

## KFTS Form 302



**Employment:** *Please list your employment experience in the last five (5) years.*

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**Special Trades/Skills:**

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**Medical Background**

Studying and other related activities at Kanana Fou may be stressful, and it is required that you **provide us with a physical evaluation from a physician** stating your current health condition. Physical Evaluation Form (refer to pages 6-7) must be completed and attached to this application form in preparation for your *Ta'utinoga*

**Background Check:**

Please **provide a police report** listing all previous charges and offences (if any). Police reports or Criminal Records can be acquired at your nearest police station. This report will be submitted along with your application in preparation for your *Ta'utinoga*

**Name of Pastor:** \_\_\_\_\_

**Sub-district (*Pulega*):** \_\_\_\_\_

**Phone of Pastor:** \_\_\_\_\_

**Elder of Sub-District:** \_\_\_\_\_

**Emergency Contact Information**

Person of contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

CONTACT INFORMATION: \_\_\_\_\_  
Phone E-Mail



**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.

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**RECOMMENDER'S NAME (LAST, FIRST)**

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**ADDRESS (STREE, CITY, STATE, ZIP)**

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**OCCUPATION**

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**WORK TELEPHONE**

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**HOME/CELL TELEPHONE**

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**SIGNATURE OF RECOMMENDER**

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**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 Theological Seminary?

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What programs or events that really influenced your decision to enroll at Kanana Fou?

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How would you describe yourself? What are your strengths and limitations?

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If graduate from Kanana Fou, in what way would you use your theological training?

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What is your opinion and response to social issues and the role of religious communities in the world?

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Who are the most influential persons in your life? How have they inspired your decision and the person you are now?

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STUDENT SIGNATURE

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DATE

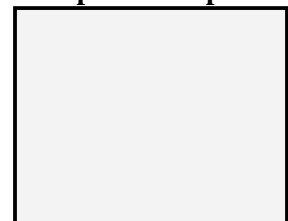


	<b>CIRCLE ONE</b>	
<b>Does the applicant show any disabilities which will affect their studies?</b>  If Yes, please explain:	YES	NO
<b>Does the applicant have any medical histories which will affect their studies?</b>  If Yes, please explain:	YES	NO
<b>Is the applicant physically and mentally fit to participate in all educational and physical activities within the seminary?</b>  If No, please explain:	YES	NO
<b>Medical Summary (Note Problems or Suggestions for Care [if applicable])</b>            		

Name of Physician: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ MD DO CRNP

**Hospital Stamp/Seal**

**CHECKLIST OF THINGS TO BE SUBMITTED:**

- ☐ Application (***EVERYTHING MUST BE FILLED OUT***)
- ☐ Personal Statement (***If an attachment is required for page 5, please be sure to include here***)
- ☐ One Reference Letter (***Name of Recommender must be in line with information on page 4***)
- ☐ Physical Examination Form (***Stamp from physician MUST be acquired as seen on page 7***)
- ☐ Police Report
- ☐ \$40 Application Fee

Please see that all documents and fees are collected and fully completed before submission. Failure to complete the whole application may affect your application process. If there are any questions concerning your application, please contact the Registrar, Rev. Craig Masaniai at (684)254-7349 or by email at registrar@kftseminary.org

**SIGNATURES**

I certify that the abovementioned information is correct and true to the best of my knowledge, and that I wish to be enrolled in Kanana Fou Theological Seminary for the full course of studies.

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APPLICANT'S SIGNATURE

DATE

I, the undersigned Elder in-charge of this sub-district (*pulega*), do hereby declare that the applicant stated above is of good moral character and conduct, and that I recommend his/her application for enrollment in the seminary subject to his/her passing of the Written Entrance Examination.

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ELDER'S SIGNATURESUB-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.*