Zion Academy Application

7248 Wellington Rd 21
Ariss, ON N0B 1B0
info@zionministries.ca
www.zionministries.ca

Applicant Information:

First & Last Name: _____

Street Address: _____

City, Province, Postal Code: _____

Phone number: _____

E-mail address: _____

Date of Birth: _____
(MM/DD/YYYY)

I am applying for: In Person: ☐ Online: ☐

Questions:

1. How long have you walked with the Lord/been born again?

   _____

2. Are you currently being discipled? If 'yes' please answer questions 3 and 4.
   If 'no' proceed to question 5.

   _____

3. If so, by whom? Please provide contact number

   _____

4. How long have you been discipled?

_____

5. What is your denominational background?

_____

6. Are you currently involved with or under a church community? If so, please list where and your involvement.

_____

7. What is your ultimate desire in attending Zion Academy?

_____

_____

_____

_____

_____

8. Do you have any current struggles/addictions (ie. smoking, drinking, etc)?

_____

_____

If interested in attending Zion Academy:
You need to be at least 18 yrs of age.
Please fill out this application full form along with the $25 administration fee.
Please submit a legible copy of your Photo ID (driver's license) for our records.
Your application cannot be considered until we have this on file.
You can email your application and Photo ID to info@zionministries.ca

Thank you!