ST. JEROME SCHOOL OF THEOLOGY AMESI

Institute For Basic Formation In Theology And Christian Leadership

St. Vincent Catholic Church
Otikpo, Amesi Aguata L.G.A
Anambra State
+234806-902-0495
stjeromesth@ekwulobiadiocese.org

Personal Information

1. **Full Name:**
   - First Name: _____
   - Middle Name: _____
   - Last Name: _____
2. **Date of Birth:**
   - Day: ___ / Month: ___ / Year: _____
3. **Gender:**
   - ☐ Male
   - ☐ Female
4. **Marital Status:**
   - ☐ Single
   - ☐ Married
   - ☐ Divorced
   - ☐ Widowed
5. **Nationality:**
   - _____
6. **Contact Information:**
   - Address: _____
   - City: _____
   - State/Province: _____
7. **Phone Number:**
   - Home: _____
   - Mobile: _____
8. **Email Address:**
   - _____

Academic Information

1. **Educational Background:**
   - High School: _____
   - Graduation Year: _____
   - GPA: _____

2. Undergraduate Degree (if applicable):

- Institution: _____
- Major: _____
- Graduation Year: _____
- GPA: _____

3. Graduate Degree (if applicable):

- Institution: _____
- Major: _____
- Graduation Year: _____
- GPA: _____

4. Other Relevant Qualifications or Certifications:

- _____

Program of Interest

1. **Program Applying For:**
   - o ☐ Diploma in Theology (4 years)
   - o ☐ Certificate on New Evangelization (1 year)
   - o ☐ Certificate in Theology (for workshop/seminar attendance)
2. **Intended Start Date:**
   - o Semester: _____
   - o Year: _____

Religious Background

1. **Denomination:**
   - o _____
2. **Church Membership:**
   - o Parish Name: _____
   - o Name of Parish Priest: _____
   - o Parish Priest's Phone Number: _____
3. **Brief Description of Your Faith Journey and Call to Ministry:**
   - o _____
   - o _____
   - o _____

Additional Information

1. **Why do you wish to attend St. Jerome School of Theology, Amesi?**
   - o _____
   - o _____
   - o _____
2. **How did you hear about St. Jerome School of Theology, Amesi?**
   - o _____
3. **Any Special Needs or Accommodations Required:**
   - o _____

Declaration

I declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in the rejection of my application or dismissal from the program.

- **Signature:** _____ (Full Name)
- **Date:** _____

Submission Checklist

- Completed Admission Form
- Academic Transcripts

- Letter of Recommendation from your Parish Priest
- Application Fee (₦2,000)

Thank you for applying to our School of Theology. We look forward to reviewing your application.