

Kanana Fou Theological Seminary

2 Kanana Fou Street, P.O. Box 456
Pago Pago, American Samoa 96799
PH: (684) 699-0100 / (684) 254-7349
WEBSITE: www.kftseminary.org



Full Name:						
Last				First		Middle
Date of Birth:				Socia	al Security:	
Place of Birth:			_	Nationality:		
Address:						
Street		City			State	Zip
Program of Study: [] [Ü	·	CTS)	
	[] Bachelor of Divinity (Because (Check only one): Married		ŕ	Widowed	Single	
Full Name of Spouse:						
Do you have children? □ Yes □ No If you pleas		5 0	ur child (or children) is accompanying you, se list the names and ages below:			
Name:					Age: _	
Name:					Age: _ Age: _	
Educational Background:					_	
Name of High School:				Year Grad	uated:	
Name of College or University _				Year Grad	uated D	legree
Name of College or University _				Year Grad	uated D	legree
Trade/Technical School				Year Grad	luated Γ	Degree

Employment: Please list your employment expe	rience in the last five (5) years.
Special Trades/Skills:	
Medical Background	
Studying and other related activities at Kanana F provide us with a physical evaluation from a p	
Physical Evaluation Form (refer to pages 6-7) mu	
form in preparation for your Ta'utinoga	
Background Check:	
Please provide a police report listing all previous or Criminal Records can be acquired at your near along with your application in preparation for your	rest police station. This report will be submitted
Name of Pastor:	Sub-district (Pulega):
Phone of Pastor:	Elder of Sub-District:
Emanganay Contact Information	
Emergency Contact Information	
Person of contact:	Relationship to you:
CONTACT INFORMATION:	
CONTACT INFORMATION:Phone	E-Mail

REFERENCE FORM (page 1)

Recommendation for Admission

TO THE APPLICANT

Please complete the section below and give this form to the person whom you have asked to write a letter on your behalf. The completed and signed form and recommendation should be sent directly to the Office of Admission. This form can also be sent to the recommender via email through the online application system, which is preferred by the KFTS admissions office.

APPLICANT NAME (LAST,	FIRST, MIDDLE)	
CURRENT MAILING ADDI	RESS (STREET OR P.O. BOX A	DDRESS)
CITY	STATE	ZIPCODE
EMAIL ADDRESS	РН	ONE NUMBERS
DEGREE BEING SOUGHT	Γ:	
[] Certificate of Theologica	[] Minist	of Divinity (BD) try and Personality and Theology
TYPE OF RECOMMENDA	ATION	
[] Academic Reference [] Pastoral Reference	[] Ecclesiasti [] Employme	ical Reference ent Reference
•	ivacy Act of 1974 gives you the ripport of applications for admission of recommendation.	
[] I waive my right to inspect	this letter. [] I do not waive	my right to inspect this letter.
SIGNATURE OF APPLICAN	 NT	DATE

Please Note: This letter will not be considered unless dated and signed by the applicant.

REFERENCE FORM (page 2)

Recommendation for Admission

TO THE RECOMMENDER

The Admission Committee appreciates receiving your Letter of Recommendation for the applicant (named on page 1 of this form). The information you provide is considered an important part of the application process. It is in the best interest of the prospective student as well as the school to make your comment both candid and substantial. Your insights will be of value in judging the applicant's qualification for admission as well as assisting him/her to plan an educational program responsive to both professional and personal growth needs.

RECOMMENDER'S NAME (LAST, FIRST)	
ADDRESS (STREE, CITY, STATE, ZIP)	
ADDRESS (STREE, CITT, STATE, ZIIT)	
OCCUPATION	
WORK TELEPHONE	HOME/CELL TELEPHONE
SIGNATURE OF RECOMMENDER	DATE

INSTRUCTIONS FOR THE RECOMMENDER

In your letter of recommendation please respond to the questions below. Please send this form along with your signed letter of recommendation directly to the Office of Admission.

- How long, how closely, and under what circumstances have you known the applicant?
- If you are a professor/instructor, please evaluate the applicant's academic capacity and past academic performance as well the individual's ability to engage in undergraduate and/or professional studies.
- How would you evaluate the applicant's ability to succeed in an undergraduate academic environment?
- How open and flexible is the applicant to differing viewpoints and perspectives on religious, social, and intellectual issues?
- What leadership abilities has this applicant illustrated? What is his/her potential for leadership in the future?
- Describe the applicant as a person: strengths, limitations, usual way of relating to others, and ability to cope with stress and conflict.
- What, if anything, can you tell us about the applicant's religious experience, the maturity of his/her spiritual development, and needs for spiritual growth?
- What is the applicant's formal relationship and involvement with the church/denomination?
- How would you describe the applicant's awareness and response to social concerns and the role of religious communities in the world?

Return this form along with your signed Letter of Recommendation to:

Kanana Fou Theological Seminary | Office of Admission | P.O. Box 456 | Kanana Fou, AS 96799

PERSONAL STATEMENT

You may attach additional pages if needed for your answers.

Briefly state your reason(s) for choosing Kanana Fou Theolog	gical Seminary?
What programs or events that really influenced your decision to enr	roll at Kanana Fou?
How would you describe yourself? What are your strengths and lin	mitations?
If graduate from Kanana Fou, in what way would you use your theo	ological training?
What is your opinion and response to social issues and the ro-	le of religious communities in the world?
Who are the most influential persons in your life? How have you are now?	they inspired your decision and the person
STUDENT SIGNATURE	DATE

PHYSICAL EXAMINATION FORM

Name:Last		First		Middle	
DOB:////					
TO THE EXAMINING HEAL information supplied will be us Fou Theological Seminary. Mewhether the applicant is medical	ed as a bac dical recor	kground for ds will be ex	the applican amined by a s	t to enter study in the Kana	na
Date of Exam:	BP: R		PULSE:	HEIGHT:'_	
	L			WEIGHT:	_ lbs
	Normal	Abnormal		Remarks	
General Health					
Skin					
Ears					
Eyes (include funduscopic exam)					
Neck (include thyroid exam)					
Lungs					
Heart					
Abdomen Abdomen					
Abdomen					

	CIRCI	LE ONE
Does the applicant show any disabilities which will affect their studies?	YES	NO
If Yes, please explain:		
Does the applicant have any medical histories which will affect their		
studies?		
If Yes, please explain:	YES	NO
Is the applicant physically and mentally fit to participate in all educational		
and physical activities within the seminary?		
If No, please explain:	YES	NO
Medical Summary (Note Problems or Suggestions for Care [if applicable])		
Name of Physician: Date:		
	Hospital S	Stamp/Seal
Signature: MD DO CRNP		

CHECKLIST OF THINGS TO BE SUBMITTED:

[] Application (EVERYTHING MUS	T BE FILLED OUT)	
[] Personal Statement (If an attachme	ent is required for page 5, please be sure to	include here)
[] One Reference Letter (Name of Rec	commender must be in line with informati	on on page 4)
[] Physical Examination Form (Stamp	from physician MUST be acquired as see	en on page 7)
[] Police Report		
[] \$40 Application Fee		
Failure to complete the whole applicat	are collected and fully completed before su ion may affect your application process. If please contact the Registrar, Rev. Craig M. @kftseminary.org	there are any
SIGNATURES		
	rmation is correct and true to the best of my na Fou Theological Seminary for the full co	_
APPLICANT'S SIGNATURE		DATE
applicant stated above is of good mora	his sub-district (<i>pulega</i>), do hereby declare all character and conduct, and that I recomm nary subject to his/her passing of the Writte	end his/her
ELDER'S SIGNATURE	SUB-DISTRICT (PULEGA)	DATE

PLEASE NOTE: The signature of the Sub-District (Pulega) Elder is required for all candidates who are affiliated with the CCCAS in the United States, Hawaii, Australia, New Zealand, and American Samoa.