

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: \_\_\_\_\_

Have you gone through water baptism?  Yes  No Date Baptized: \_\_\_\_\_

Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_  
(please check one)  Church Member  Church Attendee

Church Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Church/Ministry Involvement: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's CP No: \_\_\_\_\_ Mother's CP No. \_\_\_\_\_

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? \_\_\_\_\_

Are you presently under counseling  Yes  No. If yes, for what reason? \_\_\_\_\_

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)

- |   |  |
|---|--|
| <input type="checkbox"/> Psychology                                   | <input type="checkbox"/> Intercultural Studies                           |
| <input type="checkbox"/> Accountancy                                  | <input type="checkbox"/> Diplomacy & International Relations             |
| <input type="checkbox"/> Integrated Communications & Public Relations | <input type="checkbox"/> Multicultural Training & Development            |
| <input type="checkbox"/> Entrepreneurship                             | <input type="checkbox"/> Teaching English to Speakers of Other Languages |
|   | <input type="checkbox"/> Cross-cultural Education (Teaching Literature)  |

### EDUCATIONAL BACKGROUND

	School Name	Location	Year Graduated/Last Attended
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, Disciple, 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.