

SETH MOKITIMI METHODIST SEMINARY NPC

www.smms.ac.za

FINANCIAL GUARANTEE: SEMINARY COSTS

Kindly complete this form and submit with application

Prospective seminarians are required to submit proof that they will be able to meet their financial obligations before any application for admission will be considered.

STATEMENT OF GUARANTEE

I / We _____
(Full names of guarantor)

in my / our capacity as _____ of

(Applicant's full names)

hereby guarantee payment of the cost of his / her full costs for the entire duration of studies at Seth Mokitimi Methodist Seminary NPC. In the event that the seminarian does not meet the prescribed costs, I / we agree to be jointly liable with him / her for the payment of all outstanding fees.

I / We accept that Seminary costs for 2018 in the amount of R _____ for admin and tuition fees.

ADDRESS: -----

Email: _____

Telephone: _____ (home) _____ (office)

_____ (cell phone)

Signed at _____ on _____ 2016

Signature: _____

SETH MOKITIMI METHODIST SEMINARY NPC (SMMS)

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FIRST REFERENCE FORM

Thank you for completing this reference on behalf of the applicant. Your honest responses will enable us to properly assess whether or not SMMS is an appropriate place of study for his / her needs. Your honest responses will also enable us to better assist him / her with their formation and study programs.

FULL NAME OF APPLICANT:

!

Your name: _____

Contact no(s): _____

Contact Address:

How long have you known the applicant? _____

In what capacity have you known him / her?

Please indicate why you support the applicant's application to enrol at SMMS:

PLEASE PROVIDE YOUR HONEST ASSESSMENT OF THE APPLICANT WITH REGARD TO THE FOLLOWING:

Attitude to advice and authority:

Integrity

Self – control

Academic ability

Attitude to work

Spirituality

Ability to get along with others, especially cross-culturally

In which area of life do you think he / she has the greatest struggle(s):

What are his / her best attributes?

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SECOND REFERENCE FORM

Thank you for completing this reference on behalf of the applicant. Your honest responses will enable us to properly assess whether or not SMMS is an appropriate place of study for his / her needs. Your honest responses will also enable us to better assist him / her with their formation and study programs.

FULL NAME OF APPLICANT:

Your name: _____

Contact no(s): _____

Contact Address:

How long have you known the applicant? _____

In what capacity have you known him / her?

Please indicate why you support the applicant's application to enrol at SMMS:

PLEASE PROVIDE YOUR HONEST ASSESSMENT OF THE APPLICANT WITH REGARD TO THE FOLLOWING:

Attitude to advice and authority:

Integrity

Self – control

Academic ability

Attitude to work

Spirituality

Ability to get along with others, especially cross-culturally

In which area of life do you think he / she has the greatest struggle(s):

What are his / her best attributes?