHA COLLEGE FOR THEOLOGICAL STUDIES (ACTS) INC.

306 Alabang-Zapote Road, Talon 1  
Las Pinas City 1747 Philippines

## APPLICATION FOR ADMISSION

2X2 PHOTO

ATTACH A MOST RECENT 2"X2"  
PHOTO TAKEN WITHIN THE  
LAST THREE (3) MONTHS.

### DATA PRIVACY NOTICE

Alpha College For Theological Studies (ACTS) Inc. protects and uses your personal data for academic purposes in compliance with the Education Act of 1982 and Republic Act 10173 and any other relevant data privacy law of the Philippines. No personal information or academic records will be shared with third parties, except for necessary processes at Alpha College For Theological Studies (ACTS) Inc.

PLACE "X" MARKS IN APPROPRIATE BOXES. NO APPLICATION WILL BE PROCESSED UNTIL ALL REQUIREMENTS ARE COMPLETE.

APPLICATION FOR THE  1<sup>st</sup> Semester  
 2<sup>nd</sup> Semester  
 3<sup>rd</sup> Semester

### CERTIFICATE PROGRAM:

Pastoral Studies  
 Christian Ministry  
 Christian Education

YEAR \_\_\_\_\_

### ADMISSION FOR CERTIFICATE PROGRAM REQUIREMENTS:

- Admission Form
- Scanned Copy of Admission Fee

### PERSONAL DATA:

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  MALE  
 FEMALE

Current Address: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email Address: \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_ Denomination: \_\_\_\_\_  
Church Address: \_\_\_\_\_ Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Pastor's Name: \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email Address: \_\_\_\_\_  
Church Involvement: \_\_\_\_\_

### REFERENCES:

#### 1. Pastor, Cell Leader, or Other Church Leader

Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
Name of Church: \_\_\_\_\_  
Address of Church: \_\_\_\_\_

#### 2. Teacher, Guidance Counselor, or Work Supervisor

Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
School/Company Business Landline: \_\_\_\_\_  
School/Company Name: \_\_\_\_\_  
School/Company Address: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

EDUCATION LEVEL	NAME OF SCHOOL / CITY ADDRESS	YEAR GRADUATED	HIGHEST HONORS RECEIVED	EXTRACURRICULAR ACTIVITIES / HIGHEST POSITION HELD
Elementary				
High School				
College				

**FAMILY BACKGROUND**

	MOTHER	FATHER	GUARDIAN
Last Name			
First name			
Middle name			
Civil status			
Citizenship			
Home address			
Postal code			
Mobile number			
Home phone number			
Email address			
Employer			
Occupation			

**HOW DID YOU LEARN ABOUT ACTS?** (YOU MAY CHOOSE 1 OR 2)

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> ACTS WEBSITE  | <input type="checkbox"/> FLYERS / BROCHURES   | <input type="checkbox"/> CAREER FAIR   | <input type="checkbox"/> ACTS INDUSTRY PARTNERS | <input type="checkbox"/> REFERRAL              |
| <input type="checkbox"/> ACTS FACEBOOK | <input type="checkbox"/> BILLBOARDS / BANNERS | <input type="checkbox"/> CAREER TALK   | <input type="checkbox"/> BOOTH EXHIBIT          | <input type="checkbox"/> OTHERS                |
| <input type="checkbox"/> ACTS ADS      | <input type="checkbox"/> NEWSPAPERS           | <input type="checkbox"/> EMAIL INQUIRY | <input type="checkbox"/> TELEPHONE INQUIRY      | <input type="checkbox"/> Please specify: _____ |

**STATEMENT OF DATA INTEGRITY & CONSENT**

I/We understand and agree that Alpha College For Theological Studies (ACTS) Inc. needs to gather and use my/our personal data. I/We hereby authorize Alpha College For Theological Studies (ACTS) Inc. to record, process, retain, disclose, or dispose of my personal data or any information derived from Further, I give my consent that my personal data may be used by the College to communicate with me, through telephone, text messaging, email, social media or any other way, regarding my application.

I hereby certify that my personal data provided in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts in my application will result in non-acceptance of my application. I/We signing this application form, I acknowledge the responsibility for the Authenticity of the information provided.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

SIGN OVER PRINTED NAME

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

SIGN OVER PRINTED NAME