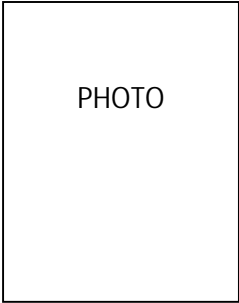


School for Ecumenical Leadership Formation (SELF) 2009  
World Student Christian Federations Asia-Pacific (WSCF A-P)



October 4 (arrival)-25 (departure), 2009  
Manila, Philippines

APPLICATION FORM

Name : \_\_\_\_\_

*Surname*

*First Name*

*Middle Name*

Male:

Female:

Nationality: \_\_\_\_\_ Country: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
*Day/Month/Year*

Present Correspondence Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Church /Religious Affiliation:

*Protestant*

\_\_\_\_\_  
*(Denomination)*

*Catholic*

*Others*

Passport Number: \_\_\_\_\_

Name in Passport *(If different from above)*: \_\_\_\_\_

Passport Expiration Date: \_\_\_\_\_

SCM Involvement *(please tick vone)*

- Student Member
- SCM senior friend
- SCM staff
- SCM Exco/Officer
- Others

Level and Course: \_\_\_\_\_

Brief description of your SCM or Ecumenical Involvement

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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What is your expectation in applying for SELF 2009?

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Do you have any health or dietary restrictions that you want the Local Host and Organizers to consider? If yes, please give further details.

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Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nominated by: \_\_\_\_\_ Signature: \_\_\_\_\_

Position in SCM: \_\_\_\_\_

Endorsed by SCM Chop:

Please submit to: WSCF AP Regional Office  
Unit 1-2, 18/F, 280 Portland Commercial Bldg.,  
Mongkok, Kowloon, Hong Kong  
Email: [wscfap@netvigator.com](mailto:wscfap@netvigator.com)  
Tel: (852) 23852550 Fax: (852) 27823980

DEADLINE OF SUBMISSION: September 1, 2009