



RHEMA BIBLE TRAINING COLLEGE

Mailing Address: P.O. Box 50126, Tulsa OK 74150-0126
Street Address: 1025 W. Kenosha, Broken Arrow, OK 74012

APPLICATION FOR ADMISSION

Fall Semester 20____ Spring Semester 20____

FOR OFFICE USE ONLY			
PC	ED	AF	A
MR	PR	PR	R

I am applying for:
 1st Year 2nd Year 3rd Year (non-consecutive) 4th Year (non-consecutive)

Application Instructions

1. Attach a **CURRENT 2" x 2"** photo. Head and shoulders only.
2. Enclose the **\$30 NONREFUNDABLE** fee.
3. Answer **ALL** questions. If a question does not apply, write "DNA" (Does Not Apply).
4. Applications are not processed until all of the application is completed and the three recommendation forms and required fees are received.
5. Additional pages are included and must be completed if you are applying to Rhema School of World Missions or Rhema School of Worship.

2"

**Head & Shoulders
Photo ONLY**

**Do not send application 2"
without PHOTO.**

**A passport picture is
recommended.**

PRINT FULL LEGAL NAME.

Name (last)	(first)	(middle)	Maiden Name	Hometown	State
Present Address			City	State	ZIP
Home Phone () ()		Cell Phone () ()		Email	
Social Security Number	Sex F M	Date of Birth mm / dd / yy	Age	Height Ft. ____ Inches ____	Weight Lbs. ____
					U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No

If you are not a U.S. citizen, please contact Rhema for an international application.

Permanent Residents, please provide the following:
 • A front and back copy of your resident alien card or work permit.
 • Social Security Number _____

Country of Citizenship	Please indicate what status you hold.	Country of Birth
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Race Native American African American Caucasian Hispanic Asian Other

Marital Status (check one) Single Engaged* Married Remarried Divorced Widowed Separated**
 *Confirm in writing if marriage occurs prior to school term. **Give complete details on pages 10-11.

Name of spouse or fiancé(e) (last, first, middle) _____ Date of marriage (present or proposed) _____

Dependents for whom you are responsible. (If married, your spouse and children are required to live in the Tulsa area with you while you are attending RBTC.)

Name	Age	Date of Birth mm/dd/yy	Name	Age	Date of Birth mm/dd/yy

Yes No Have you been previously married? How many times? _____ Date(s) of previous marriage(s) _____
 Date(s) of divorce(s) _____ Number of children from previous marriage(s) _____

Yes No Do you pay child support? How much? _____ Yes No Do you pay alimony to your previous spouse or spouses?

If you do have children, who has custody of them? _____ Where do they presently live? _____
 What are their ages? _____

If not living with you, please explain why on pages 10-11. If children are residing with you and they are under school age, what are your plans for their care while you attend Rhema? _____

Yes No Is your spouse or fiancé(e) saved and filled with the Holy Spirit?
 Yes No Will your spouse or fiancé(e) be attending Rhema this school year? If yes . . . 1st year 2nd year 3rd year 4th year
 Yes No Has your spouse or fiancé(e) previously attended Rhema? What year? _____ Their Social Security No. _____

Consent of Spouse I, the undersigned, am in full agreement for my spouse to attend Rhema Bible Training College. I also confirm that I (including children) will be living with my spouse in the Tulsa, Oklahoma, area while he or she attends Rhema Bible Training College.

Spouse's Signature _____ Date _____

How did you hear about Rhema Bible Training College?

- The Word of Faith Magazine*
 Rhema Praise (TV)
 Rhema for Today (Radio)
 Rhema Bible Church
 Friend
 Graduate
 Current Student _____
 (Provide Name)
 Books
 Website _____
 Other _____

A. CHURCH AFFILIATION AND REFERENCES

List the name of the church which you currently attend.			Pastor's recommendation given to: (Must be current pastor or church leader.)		
Name of Church			Name (If not your pastor, state position of leadership in church.)		
Address			Address		
City	State	ZIP	City	State	ZIP
Pastor			Phone ()		

How long have you attended this church? _____ year(s) month(s)

Are you a member? Yes No

Do you attend regularly? Yes No

Is your pastor a Rhema alumnus? Yes No

If you have attended your present church less than one year, state the reason and include the name of your former church, pastor, and dates of attendance on pages 10–11.

In what church activities are you currently involved?		In what church activities were you formerly involved?		
	How long?		From	To

(If you are not currently involved in your local church, briefly explain the reasons why on pages 10–11.)

Personal recommendation forms given to: (Someone **other than a relative** who has known you well for a year or more.)

Name			Name		
Address			Address		
City	State	ZIP	City	State	ZIP
()			()		
Phone			Phone		

B. STATEMENT OF FAITH

Are you Licensed? Ordained? If so, with what denomination/organization? _____

Yes No Do you believe the Bible is the inspired Word of God and the only infallible guide in matters pertaining to conduct and doctrine?

Yes No Do you believe in the Holy Trinity—that our God is one, but manifested in three persons: the Father, the Son, and the Holy Spirit?

Yes No Do you believe in the deity of the Lord Jesus Christ, that He is God made flesh, and He is the only mediator between God and man?

D. EDUCATIONAL HISTORY

Circle highest level of education attained.

High School GED Vocational/Technical College Master's Specialist Doctorate
 Other _____

Beginning with High School, list educational institutions attended.

SCHOOL NAME	DATES	MAJOR	DIPLOMA/DEGREE RECEIVED

- Yes No **Can you read, write, and comprehend the English language?**
- Yes No **Have you ever been denied acceptance, expelled, dropped, or suspended from any school or college?**
 If yes, explain on pages 10–11.
- Yes No **Have you previously submitted an application to Rhema?** If so, when? _____

E. OCCUPATIONAL HISTORY

List your past work experience starting with PRESENT employer. If you are currently unemployed, include an explanation on pages 10–11.

NAME OF EMPLOYER	DUTIES PERFORMED	DATES
Present		

F. FINANCIAL HISTORY

- Yes No **Have you declared bankruptcy within the last five years? (If yes, explain the origin, cause, amount, dates, type of bankruptcy, and present status on pages 10–11.)**

The administrators of Rhema Bible Training College are fully aware that God is able to supply all the needs of our student body. Many Christians with great potential have faltered and brought much reproach to the Kingdom of God by the improper handling of their finances. Thus, we desire that you **identify** how you plan to pay expenses. Be specific with amounts you have on hand now.

- Own employment
- Spouse employment
- Parents: Amount of support promised _____
- Savings: Amount on deposit _____
- Child support or alimony _____

Other (specify) _____

Will anyone be dependent upon you for support during the school term? _____

FINANCIAL OBLIGATIONS: List the **exact** amount due **today**. If you have any accounts that are behind or past due, explain on pages 10–11. If you have no financial obligations, write DNA here: _____

Name of Company	Original Amount Owed	Total Amount Presently Owed	Monthly Payments	Amount PAST DUE

Yes No **Do you owe Student Loans?** If yes, list details above.

Yes No **Do you owe taxes or child support?** If yes, explain and list details including the amount originally owed and the amount that is now past due on pages 10–11.

G. ALCOHOL – TOBACCO – DRUGS

If you answer yes to any of the questions and use has occurred within the past year, provide an explanation including dates and details on pages 10–11.

Yes No Have you ever used any form of tobacco products? If so, when did you last use them? (date) _____

Yes No Have you ever used alcohol? If so, when did you last use it? (date) _____

Yes No Have you ever used illegal or habit-forming drugs? If so, when did you last use them? (date) _____

If yes, what illegal or habit-forming drugs? _____ How long? _____

We feel that in order for a person to assume a leadership role in the Christian ministry, the highest standards of personal conduct are expected. This includes abstinence from the use of tobacco, alcohol (including wine), or illegal drugs WHILE ATTENDING RHEMA AND AFTER GRADUATION. Understanding our position on the matter, please indicate below your decision concerning our policy.

I will abide by this policy. I cannot abide by this policy.

I understand that if Rhema is notified that I have violated the above-stated policy, it will be grounds for immediate dismissal. **If any changes occur after I sign this application, I will inform Rhema with details and explanation in writing.**

Signature _____ Date _____

H. CRIMINAL RECORD

We must be informed of any changes that take place after we receive your application. If on probation, documentation must be submitted verifying that probation can be transferred. If yes, give details on pages 10–11.

Yes No Have you ever been arrested?
When _____ Where _____ Why _____ Date Released _____

Yes No Have you ever been fined for a criminal charge?
When _____ Where _____ Why _____ Date Released _____

Yes No Have you ever been jailed?
When _____ Where _____ Why _____ Date Released _____

Yes No Have you ever been placed on probation?
When _____ Where _____ Why _____ Date Released _____

Yes No Have you ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation?

Yes No Have you ever been accused, questioned, or investigated for spousal abuse?

I. HOMOSEXUALITY – LESBIANISM

Yes No Have you ever been involved with homosexuality/lesbianism?

If yes, give date(s): From _____ to _____.

(If yes, give a brief explanation of what your beliefs were while you were involved; why you became involved; and what your beliefs are now on pages 10–11.)

J. CERTIFICATION OF GOOD HEALTH

Check those illnesses or conditions you have had in the past or currently have (F–Formerly P–Presently). Of those checked, briefly state nature and length of illness, place of hospitalization, date of occurrence, and permanent effects. (Use pages 10–11.)

If none apply, write “DNA” here: _____.

F P <input type="checkbox"/> <input type="checkbox"/> Abnormal Blood Pressure <input type="checkbox"/> <input type="checkbox"/> Acquired Immune Deficiency Syndrome (AIDS) <input type="checkbox"/> <input type="checkbox"/> Anorexia Nervosa/Bulimia <input type="checkbox"/> <input type="checkbox"/> Asthma <input type="checkbox"/> <input type="checkbox"/> Cancer <input type="checkbox"/> <input type="checkbox"/> Contagious or transmittable diseases	F P <input type="checkbox"/> <input type="checkbox"/> Diabetes <input type="checkbox"/> <input type="checkbox"/> Epilepsy <input type="checkbox"/> <input type="checkbox"/> Eye Disease <input type="checkbox"/> <input type="checkbox"/> Genito-Urinary Disease <input type="checkbox"/> <input type="checkbox"/> Heart Disease <input type="checkbox"/> <input type="checkbox"/> Hernia <input type="checkbox"/> <input type="checkbox"/> Kidney Disease	F P <input type="checkbox"/> <input type="checkbox"/> Mental Disorder <input type="checkbox"/> <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> <input type="checkbox"/> Nephritis <input type="checkbox"/> <input type="checkbox"/> Nervous Disorder <input type="checkbox"/> <input type="checkbox"/> Paralysis <input type="checkbox"/> <input type="checkbox"/> Rheumatic Fever	F P <input type="checkbox"/> <input type="checkbox"/> Rheumatism <input type="checkbox"/> <input type="checkbox"/> Seizures <input type="checkbox"/> <input type="checkbox"/> Spinal Disease <input type="checkbox"/> <input type="checkbox"/> Stomach Disorder <input type="checkbox"/> <input type="checkbox"/> Tuberculosis <input type="checkbox"/> <input type="checkbox"/> Typhoid <input type="checkbox"/> <input type="checkbox"/> Other_____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Your general health: Excellent (E) Good (G) Fair (F) Poor (P)

Designate with E, G, F, or P the condition of your: Eyes _____ Ears _____ Heart _____ Lungs _____

Yes No Do you have or have you ever had any significant physical or learning impairment? If yes, explain impairment situation on pages 10–11.

Yes No Do you have any limitations or disabilities that would require special facilities or assistance? If so, what: _____

Yes No Do you have any known drug allergies? If so, what drugs: _____

HOSPITAL AND MILITARY INFORMATION:

Yes No Have you ever been a patient (committed or voluntary) in a mental hospital or sanitarium?
(If yes, specify when, where, why, name of doctor, and complete address of hospital or clinic. Make comments on pages 10–11.)

Yes No Have you been discharged from military service **in the last five years**? If so, please attach a copy of your DD/214 form.

Nearest relative (NOT husband or wife) to be notified in case of emergency.

Name	Relationship	Phone ()
Street Address	City	State ZIP

K. MEDICAL CONSENT

I, the undersigned, do hereby state that on the date indicated, I do grant full and complete permission to Rhema Bible Training College, its employees or designate, or any related or consulting physician to render or give emergency medical aid, care, treatment, or assistance that could or would be deemed required or necessary. I also state that should extended or required hospitalization be required, I grant full and complete permission for such care and treatment. This consent I give freely and voluntarily, fully knowing and understanding all the above and its relation to and effect upon me.

Yes No (Signature) _____ Date _____

Yes No (Parent Signature) _____ Date _____

Applicant **MUST** sign. If under 18, the parent or guardian must also sign.

L. STATEMENT OF TRUTH

I understand that all items submitted to Rhema as part of the application process become the *permanent property of Rhema and will not be returned or copied for applicant's use.*

(Signature) _____ Date _____

I hereby state that all the information contained on this application is correct and true. If Rhema Bible Training College is notified that any of the information contained on the application is false, it will be grounds for immediate dismissal.

(Signature) _____ Date _____

2nd, 3rd & 4th Year Applicants Only

M. MINISTRY PROGRAM

Select your intended program of study. Check only one program.

2nd-Year Programs (Modification of original program)

- Itinerant Missions Pastoral Student Ministries

2nd-Year Program (New program)

- Core

3rd-Year Programs

- | | | |
|-------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Rhema School of Biblical Studies | <input type="checkbox"/> Rhema School of Pastoral Ministry | <input type="checkbox"/> Rhema School of World Missions |
| <input type="checkbox"/> Rhema School of Helps Ministry | <input type="checkbox"/> Rhema School of Student Ministries | <input type="checkbox"/> Rhema School of Worship |
| <input type="checkbox"/> Rhema School of Itinerant Ministry | | |

4th-Year Programs

- | | | |
|-------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Rhema School of General Extended Studies | <input type="checkbox"/> Rhema School of Itinerant Ministry | <input type="checkbox"/> Rhema School of World Missions |
| <input type="checkbox"/> Rhema School of Biblical Studies | <input type="checkbox"/> Rhema School of Pastoral Ministry | <input type="checkbox"/> Rhema School of Worship |
| <input type="checkbox"/> Rhema School of Helps Ministry | <input type="checkbox"/> Rhema School of Student Ministries | |

N. MINISTRY INFORMATION

Please explain why you want to attend the program you have chosen.

Do you have any significant disagreements with the teaching you received during your first or second year? Explain (additional space on pages 10–11).

Rhema School of World Missions

(For Rhema School of World Missions applicants ONLY)

What country or continent do you feel called to go to as a missionary? Give a brief explanation.

Rhema School of Worship

(For Rhema School of Worship applicants ONLY)

Prior Music Experience

Have you ever had private music instruction? Yes No If yes: Instrumental Vocal

Briefly explain and state how long.

Please describe any musical experience in a local church, (i.e., leading worship, choir, instrumentalist, sound technician, traveling musician, etc.).

Briefly describe any secular music experience. Bands Ensembles Vocal groups

At what level do you read music? Not at all Beginner Intermediate Advanced

Do you read chord charts? Yes No

Do you play or sing by ear? Yes No

Which musical instrument(s) do you play proficiently?

- | | | | | |
|--------------------------------------|-------------------------------------------|---------------------------------------------|-----------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Piano | <input type="checkbox"/> Acoustic Guitar | <input type="checkbox"/> Trumpet | <input type="checkbox"/> Flute | <input type="checkbox"/> Viola |
| <input type="checkbox"/> Organ | <input type="checkbox"/> Electric Guitar | <input type="checkbox"/> Trombone | <input type="checkbox"/> Clarinet | <input type="checkbox"/> Cello |
| <input type="checkbox"/> Synthesizer | <input type="checkbox"/> Classical Guitar | <input type="checkbox"/> French Horn | <input type="checkbox"/> Oboe | <input type="checkbox"/> String Bass |
| <input type="checkbox"/> Harp | <input type="checkbox"/> Bass Guitar | <input type="checkbox"/> Tuba | <input type="checkbox"/> Alto Sax | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Tenor Sax | <input type="checkbox"/> Trap Set | <input type="checkbox"/> Various Percussion | <input type="checkbox"/> Violin | |

Rhema School of World Missions

Medical Form

All students who enroll in RSWM are preparing to live outside of the United States. Some students will live in third world countries. Therefore, they must be prepared for difficult and sometimes primitive conditions.

To enroll in RSWM, all students MUST have a complete physical examination. **No enrollment applications for RSWM will be approved without this Medical Form completed by a medical doctor.**

The person applying for enrollment in RSWM must complete this portion.

Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number (_____) _____ Social Security Number _____

Applicant's Signature _____ Date ____/____/____

A medical doctor who has examined the above-named person must complete this portion.

Yes No I performed a thorough examination of this person on ____/____/____.

Yes No Based upon my examination, this person is in good, sound physical health.

Yes No Based upon my examination, this person does not have any life threatening or contagious diseases.

Yes No Based upon my examination, this person's health is good enough for them to take a four-week trip into a third world country involving rigorous physical activities such as hiking and manual labor without endangering their own health.

If you have answered "No" on any of the above, please explain: _____

Please provide a general description of the applicant's medical condition: _____

Please attach any further documentation you feel is necessary to explain the present medical condition of the applicant.

Examining Doctor's Name _____

Name of Medical Facility _____

Address _____

City _____ State _____ ZIP _____ Telephone Number (_____) _____

Examining Doctor's Signature _____ Date ____/____/____

**It is the applicant's responsibility to return this form to the Admissions Office at this address:
RHEMA BIBLE TRAINING COLLEGE • P.O. Box 50126 • Tulsa, OK 74150-0126**

