



International Application

RHEMA BIBLE TRAINING CENTER

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

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

I am applying for:

<input type="checkbox"/> 1st Year	<input type="checkbox"/> 3rd Year RSBS	<input type="checkbox"/> 3rd Year RSPM
<input type="checkbox"/> 2nd Year (non-consecutive)	<input type="checkbox"/> 3rd Year GES	<input type="checkbox"/> 3rd Year RSW
		<input type="checkbox"/> 3rd Year RSWM

ALL OF THE FOLLOWING MUST BE COMPLETED IN ORDER FOR THIS APPLICATION TO BE PROCESSED.

- Important:** All applicants must read the International Information Letter before completing this application.
- Attach a CURRENT 2" x 2" photo. **Head and shoulders only.** A passport picture is recommended.
- Enclose the \$60 NONREFUNDABLE application fee in U.S. funds.
- The three enclosed reference forms must be completed and returned by those you list as your references on page 2 of this application (**no family members**).
- Answer ALL questions.** If a question does not apply, write "DNA" (Does Not Apply). **Answers must be HANDWRITTEN BY APPLICANT.**
- The application and all required references, picture, official financial document, and application fee must be received before July 1.**

2"

**Head & Shoulders
Photo ONLY**

**Do not send application
without photo.**

**A passport photo
is recommended.**

2"

Please write your name as you would desire it to appear in the yearbook and on your I.D. card. Also include your state and country as it should appear in the yearbook.

Name (first) (middle) (last)	State or Province	Country
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PLEASE PRINT OR TYPE FULL LEGAL NAME

Name (last) (first) (middle)	Maiden Name
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Present Address	City	State or Province	Postal Code	Phone: _____
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Sex F M	Date of Birth Month/Day/Year	Age	Height Ft. _____ Inches _____	Weight Lbs. _____	Fax: _____
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Country of Citizenship	If you are currently in the U.S., please indicate what status you hold.	Country of Birth
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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 page 9.

Dependents for whom you are responsible.

Name	Age	Date of Birth Month/Day/Year	Country of Birth	Country of Citizenship

Name of spouse or fiancé(e) (last, first, middle)	Date of marriage (present or proposed)
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Spouse's Date of Birth	Country of Birth	Country of Citizenship
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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) _____

If you do have children, who has custody of them? _____ Where do they presently live? _____
If they are not living with you, please explain why on page 9. If children are residing with you and they are under school age, what are your plans for their care while you attend Rhema? _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse or fiancé(e) saved and filled with the Holy Spirit?	}	<input type="checkbox"/> 1st-year program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will your spouse or fiancé(e) be an RBTC student this September? If yes . . .		<input type="checkbox"/> 2nd-year program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your spouse previously attended Rhema? What year? _____		<input type="checkbox"/> 3rd-year program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse or fiancé(e) in agreement with your decision to attend Rhema?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will your spouse (and dependent family) be living in Tulsa with you while you attend Rhema? If no, please give an explanation on page 9. If married, your spouse and children are required to live in the Tulsa area with you.		

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

Spouse's Signature _____ Date _____

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 or Province	Postal Code	City	State or Province	Postal Code
Pastor			Country		
Country			Phone area code ()		
How long have you attended this church? _____ *					
Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you attend regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No					

***NOTICE:** If **less than one year**, state the reason and include the name of your former church, pastor, and date of attendance. An **additional** recommendation letter (**on church letterhead**) from your former pastor **must** be received to process your application.

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, please **BRIEFLY** explain why on page 9.

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 or Province	Postal Code	City	State or Province	Postal Code
Country			Country		
Phone area code ()			Phone area code ()		

B. STATEMENT OF FAITH

- 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?

Note: Final date for processing completed applications—July 1.

D. EDUCATIONAL HISTORY

NAME OF SCHOOL	DATES	MAJOR	DIPLOMA or DEGREE

Yes No Have you previously submitted an application to Rhema? If so, when? _____

NOTE: All classes are taught by lecture. Students are required to take exams and complete reading and written assignments in English.

Yes No **Can you read, write, and comprehend the English language fluently without any help from anyone else? (Please read #8 on the enclosed information sheet.)**

E. OCCUPATIONAL HISTORY

(Please list your work experience starting with PRESENT employer.)

NAME OF EMPLOYER	DUTIES PERFORMED	DATES
Work from present date backwards Present		

If you are currently unemployed, include an explanation on page 9.

F. ALCOHOL—TOBACCO—ILLEGAL DRUGS

ALL answers must be “CURRENT FACT” answers, not “FOOLISHNESS OR PRESUMPTION” answers.

Yes No Have you ever used tobacco or any 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? _____

If you answered yes to any of the above questions and use has occurred within the past year, please give an explanation including dates and details on page 9.

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. This is a requirement for all Rhema students.*

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 _____

If any changes occur after you sign this application, you must inform our office with details and explanation in writing.

G. HOMOSEXUALITY—LESBIANISM

Yes No Have you 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. (Use page 9.)

H. CRIMINAL RECORD

- 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 _____

If yes, give details on page 9.

We must be informed of any changes that take place after we receive your application.

I. CERTIFICATION OF GOOD HEALTH—To be completed by applicant

Check those illnesses or 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"/> 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
<input type="checkbox"/> <input type="checkbox"/> Diabetes | F P
<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
<input type="checkbox"/> <input type="checkbox"/> Mental Disorder
<input type="checkbox"/> <input type="checkbox"/> Multiple Sclerosis | F P
<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
<input type="checkbox"/> <input type="checkbox"/> Rheumatism
<input type="checkbox"/> <input type="checkbox"/> Seizures
<input type="checkbox"/> <input type="checkbox"/> Spinal Disease | F P
<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
(attach letter explaining) |
|--|--|--|--|

Of those checked above, briefly state nature and length of illness, place of hospitalization, date of occurrence, and permanent effects. (Use page 9.)

HOSPITAL 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 page 9.)

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 _____

Cite any physical handicaps or defects:

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

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

Name	Relationship	Phone
Street Address		City
State or Province	Postal Code	Country

J. MEDICAL CONSENT

I, the undersigned, do hereby state that on the date indicated, I do grant full and complete permission to Rhema Bible Training Center, 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.

K. FINANCIAL REQUIREMENTS & INFORMATION

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 to Rhema.

- 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.

NOTE: 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 Center, you must add the equivalent of \$2,850 to the required amount.

Third Year Applicants: The cost for tuition is \$2,965. This amount must be paid in full on Registration Day for those applying to the School of World Missions.

- 3) **Include your financial documents with your application.**

ALL FINANCIAL DOCUMENTS MUST BE WRITTEN AND SIGNED BY AN OFFICIAL OF THE FINANCIAL INSTITUTION WHERE THE FUNDS ARE ON DEPOSIT. The documents 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. Monthly bank statements are not accepted.

Rhema Bible Training Center does not offer scholarships or financial aid to applicants or students. 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 Center, 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).

The Administrators of Rhema Bible Training Center are fully aware that God is able to supply all the needs of our student body. We are also aware that a person's ability and willingness to fulfill his financial responsibilities are very significant to a successful ministry. Many ministers with great potential have faltered and brought much reproach to the Kingdom of God by improper handling of their finances. Thus we desire that you . . .

Please **identify** how you will fulfill the financial requirements for international students; be specific with amounts you have on hand now!

Savings: Amount on deposit _____

Sponsor: Amount on deposit _____

Parents: Amount on deposit _____

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

FINANCIAL OBLIGATIONS: List the **exact** amount due **today**:

If you have no financial obligations, write DNA here: _____

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

If you have any accounts that are behind or past due, please explain on page 9.

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 Center is notified that any of the information contained on the application is false, it will be grounds for immediate dismissal.

(Signature) _____ Date _____

2nd & 3rd Year Only

M. MINISTRY MAJOR

2nd Year Applicants: Please indicate below the area in which you wish to receive further training. **Please check ONLY ONE.**

Keep in mind that very few people ever begin their ministry in the area to which they are ultimately called. Therefore, you should not be hesitant to select an area of training which will prepare you to become immediately involved in the ministry. As that ministry develops, it will later be possible for you to receive further training at Rhema to fulfill the ministry to which God has ultimately called you.

Please give this very careful consideration. The decision that you make and the area that you choose on this form will determine the group in which you will be placed during your second year of training.

- 1 Evangelist 3 Pastor 5 Children 7 Biblical Studies
 2 Missions 4 Supportive Role Ministry/Helps 6 Youth

3rd Year Applicants: Please indicate below the area in which you wish to receive further training.

- 1 General Extended Studies 3 Rhema School of Worship 5 Rhema School of Biblical Studies
 2 Rhema School of Pastoral Ministry 4 Rhema School of World Missions

Have you received a diploma from Rhema Bible Training Center? Yes No If so, **what year did you graduate?** _____

Group you attended second year: _____

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 page 9).

Rhema School of World Missions

(For Rhema School of World Missions applicants ONLY.)

All applicants must have a complete medical examination and submit the medical form on page 10.

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? _____ 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?

Piano

Acoustic Guitar

Trumpet

Flute

Viola

Organ

Electric Guitar

Trombone

Clarinet

Cello

Synthesizer

Classical Guitar

French Horn

Oboe

String Bass

Harp

Bass Guitar

Tuba

Alto Sax

Other (please specify) _____

Tenor Sax

Trap Set

Various Percussion

Violin

Be sure to review your application before mailing. Incomplete applications will be returned to you for completion, thus taking longer to process. All questions must be answered.

NOTES

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**