

APPLICATION FORM – HORIZON COLLEGE & SEMINARY

PLEASE TYPE OR PRINT CLEARLY: Applicants must meet the basic requirements as stated in the current Horizon College & Seminary catalogue.

Horizon Student Reference (if any): _____
(If you are attending Horizon as a direct result of a Horizon Student please identify that student in the space above.)

How did you hear about Horizon? _____
(E.g. CCU Fair, Facebook, Pastor, Family/Friend, Church Visit, Magazine, Newspaper, Radio, Web Site, Other)

A. GENERAL

Male Female

1. First Name: _____ Middle: _____

Last: _____

2. Present Address: _____ City: _____

Prov/State: _____ Postal/Zip: _____ Country: _____

3. Permanent Address: _____ City: _____

Prov/State: _____ Postal/Zip: _____ Country: _____

4. Phone Number: (____) _____ Business: (____) _____

Fax: (____) _____ Email Address: _____

5. Date of Birth: _____

6. Birthplace: _____

7. Are you a Canadian citizen? Yes No Permanent Resident? Yes No

If you are not a Canadian citizen, what is your country of citizenship?: _____

8. Marital Status: Single Engaged Married Other (explain): _____

If married or engaged, name of spouse or fiancée: _____

Do you have children? Yes No Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

9. Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ City: _____

Prov/State: _____ Postal/Zip: _____ Country: _____

Phone Number: (____) _____ Email: _____

10. If you were not in high school this past year, how have you spent your time? (E.g. Working, Post Secondary Education, etc.) _____

B. EDUCATION

1. Highest grade completed/completing: _____ Graduation date: _____

2. Did you repeat any year? Yes No If so, which? _____

3. Have you ever been denied admission, expelled, or suspended from a school or college? Yes No
If yes, please attach an explanation.

4. List high schools and post-secondary institutions you have attended, indicating certificates, diplomas or degrees earned (major areas of study):

Name of School	Years Attended	Course Level Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Check the course of studies you plan to take at Horizon:

- Bachelor of Theology (4 years)
 - Pastoral Ministries Major
 - Children's Ministries Major
 - Youth Ministries Major
- Bachelor of Arts (4 years)
 - Pastoral Ministries Major
 - Children's Ministries Major
 - Youth Ministries Major
 - Christian Studies Major
- Diploma (3 years)
 - Pastoral Ministries
 - Christian Studies
- Advanced Certificate (2 years)
 - Pastoral Ministries
 - Christian Studies
- Certificates (1 year)
 - Christian Studies
 - Global Missions Force
 - Maximum University Transfer
 - Edge
 - Worship Leadership

6. Indicate the semester you plan to begin your studies:

- Fall Semester (Sept-Dec) Winter Semester (Jan-Apr)

7. Indicate status:

- Full time (9 and over credit hours) Part time (under 9 credit hours)

C. FINANCES

Important: Please note that total fees for the first semester are due during Fall registration and total fees for the second semester are due during Winter registration.

1. How do you plan to meet your expenses while at College? _____

2. Are you presently in debt? Yes No If yes, explain: _____

3. Do you plan to apply for financial assistance? Yes No

**If other than government student loan, please provide the following information:

Funding Agency: _____

Address: _____

City: _____ Prov/State: _____ Postal/Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Counsellor/Contact Person: _____

4. Do you wish to be considered for entry level scholarships at Horizon College and Seminary?
 Yes No

**D. ACCOMMODATION
SINGLE STUDENTS ONLY**

If you qualify (according to the Undergraduate Student Handbook) do you intend to live off campus?

Yes No

E. REFERENCES (Please complete all 3 references – no family members)

1. Pastoral

Name: _____

Address: _____ City: _____

Prov/State: _____ Postal/Zip: _____ Country: _____

Email: _____ Phone: (____) _____ Fax: (____) _____

2. Employer/Friend Employer Friend

Name: _____

Address: _____ City: _____

Prov/State: _____ Postal/Zip: _____ Country: _____

Email: _____ Phone: (____) _____ Fax: (____) _____

3. Academic/Pastoral High School/College Counsellor Teacher Church Official

Name: _____

Address: _____ City: _____

Prov/State: _____ Postal/Zip: _____ Country: _____

Email: _____ Phone: (____) _____ Fax: (____) _____

F. PERSONAL

1. On a **separate piece of paper**, please write a brief account of your life and background. Write 3-4 sentences on each of the following:

- a. Home environment, including occupation of parents.
- b. Spiritual history, including conversion and spiritual growth.
- c. Any witnessing and practical Christian work(s) you have done.
- d. Your motive and purpose for enrolling at Horizon.
- e. Personal plans and hopes for your life following your studies at Horizon.

2. Are you living a consistent Christian life? Yes No

3. How long have you been a Christian? _____
(For admission, we normally require a minimum of 1 year's consistent Christian living.)

4. What is your understanding of the "Baptism in the Holy Spirit"? _____

Have you received this experience? _____

5. What church do you regularly attend? _____

Church Denomination: _____ Pastor's Name: _____

Address: _____ City: _____ Prov/State: _____

Postal/Zip: _____ Phone: (____) _____ Fax: (____) _____

6. Have you ever used non-prescription drugs, alcohol or tobacco? Yes No

If yes, what and how often? _____

When did you last use? _____

7. What employment or business experience have you had? (attach a resume if you prefer) _____

8. List specific talents and abilities that you perceive you have. Include such items as musical instruments you play, drama, creative writing, etc: _____

9. List any formal training in #8 above: _____

10. What sports do you participate in? _____

11. List your hobbies: _____

G. STATEMENT OF PERSONAL COMMITMENT

Once I register as a student at Horizon College and Seminary, I will submit to all requirements and regulations of the College.

Signature: _____ Date: _____

H. BE SURE TO ENCLOSE:

- \$50 Non-refundable Application Fee (\$60 for International Applicants)
- Recent photo attached
- High school transcript:
 - Official – Sent by the high school or Provincial Education Board (required)
 - Unofficial – for temporary reference use only
- Post-secondary transcripts (if applicable):
 - Official – Sent by the institution(s) (required)
 - Unofficial – for temporary reference use only
- Personal account of your life (Section F, Part 1)
- Reference names, full addresses and email
- Other documents as you may have indicated (e.g. resume)

*We are unable to process your application until we have received all necessary documents. All documents submitted for your application become a part of your confidential, personal file and will not be returned or released.

Please email a recent photo in a separate attachment.

MEDICAL HISTORY FORM

*This form is for health and safety reasons only. If you choose to withhold any information, you at the same time relieve Horizon College and Seminary from any and all liabilities that arise from our not having that knowledge.

Full Name: _____

Date of Birth: _____

Address: _____ City: _____

Prov/State: _____ Postal/Zip: _____ Country: _____

Emergency Contact: _____ Relationship: _____

Address: _____ City: _____

Prov/State: _____ Postal/Zip: _____ Country: _____

Type of Hospital/Medical Insurance: _____ Policy #: _____

Do you have any infectious diseases? Yes No

MEDICAL HISTORY: (to be completed by the applicant)

1. Have you ever been treated in hospital? Yes No

Hospital:	Condition Treated:	Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Have you ever suffered from or received treatment for a mental, emotional, or nervous disorder? Yes No

If yes, please explain: _____

3. Indicate if afflicted with any of the following:

- Diabetes Epilepsy Asthma Hay Fever
 Fainting Spells Headaches HIV/AIDS

4. Do you take medicine regularly? Yes No If yes, name of medicine: _____

5. Check any of the following you have had and give approximate date:

- Measles _____ Tuberculosis _____ Whooping Cough _____
 Rheumatic Fever _____ Mumps _____ Polio _____
 Scarlet Fever _____ Hepatitis _____ Small Pox _____
 Infectious Mononucleosis _____ Other _____

6. Any complications from the above? _____

7. Are you allergic to anything? _____

8. Has a Doctor ever required you to be on a special diet? Yes No

State reason: _____

9. Is there anything about your health (either past or present) not covered above of which the College should be informed?

Yes No

If so, please explain: _____

10. Surgical History: _____

11. Height: _____ Weight: _____ Blood Pressure (if known): _____

12. Name of Doctor: _____

Address: _____ City: _____

Prov/State: _____ Postal/Zip: _____ Country: _____

Phone: (____) _____ Fax: (____) _____

Signature: _____ Date: _____

Please send your completed application form by mail to:

Horizon College & Seminary
1303 Jackson Ave.
Saskatoon SK S7H 2M9

Or by email to:

admissions@horizon.edu

If you have any questions, please call:

1-306-374-6655
toll free: 1-877-374-6655

Office Use Only

Received: _____ App. Fee (\$50 – Int. \$60): _____

H.S. Transcript: _____ Other Transcripts: _____

Reference 1: _____ Reference 2: _____

Reference 3: _____ Picture: _____

Personal account: _____ Accepted: _____