Unveiling Life School of Ministry
4120 Steeles Avenue West, Unit 1 Vaughan, Ontario Canada L4L 4V2
Office: 905 264-5433 Email: info@unveilinglife.ca

APPLICATION FOR ADMISSION

Date of Application: _____/_____/_____

Telephone Number: _____ **Work Number:** _____

Date of Birth: _____/_____/_____ **Male** ☐ **Female** ☐

Last Name: _____ **First Name:** _____

Home Address: _____

City:_____ **Province:**_____ **Postal Code:** _____

Employment: _____

Attending Church/Location:_____

Pastor's Name: _____ **Telephone Number:** _____

Year of Salvation: _____ **Year of Water Baptism:** _____

Years in Ministry: _____ **(attach certificates of ministerial education or experience)**

Educational History:

Name of School City & Province	**Years Attended** 19___-20___	**Degree Earned** Diploma, BA, MA	**Area of Study**

Current Certificate to be Pursued:

Associate of Arts in Biblical Studies, Theology, Christian Counselling and Pastoral Leadership ☐
Bachelor of Arts in Theology, Psychology, Christian Education, Biblical Studies and Counselling ☐

Please note that we require any copies from all previous learning institutions
Please note also that this signed contract is binding, and tuition is non-refundable after 21 days.
If you agree with brochure and all terms and conditions, please sign here: _____

PAYING BY CREDIT CARD: We accept Card Types: ☐ **Visa** ☐ **MasterCard**

I, _____ agree that ULM will be charging my Credit Card in the amount of $_____

Credit Card#|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| **Expiry Date**|__|__| |__|__|

Signature: _____ **Date:** _____