



KALEO COLLEGE

APPLICATION FORM

AFFIX PHOTO HERE

Instructions:

The applicants are expected to FILL in **BLOCK** the blank spaces. Submit the completed form to the college by sending it to Academics, P.O. Box 416-10202 Kangema, or email to info@kaleocollege.ac.ke
Sections marked with an asterisk (*) are a mandatory.

PERSONAL DETAILS *

NAME: _____

STATUS: _____ New Applicant _____ Continuing Student

ADDRESS: _____ POSTAL CODE _____ TOWN _____

NATIONAL I/D NO / PASSPORT: _____ PHONE #: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ SEX: _____ MARITAL STATUS: _____

NAME OF NEXT OF KIN: _____ PHONE #: _____

PROGRAM APPLYING FOR: _____ YEAR: _____

CHURCH AFFILIATION: _____ POSITION: _____

ACADEMIC BACKGROUND* (*start with the most recent*)

YEARS ATTENDED	SCHOOL & ADDRESS	CERTIFICATE AND GRADE ACQUIRED

MINISTRY EXPERIENCE (*Start with most recent appointment*)

TIME (YEARS)	MINISTRY/CHURCH & ADDRESS	TITLE/RESPONSIBILITY

SUPPORTING DOCUMENTS*

Send this application with copies of your certificates, one reference/recommendation from your Pastor or Bishop, and two (2) passport size picture. Include a brief statement on a separate page about yourself indicating what you feel you will gain from the applied programs (about 250 words).

OFFICIAL USE ONLY

List of Documents Received: _____

Received by: _____ Title: _____ Date: _____

Verified by: _____ Title: _____ Date: _____

