

# EVANGELICAL THEOLOGICAL COLLEGE (ETC)

PO Box 5773 • Telephone: +251 11 371 2073 • Email: [etcollege@ethionet.com](mailto:etcollege@ethionet.com) • [www.etcollege.org](http://www.etcollege.org)

## Student Application for Admission

(Application Fee of ETB 40.00 must be attached to this form to be processed)

Attach two (2) photos here



### PERSONAL INFORMATION

Full Name: \_\_\_\_\_  
 (Please print)      Your Name      Your Father's Name      Your Grandfather's Name

Nationality: \_\_\_\_\_

Birth Place: \_\_\_\_\_ (Country) \_\_\_\_\_ (Town/City)

Date of Birth (G/C): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Month/Day/Year)

Address: \_\_\_\_\_  
                                  Town/City      Wereda      Kebele      House No      Phone (home)  
 \_\_\_\_\_  
                                  Phone (office)      PO Box      Email

Marital Status:      Single       Married       Divorced       Remarried

Spouse's Name (if married): \_\_\_\_\_

Your Occupation / Ministry: \_\_\_\_\_

Employer (if employed): \_\_\_\_\_

Church group/denomination: \_\_\_\_\_

Church Address: \_\_\_\_\_  
                                  Town/City      Wereda      Kebele      House No  
 \_\_\_\_\_  
                                  Phone (office)      PO Box      Email

Are you handicapped? If yes, how?      Hearing       Vision       Other  \_\_\_\_\_

### SCHOOLS

Give a complete record of all schools attended starting from high school (include college, university, Bible institute, seminary, correspondence, and other schools).

Name of School	Location	Years Attended	Degree/Diploma/ Certificate Pursued	Major	Graduated
		(From - To)			Yes or No
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

**ATTENTION:** You need to bring the original of the results of each ESLCE (Ethiopian School Leaving Certificate Examination) that is relevant for the application process with a photocopy of each. The originals will be returned to you.

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## APPLICATION QUESTIONNAIRE

Which program are you planning to attend?

Diploma  Degree

**NOTE:** ETC requires a minimum grade point average (GPA) of 2.0 for the degree program, The applicants should have five passes including Mathematics and at least "C" in English. If you have completed under the new educational program (10+2), ETC requires you to have a result that will enable you to join Addis Ababa University.

Are you planning to enroll full-time or part-time?

Full-time  Part-time

**Note:** Students who are taking four courses and above in a semester are considered to be "full-time" and those who are taking three courses and below are considered to be "part-time."

Are you able to cover all your expenses for attending ETC through your own resources or otherwise?

Yes  No

If not, what is your plan?

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If you are accepted, do you agree to abide by the rules of the college?

Yes  No

Signature of applicant: \_\_\_\_\_

## PERSONAL STATEMENT

State in fifty (50) words or less, why you would like to enroll in the ETC.

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## TO BE FILLED BY THE REGISTRAR

THE FOLLOWING ITEMS WILL BE CHECKED BY THE REGISTRAR BEFORE APPLICATION IS CONSIDERED COMPLETE FOR AN ACCEPTANCE PROCESS:

- \_\_\_\_\_ The originals and photocopies of all ESLCE or 10+2 results and transcripts that are relevant for the application process.
- \_\_\_\_\_ The originals and photocopies of transcripts of all **post** secondary courses taken
- \_\_\_\_\_ The originals and photocopies of certificates, diplomas, and/or degrees
- \_\_\_\_\_ Two current photographs of the applicant (Applicant's name written on the back)
- \_\_\_\_\_ Applicant's personal testimony
- \_\_\_\_\_ Church recommendation form
- \_\_\_\_\_ Ministry supervision form
- \_\_\_\_\_ Non-refundable application fee of ETB 40.00

### ESLCE RESULTS

English: \_\_\_\_\_

Maths: \_\_\_\_\_

GPA: \_\_\_\_\_

### ACCORDING TO THE NEW EDUCATIONAL POLICY

10+2 Result: \_\_\_\_\_

10+3 Result: \_\_\_\_\_

*Continues on next page...*

## APPLICANT'S PERSONAL TESTIMONY

Write your personal testimony including “how” and “when” you became a believer.

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## CHURCH RECOMMENDATION FORM

**THIS FORM IS CONFIDENTIAL**

**NOTE:** This form is to be given to the pastor or to one of the elders of the Applicant's church. After completing this form, he/she should send it in a sealed envelope by hand or by mail to:

The Registrar, Evangelical Theological College

PO Box 5773, Addis Ababa

The application will not be considered complete without this form. Please PRINT.

Name of Applicant: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Church Address: \_\_\_\_\_

Town/City

Wereda

Kebele

House No

Phone (office)

PO Box

Email

How long has the applicant been a believer? \_\_\_\_\_

Is the applicant a member of your church? Yes  No

How long has he/she been a member? \_\_\_\_\_

In what church ministries is the applicant involved? \_\_\_\_\_

Has this person been publicly dedicated to the ministry in your church? Yes  No

What can you tell us about his/her character? (*Write strengths and weaknesses*)

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

How well does the applicant work under authority?

Why do you feel this applicant should attend the ETC?

What future ministry or service do you anticipate he/she will have in your church?

**I hereby recommend this applicant as a student at the Evangelical Theological College.**

Name of person filling in this form: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Church Stamp: \_\_\_\_\_

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## MINISTRY SUPERVISION FORM

**NOTE:** This form must be completed and submitted to the Registrar at ETC before the student can be considered for acceptance into the Degree program.

If the applicant is accepted, our church, denomination, or fellowship of churches \_\_\_\_\_  
\_\_\_\_\_ is committed to upholding \_\_\_\_\_ (Name of applicant)

as he/she pursues the Bachelor of Theology degree, Associate of Theology degree, or Diploma of Theology at the Evangelical Theological College.

We agree with the applicant's decision to pursue this degree or diploma and we commit ourselves to stand beside him or her as he/she pursues his/her studies.

Specifically, we understand that the applicant will be expected to be involved in ministry experience during his/her time of study. Therefore:

- We agree to provide the applicant with a **ministry** throughout his/her time of study,
- We agree to provide a **Ministry Supervisor** throughout his/her time of study, and
- We agree to have the Ministry Supervisor **file regular reports** on the student's ministry performance.

The name of the Ministry Supervisor for this applicant is: \_\_\_\_\_

The Ministry Supervisor should:

- Be available, experience, knowledgeable of the ministry area, and
- Have sufficient authority to counsel/critique the student.

Name of person signing for the church: \_\_\_\_\_

Position in the church: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Church Stamp: \_\_\_\_\_