



RHEMA BIBLE TRAINING COLLEGE

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

CONSECUTIVE APPLICATION FOR ADMISSION

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

APPLICATION INSTRUCTIONS

- For U.S. residents: Enclose a **\$30 NONREFUNDABLE** fee for applications turned in before July 15. Applications received after July 15 must include a **\$40 NONREFUNDABLE** application fee. For internationals: Applications must be received before July 1 and must include a **\$60 NONREFUNDABLE** application fee.
- Answer ALL questions. If a question does not apply, write "DNA."
- If you have any outstanding financial items—tuition, fines, rent—your application will be held until they are satisfied.**

Application for: 2nd Year 3rd Year 4th Year

PRINT FULL LEGAL NAME

Name (last) (first) (middle) 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 Yes No

Marital Status (check one) Single Engaged* Married Divorced Widowed Separated**

*Confirm in writing if marriage occurs prior to school term. **Give complete details on page 6.

Maiden Name Name of Spouse/Fiancé(e) (last, first, middle) Date of Marriage (Present or Proposed) / /

- Yes No Have you married since attending your first year of Rhema? (If yes, give details on page 6.)
- Yes No Is your spouse/fiancé(e) saved and filled with the Holy Spirit?
- Yes No Will your spouse/fiancé(e) be attending Rhema this September? If yes . . . 1st year 2nd year 3rd year 4th year
- Yes No Is your spouse/fiancé(e) in agreement with your decision to attend Rhema? Their Social Security No. _____
- Yes No Will your spouse (and dependent family) remain living in Tulsa with you while you attend Rhema? (If no, give an explanation on page 6. If married, your spouse and children are **required** to live with you in the Tulsa area.)

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 _____

A. PROGRAM OF STUDY

Yes No Did you have any significant disagreements with the teaching you received during your previous year(s)? (If yes, explain on page 6.)

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)**
- Biblical Core
- 3rd-Year Programs**
- Rhema School of Biblical Studies Rhema School of Pastoral Ministry Rhema School of World Missions
 - Rhema School of Helps Ministry Rhema School of Student Ministries Rhema School of Worship
 - Rhema School of Itinerant Ministry
- 4th-Year Programs**
- Rhema School of General Extended Studies Rhema School of Itinerant Ministry Rhema School of World Missions
 - Rhema School of Biblical Studies Rhema School of Pastoral Ministry Rhema School of Worship
 - Rhema School of Helps Ministry Rhema School of Student Ministries

Briefly state your reasons for selecting this program.

B. CHURCH AFFILIATION

List the name of the church you attended during your first year at Rhema.

Name of Church Pastor's Name
Address City State ZIP Phone ()

How long have you attended this church? _____ Are you a member? Yes No Do you attend regularly? Yes No

C. CRIMINAL RECORD

In the past year have you been: fined jailed arrested accused, questioned, or investigated for child abuse, neglect, or molestation
 accused, questioned, or investigated for spousal abuse placed on probation for any reason

If none apply, write "DNA" here: _____.

(If yes, give details on page 6. 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.)

D. FINANCIAL STATUS

Have you declared bankruptcy within the past year? Yes No *(If yes, explain the origin, cause, amount, dates, type of bankruptcy, and present status on page 6.)*

E. FINANCIAL REQUIREMENTS & INFORMATION

Identify how you will fulfill your financial requirements. Be specific with amounts you have on hand now.

International Applicants Only

International students at Rhema may only obtain an M-1 visa while attending school. Therefore, they are not permitted to be employed while in the United States. The following financial requirements MUST be met in order to apply.

- 1) If you are not married, proof from your financial institution or bank must state that you have the equivalent of \$16,000 U.S. dollars on deposit. If you have children, this amount will increase \$2,000 U.S. dollars for each child living with you.
- 2) For a husband and wife, proof from your financial institution or bank must state that you have the equivalent of \$20,000 U.S. dollars on deposit. If you have children, this amount will increase \$2,000 U.S. dollars for each child living with you.
- 3) The amount stated for husband and wife includes tuition charges for only the husband. If both husband and wife plan to submit applications to Rhema Bible Training College, you must add the equivalent of \$2,850 (or \$2,965 for 3rd- and 4th-year students) to the required amount.

ALL FINANCIAL DOCUMENTS MUST BE WRITTEN AND SIGNED BY AN OFFICIAL OF THE FINANCIAL INSTITUTION WHERE THE FUNDS ARE ON DEPOSIT. The document must indicate the applicant's full legal name, the amount on deposit, and the equivalent of the total amount in U.S. dollars. Any documents received without this information will not be processed.

Rhema Bible Training College does not offer scholarships or financial aid. We cannot aid you in locating a sponsor. If you have a sponsor, a trust fund must be established for your schooling at a financial institution in the U.S. The sponsor must provide financial document(s) from their bank which clearly state the applicant's name and the amount on deposit.

I, the undersigned, understand that by submitting this application to Rhema Bible Training College, I am in no way guaranteed admission to the school. I understand that I must go through the approval process as do all other applicants. I also understand that by submitting this application, I am not being invited into the country or being offered sponsorship by Rhema. I have read the financial requirements and am able to provide the necessary document(s) stating that I will be fully self-supported during my stay in the U.S. I understand that if I do not enclose the required financial document(s) with my application, my application will not be processed until the proper financial document(s) is received.

Signature of Applicant

Date

Yes No I have enclosed the required financial document(s).

F. ALCOHOL—TOBACCO—ILLEGAL DRUGS

In the past year have you used: tobacco in any form alcohol illegal or habit-forming drugs If none apply, write "DNA" here: _____.

(If you have marked any of the above, give an explanation, including dates and details, on page 6.)

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.

Signature

Date

G. HOMOSEXUALITY—LESBIANISM

Since your first year at Rhema, have you been involved with homosexuality/lesbianism? Yes No If yes, give date(s): From _____ to _____.
(If yes, give a brief explanation on page 6 of what your beliefs were while you were involved, why you became involved, and what your beliefs are now.)

H. CERTIFICATION OF GOOD HEALTH

Since your first year, has there been any change in your health? If yes, explain briefly.

Cite any physical limitations or disabilities:

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

Check the conditions you have had or now have. Check (√): F—Formerly P—Presently If none apply, write “DNA” here: _____

F P <input type="checkbox"/> <input type="checkbox"/> Acquired Immune Deficiency Syndrome (AIDS)	F P <input type="checkbox"/> <input type="checkbox"/> Diabetes	F P <input type="checkbox"/> <input type="checkbox"/> Mental Disorder
F P <input type="checkbox"/> <input type="checkbox"/> Contagious or transmittable diseases	F P <input type="checkbox"/> <input type="checkbox"/> Epilepsy	F P <input type="checkbox"/> <input type="checkbox"/> Seizures

(Of those checked above, briefly state nature and length of illness, place of hospitalization, date of occurrence, and permanent effects on page 6.)

HOSPITAL INFORMATION:

Yes No Since your first year at Rhema, have you 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 on page 6.)

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

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

Nearest relative (NOT husband or wife) to be notified in case of emergency. The person listed must have a telephone.

Name	Relationship	Phone

I. 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 _____

J. 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 _____

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 | |

Note: You will need to take a theory test and provide a vocal audition in order to complete your application for the RSW program.

Rhema School of World Missions

Medical Form

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

In order 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 Admission Office at this address:
RHEMA SCHOOL OF WORLD MISSIONS • P.O. Box 50126 • Tulsa, OK 74150-0126

