

To what Church and Denomination do you belong? (Please include mailing address of both below).			
Church Name:		Telephone No(s):	
Church Address:			
Involvement/Ministry:			
Denomination Name:		Telephone No(s):	
Denomination Address:			
Name of Denomination Head:			

Give the names, position, email address & phone numbers of three reliable references who have known you for some time. (DMS/Supervisor, Church Pastor or Leader, Someone serves with you or under you)			
Name:			
Position:			
Email Address:		Mobile No(s):	
Name:			
Position:			
Email Address:		Mobile No(s):	
Name:			
Position:			
Email Address:		Mobile No(s):	

Where/From did you first hear of AGS? (Check appropriate one below)									
<input type="checkbox"/>	AGS student	<input type="checkbox"/>	AGS Staff/Faculty	<input type="checkbox"/>	Advertisement	<input type="checkbox"/>	Pastor	<input type="checkbox"/>	Other:

Person to contact in case of Emergency:	
Address:	
Contact No(s):	

I willingly adhere to the policies and regulations of AGS.

Name and Signature of Applicant/ Student

(For Official Only)
EMAIL THIS FORM AND OTHER REQUIREMENTS TO
dcv2021@ags.edu.ph

CHECKLIST: <input type="checkbox"/> Filled up Application Form with recent 2x2 ID picture attached <input type="checkbox"/> PSA & NSO Authenticated Birth Certificate. For married woman, with PSA & NSO Authenticated Marriage Contract <input type="checkbox"/> Bachelor's Degree Transcript of Records <input type="checkbox"/> Recommendations from:
