

COUNCIL FOR WORLD MISSION
SPECIAL ACADEMIC
ACCOMPANIMENT PROGRAMME



APPLICATION FORM
TAINAN THEOLOGICAL COLLEGE AND SEMINARY

General Instructions:

- Please type in your answers, or use CAPITAL letters if you are writing by hand.
- All Special Academic Accompaniment Programme (SAAP) applications must be made through the Office of the church's General Secretary. Please ensure that Section B- Church Endorsement is duly completed by the General Secretary or Moderator on the applicant's behalf.
- **IMPORTANT:** Applicant must pass the institution's English Proficiency Requirement. Additional requirements as stated in Part D - Checklist Form must be submitted along with the application form. Only complete applications forms will be processed.

PART A

Section 1 - Personal Details					
Last Name		First Name			
Full Name as Stated on the Passport					
Date of Birth (dd/mm/yyyy)	___/___/___	Age		Gender	
Passport Number		Passport Issue Date		Passport Expiry Date	
Nationality				Proficient in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language	Mother Tongue		Other Language/s		
Full address					
Mailing address Street address (for courier deliveries):					
Daytime Phone No.					
Mobile Phone No.					
E-mail address					

English Language Proficiency

Eligible applicants must be proficient in the English language. A certificate from the educational institution where the applicant last attended is required to prove the efficiency in English. The TTCS language center will further conduct an English language placement examination to applicants after arrival on campus. Students whose English language proficiency is judged deficient for the needs of work at the graduate level will be advised to enrol in a program leading to the award of a Certificate in Mission Studies.

Proficient in English Language?

Yes No

Qualifications

Please list your previous completed education, starting with your highest qualification first.

Qualification	Name of Institution	Country	Start Date	Completion Date

Previous Scholarships

Please list previous scholarship grants received, starting from the most recent.

Qualification	Name of Institution	Country	Start Date	Completion Date	Scholarship

Certifications and Licensure/ Other Qualifications

Please list your professional certification and licensure (i.e. Licensed Physician, Registered Social Worker, etc.)

Qualification	Name of Institution	Country	Date

Publications

Please include relevant academic, professional articles, chapters or books that you have authored or co-authored.

Title of Publication/ Article/Journal	Publisher	Place of Publication	Date and Year of Publication

The applicant is required to submit copies of scholarly articles or papers authored by the applicant OR an essay of at least 400 words detailing the applicant’s perspective on theology and Christian Ministry.

Section 4 Work Experience

Period of Employment	Employer	Description of Duties

Will you be returning to this position after scholarship studies? Yes No

If No, what type of employment do you hope to gain upon returning home? _____

Section 5 - Proposed Course of Study/ Programme Details

What Program do you want to apply?	<input type="checkbox"/> Master in Religious Studies Degree Programme <input type="checkbox"/> Master in Theology Degree Programme
Month/Year of Entry you are applying for	

Please explain why you chose this institution for your course

Continue on a separate sheet, if necessary.

Section 6 – Reintegration and Action Plan

This part aims to assess how you plan on using the knowledge, skills and experiences to be gained from the CWM SAAP and how this is aligned to your church's over-all mission, goals and objectives. You are strongly advised to consult with your General Secretary/Church Moderator in completing this part.

Over-all Objective				
Specific Objectives	Tasks	Success Criteria/ Indicators	Time Frame	Resources Needed

Continue on a separate sheet, if necessary.

Describe the relevance of your study in the church's mission? Why do you want to study this particular course?

Continue on a separate sheet, if necessary

How is your course relevant to the priority areas of your church?

Continue on a separate sheet, if necessary

Section 7 - Declaration

I certify that all the information I have provided are true and complete to the best of my knowledge and belief.

Signed: **Date**.....

CWM will hold your details on file in order to process your application. We may wish in the future to send you further information about CWM or seek your views about its work. However, if you do not want us to contact you again please tick this box .

PART B

CHURCH ENDORSEMENT

(To be completed by General Secretary/Church Moderator)

The Special Academic Accompaniment Programme is designed to support the capacity development in the church by equipping the body of Christ to carry out God's mission. The Church must make this application in accordance to the church's mission priorities and capacity development plan. The individual on whose behalf the church is making this application must be identified in direct response to the capacity needs of the church, with a commitment to return and serve in the church.

How does this application fit your church's mission priorities and long-term capacity development plan?

Continue on a separate sheet, if necessary.

Is the applicant's Reintegration and Action Plan (see Section 6) consistent with the Church's plans? If yes, how will the candidate be used in the Church upon completion of the scholarship? If no, how will the applicant serve the Church upon return?

Continue on a separate sheet, if necessary.

How is s/he has chosen? Please discuss briefly the selection process undertaken.

Continue on a separate sheet, if necessary.

How will the Church support the candidate and/or the candidate's family during the study period?

Continue on a separate sheet, if necessary

Other Remarks/ Additional Information

Signature of General Secretary/Church Moderator

Name	
Designation	
Full Address	
Telephone No.	
E-mail address	
Date	

PART C

MEDICAL EXAMINATION

Name							
Date of Birth				Age		Gender	
Pulse rate		Blood pressure		Height		Weight	

Emergency Contact Numbers *Please provide two (2) emergency contacts.*

Full Name							
Relationship							
Daytime phone number				Mobile number			
Postal address							
Email							
Full Name							
Relationship							
Daytime phone number				Mobile number			
Postal address							
Email							

<p>Do you need any mobility assistance? <i>If yes, please give details.</i></p>	
<p>Do you have any disabilities CWM should be aware of? <i>If yes, please give details.</i></p>	
<p>Do you have known allergies? <i>If yes, please give details.</i></p>	
<p>Are you aware of any medical conditions that may hinder your participation in the Scholarship Program? <i>If yes, please give details.</i></p>	
<p>Special Dietary Requirements</p>	

IMPORTANT: To be completed by Attending Physician.

Any family history of disease?	
Any serious operations, injuries or illness in the past?	
Any infectious diseases?	
Any eye defects? If yes, are spectacles worn and satisfactory?	
General condition	
Any ear disease/s?	
Are mouth and throat healthy?	
Teeth are well cared for?	
Are heart and lungs healthy?	
Result of chest X-ray	
Any signs of hernia?	
Urine: Any albumen? Any sugar?	
Any organic, nervous or other disorders?	
Any functional disorders?	
Is the applicant emotionally well-balanced?	
Is there any tendency to depression or history of it?	
Have you any knowledge of the applicant's lifestyle and is there any evidence of abuse of alcohol or drugs?	
Do you consider that there are any medical reasons why the applicant should not go abroad for further training?	
Does the applicant need any special diet or regular medical treatment of any kind?	

ATTENDING PHYSICIAN'S CERTIFICATION

I hereby certify that _____ is physically **fit / unfit** to participate in the **Special Academic Accompaniment Programme** of the Council for World Mission.

Signature over Printed Name of Attending Physician

Date _____

Registration No. _____

PART D

**CHECKLIST FORM
TAINAN THEOLOGICAL COLLEGE AND SEMINARY**

Date of Submission: _____

Applicant's Name			
Church Denomination		E-mail address	

IMPORTANT: Please make sure that you have submitted the following documents:

- Accomplished Application Form Part A
- Accomplished Application Form Part B - Church Endorsement
- Accomplished Application Form Part C – Medical Examination
- Copy of the Minutes of the Denominational Committee Approval
- Church’s Long-Term Capacity Development Plan
- Clear copy of passport pages and two (2) copies of passport size photograph
- Certified copy of Proof of other degrees/diplomas
- Certified copy of official transcripts of records
If the document is in a language other than English, please provide copy of the original document and its English translation.
- Certified copy of certifications in original language.
If documents are in languages other than English, please provide copies of the original document and their English translation.
- Copies of scholarly articles or papers OR essay
- Two letters of recommendation assessing the ability of the applicant to pursue graduate level academic studies in English.