



Heritage of Faith Bible Institute & Leadership Academy

An Outreach of Jerry Savelle Ministries International

Witbank Campus 7 Duiker Street, Reyno Ridge, Witbank Tel 013 697 2476

e-mail hfbi@hfbi.co.za (Your campus details)

Application for Admission 2025

Requirements for making application:

1. Attach a current photo and copy of ID Document
2. Enclose a **R500 (R600 for 5th & 6th Year)** non-refundable application fee [Payable to Heritage of Faith Bible Institute].
3. The 2 recommendation forms [1 pastor and 1 personal] to be submitted with every application form
4. Do not leave any question unanswered. If a question is not applicable, kindly write N/A

Attach photo here.

[Head and shoulders only]

**This application may
not be processed
without a photo and
copy of ID Document**

Application data

Program application:	1 st Year Bible Institute	<input type="checkbox"/>	R5 720 or R715 pm over 8 months
[Please tick]	6 pack Mon	<input type="checkbox"/> or Thu	<input type="checkbox"/> R2 860 or R358 pm over 8 months
	2 nd Year Bible Institute	<input type="checkbox"/>	R5 720 or R715 pm over 8 months
	6 pack Mon	<input type="checkbox"/> or Thu	<input type="checkbox"/> R2 860 or R358 pm over 8 months
	3 rd Year Leadership Academy	<input type="checkbox"/>	R6 240 or R780 pm over 8 months*
	4 th Year School of Ministry	<input type="checkbox"/>	R7 680 or R960 pm over 8 months *
	5 th Year Master in Ministry	<input type="checkbox"/>	R11 680 or R1460 pm over 8 months *
	6 th Year Doctorate	<input type="checkbox"/>	R14 160 or R1770 pm over 8 months *

Note: A 10% discount will be awarded if the full tuition and registration fees are paid before end of February 2023.

* Carry two [2] years registration to complete the program. Re-registration is required for longer study periods at a reduced tuition fee

Have you previously applied to study this programme? Yes ☐ No ☐

If yes, please answer the following questions.

Year of previous application _____ Name of Campus _____

Personal data

Name of Applicant _____

Last

First

ID Number _____

Address _____

Number and Street

Suburb

City.

Postal code

Postal Address _____

Postal Code

Cellular Number (Personal) _____

Telephone Number (Alternative) _____

E-mail Address _____

Family Information

Marital Status Married ☐ Divorced ☐ Single ☐

Is your spouse in agreement with your decision to attend this school? Yes ☐ No ☐

Number of minor children _____ Ages _____

Christian Background

When did you receive Jesus Christ as your personal Lord and Saviour?

Year _____

Have you been baptised in the Holy Spirit with the evidence of speaking in other tongues?

Yes ☐ No ☐

Name of church you currently attend _____

Address _____

Name of your Pastor _____ Telephone Number [_____] _____

How long have you been attending this church? _____

What has been your involvement? Please list volunteer activities and service period.

Have you attended any other Bible College? Yes ☐ No ☐

If yes, kindly list full details of previous School/College

Academic Background

Have you graduated from High School? Yes ☐ No ☐ Year _____

If no, what is your highest level of education completed? _____

Please list all higher educational institutions you have attended.

Name of Institution	Dates	Major	Qualification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any learning disabilities? Yes ☐ No ☐

If yes, please describe [i.e. dyslexia, reading, comprehension, etc] _____

Occupational Background

Please list your previous work experience beginning with your last employer.

Name of Employer	Duties Performed	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any occupational or professional skills, hobbies and special interests.

Health Record

Your general health Excellent ☐ Good ☐ Fair ☐ Poor ☐

Answering the following questions will assist the school in preparing for your individual, academic needs.

Do you have any physical limitations [visual, hearing, etc]? Yes ☐ No ☐

If yes, describe the limitations? _____

Are you currently taking prescribed medication? Yes ☐ No ☐

If yes, please give brief details _____

Are you currently undergoing medical treatment? Yes ☐ No ☐

If yes, kindly give brief details _____

Personal Summary

Please state your reasons for desiring to attend Heritage of Faith Bible Institute and the goals you expect to attain while enrolled as a student.

References

One personal recommendation and one pastor's recommendation is required by each applicant. Please provide the names and phone numbers of the people who will be completing your recommendation forms.

Reminder: Before applications can be processed, both recommendation forms must be received by the Admissions Office

Name of Pastor _____ Cell Number _____

Name of Personal _____ Cell Number _____

I certify that all information is true and factual

Signature _____ **Date** _____

AGREEMENT

Please note: No prescribed reading books will be ordered unless it is paid in advance (see price list included in this package).

Registration fee is non refundable and must be paid on registration.

Tuition fees must be paid monthly on or before the 3rd of each month for 8 months. Starting end of February to end of September. In failing to do so you might be suspended and will receive no material until your fees are up to date.

Signed by me in the presence of the undersigned witnesses on

this.....day of.....2025

FULL NAMES OF STUDENT

Surname:..... First Names:.....

Student number:.....

Study Programme: **BBP(1st), AMT(2nd), PLT (3rd), SOM (4th), Masters(5th), Doctorate**
(Please mark relevant course)

Signature of Student:.....

Signature of Witness:.....

Signature of Witness:.....

ASSISTED BY [IN CASE OF MINOR]

FULL NAMES OF PARENT/GUARDIAN

Surname:.....First names:.....

Signature of Parent:.....

Signature of Witness:.....

Signature of Witness:.....

ACCEPTED IN THE PERSONAL LEADERSHIP TRAINING PROGRAM ON

Date_____at_____.

Signed by Dean_____