



**KBC USA GINWANG
CHYUM HPAJI NINGMU JAHPAW WUNKAT
Theological Foundations Training**

Application for Certificate

1. Name: _____

2. Address: _____

3. Email Address: _____

4. Telephone No. _____

5. Date of Birth: _____

6. Sex: Male () Female ()

7. Marital Status: Single () Married () Divorced ()

Signature of Student

Date

This application must be completed and submitted to the office email address:
shinsai@kbcusakachin.org