

APPLICANT No. \_\_\_\_\_  
DATE SUBMITTED:  
\_\_\_\_ - \_\_\_\_ - 20\_\_\_\_  
OR No. \_\_\_\_\_



# MESSIAH COLLEGE

2F State Centre II Bldg.  
Ortigas Avenue, Mandaluyong City

**GLUE**  
one (1) pc.  
Passport-size photo  
here

**PHOTO MUST  
HAVE A PLAIN  
WHITE  
BACKGROUND**

## APPLICATION FOR ADMISSION

### PERSONAL DATA

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Male  
Female

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Home Address: \_\_\_\_\_  
Home Tel. No.: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Date Received Christ as Personal Savior & Lord: \_\_\_\_\_  
Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_  
(please check one) Church Member Church Attendee  
Church Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_  
Church Involvement: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Person to be contacted in case of emergency: \_\_\_\_\_  
Relationship to this person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel. No.: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Are you presently under medication? Yes No. If yes, what medication? \_\_\_\_\_  
Have you ever undergone a psychiatric treatment? Yes No. If yes, when? \_\_\_\_\_  
Have you ever applied for admission at Messiah College? Yes No. Were you accepted? \_\_\_\_\_  
Did you enroll? Yes No Why/Why Not? \_\_\_\_\_

### ACADEMIC INTERESTS

(please check one)

Accountancy  
Integrated Communications & Public Relations  
Entrepreneurship  
Psychology

Intercultural Studies

Diplomacy & International Relations  
Multicultural Training & Development  
Teaching English to Speakers of Other Languages  
Cross-cultural Education (Teaching Literature)

### EDUCATIONAL BACKGROUND

	School Name	Location	Year Graduated
High School	_____	_____	_____
College	_____	_____	_____

**AWARDS, HONORS, & EXTRA-CURRICULAR ACTIVITIES IN SCHOOL & COMMUNITY**

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**SKILLS, HOBBIES, & INTERESTS**

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**REFERENCES**

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1. Pastor, Discippler, or Other Church Leader

Name: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Landline of Church: \_\_\_\_\_  
Name of Church: \_\_\_\_\_  
Address of Church: \_\_\_\_\_

2. Teacher, Guidance Counselor, or Work Supervisor

Name: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Landline of School/Company: \_\_\_\_\_  
Name of School/Company: \_\_\_\_\_  
Address of School/Company: \_\_\_\_\_

I certify that answers given herein and in the attached documents are true and complete to the best of my knowledge. I understand that any falsification in my application will result in non-acceptance of my application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGN OVER PRINTED NAME

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGN OVER PRINTED NAME

**ADMISSION REQUIREMENTS**

- 1. Must be a born-again Christian
- 2. Must be a high school graduate or a candidate for graduation.

**TO APPLY FOR ADMISSION,**

- 1. Fill out and submit this form to the Admission Office.
- 2. Pay non-refundable application fee of P500.00.
- 3. Receive your admission packet and scholarship application form.
- 4. Go through the evaluation process and wait for the result.