

Application Form (PLEASE PRINT)

APPLICANT INFORMATION

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *Postcode*

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

FEES

Non-Refundable Application Fee:	\$100.00 <input type="checkbox"/>	(NB: For first time students only and can be used towards your tuition fee)
Per Term Tuition Fee:	\$300.00 <input type="checkbox"/>	Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/> (please tick which is applicable)
<b>OR</b>		
Annual Tuition Fee (4 Terms):	\$1,100.00 <input type="checkbox"/>	(Discount of \$100 applies for annual payment) <b>TOTAL \$</b> _____

Payment Details: **Cheque Attached**  **Direct Deposit\***  **Money Order Attached**

\*Direct Deposit Instructions:

1. Account: Anoint the World Ministries, BSB: 306041; Acc No: 0632473
2. Please ensure you put your initial and surname on the reference line along with the code "ATWCM". Eg. J Smith ATWCM
3. Please attach a printout of the bank transfer receipt and attach to this form.

CHURCH INFORMATION

Church you attend regularly \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

REFEREES - PLEASE LIST TWO PERSONAL REFERENCES

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**Please return this form, along with your payment to: Anoint the World College of Ministries, PO Box 954, Hilarys WA 6923**

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

Date Application Received: \_\_\_\_\_ Payment Processed: \_\_\_\_\_