



RHEMA BIBLE TRAINING CENTER

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

Application for admission in September 20____
FINAL DATE FOR PROCESSING: AUGUST 15TH.

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

I am applying for:

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

READ CAREFULLY

(All of the following must be completed before this application is processed.)

1. Attach a **CURRENT 2" x 2"** photo. Head and shoulders only.
2. Enclose the **\$30.00 NONREFUNDABLE** fee.
3. Answer **ALL** questions. If a question does not apply, write **"DNA"** (Does Not Apply). Your application may be returned if any area is left blank.
4. Applications are not processed until all of the application is completed and the three recommendation forms and required fees are received.
5. Additional page is included and must be completed if you are applying to **RHEMA School of Worship**.

2"

**Head & Shoulders
Photo ONLY**

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

**A passport picture is
recommended.**

Please write your name as you would desire it to appear in the yearbook. Also include your hometown and state as it should appear in the yearbook.

Name (first)	(middle)	(last)	Hometown	State
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PLEASE PRINT FULL LEGAL NAME. This is how your name will appear on student ID, diploma, and all correspondence.

Name (first)	(middle)	(last)	Maiden Name
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Present Address	City	State	ZIP
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Home Phone ()	Cell Phone ()	E-mail
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Social Security Number	Sex F M	Date of Birth mm / dd / yy	Age	Height Ft. ____ Inches ____	Weight (must answer) lbs. ____	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you are not a U.S. citizen, are a resident alien, or if you do not have a work permit to work within the U.S., 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 9-11.

Name of spouse or fiancé(e) (last, first, middle)	Date of marriage (present or proposed)
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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	Name	Age	Date of Birth
		Month/Day/Year			Month/Day/Year

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 9-11. 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 Spouse/Fiancé(e)
<input type="checkbox"/> Yes <input type="checkbox"/> No Will your spouse or fiancé(e) be attending RHEMA this September? If yes . . .		<input type="checkbox"/> 2nd-year program Social Security No.
<input type="checkbox"/> Yes <input type="checkbox"/> No Has your spouse or fiancé(e) previously attended RHEMA? What year? _____		<input type="checkbox"/> 3rd-year program _____

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 or she attends RHEMA Bible Training Center.

Spouse's Signature _____ Date _____

PHOTOSTATIC COPIES OR FACSIMILES OF APPLICATIONS WILL NOT BE ACCEPTED

How did you hear about RHEMA Bible Training Center?

- The Word of Faith Magazine*
 RHEMA Praise (TV)
 Rhema for Today (Radio)
 RHEMA Bible Church
 Friend
 Graduate
 Current Student _____
 (Provide Name)
 Books
 Web site _____
 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 9–11. 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 not on pages 9–11.

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.

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical 1 2
 College 1 2 3 4 Master's Specialist Doctorate Other _____

Beginning with High School, list educational institutions attended.

NAME OF SCHOOL	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, BRIEFLY explain on pages 9–11.
- Yes No **Have you previously submitted an application to RHEMA?** If so, when? _____

E. OCCUPATIONAL HISTORY

Please list your past work experience starting with PRESENT employer:

NAME OF EMPLOYER	DUTIES PERFORMED	DATES
Present		

If you are currently unemployed, include an explanation on pages 9–11.

F. FINANCIAL HISTORY

- Yes No **Have you declared bankruptcy within the last 5 years? (If yes, explain the origin, cause, amount, dates, type of bankruptcy, and present status on pages 9–11.)**

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 successful involvement in Christian service. 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 (USE CURRENT FACTS—NOT FOOLISHNESS OR PRESUMPTION).

Be specific with amounts you have on hand now.

- Own employment Spouse employment Savings: Amount on deposit _____
- Parents: Amount of support promised _____ 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 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 pages 9–11.

- Yes No **Do you owe Student Loans?** If yes, list details above in “Financial Obligations” section.
- 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 9–11.

G. ALCOHOL – TOBACCO – ILLEGAL DRUGS

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

- 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? _____

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 pages 9–11.

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 _____

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

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 _____
- 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?

If yes to any of the above, give details on pages 9–11.

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.

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 9–11.

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

Check those illnesses or conditions you have had in the past or currently have. (F—Formerly P—Presently)

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

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">F</td><td style="width: 5%; text-align: center;">P</td><td style="width: 90%;"></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Abnormal Blood Pressure</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Acquired Immune Deficiency Syndrome (AIDS)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Anorexia Nervosa/Bulimia</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Asthma</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Cancer</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contagious or transmittable diseases</td></tr> </table>	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	<table style="width: 100%; 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Of those checked above, briefly state nature and length of illness, place of hospitalization, date of occurrence, and permanent effects. (Use pages 9–11.)

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 9–11.)

Yes No Have you been discharged from military service **in the last 5 years**? If so, please attach a copy of your DD/214 form.

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 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: _____

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	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 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.

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 GES 2 RSPM 3 RSW 4 RSWM 5 Biblical Studies

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 pages 9–11).

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? _____ 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 | |

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

(Please note page and section letter of question you are answering.)

NOTES

(Please note page and section letter of question you are answering.)

The deadline for international applications is **July 1st**. The deadline for stateside applications is **August 15th**.

PASTOR'S EVALUATION

Name of Applicant

LAST FIRST MIDDLE

APPLICANT'S CONTACT NUMBER _____

APPLICANT: PLEASE READ BEFORE DISTRIBUTING FORM. This form should be completed by *your pastor* (or associate pastor if church is over 500 people). **If your father or a close relative is your pastor, please refer the form to the assistant pastor or lay leader in your church.** If a person other than your pastor (or assistant pastor) completes the form, an explanation should be provided.

I understand that this confidential statement will be submitted to RHEMA with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.

Applicant's Signature _____

Date: mm / dd / yy

RHEMA BIBLE TRAINING CENTER

P.O. Box 50126 • TULSA, OK 74150-0126

- 1st year
 - 2nd year
 - 3rd year School of Biblical Studies
 - 3rd year School of Pastoral Ministry
 - 3rd year School of World Missions
 - 3rd year School of Worship
 - 3rd year General Extended Studies



EVALUATOR: Each applicant for admission to RHEMA must submit three evaluations to complete his/her application. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. Since we request a candid evaluation, we will hold your comments in strictest confidence. Therefore, we ask that this completed form be mailed directly to RHEMA.

1. How long have you known the applicant? _____ year(s) _____ month(s)
2. Has your relationship been:
 - Intense
 - Very close
 - Close
 - Casual
 - Intermittent
 - Distant
 - Other _____
3. Please check any area of his/her involvement in the church:
 - Usher
 - Music
 - Teacher
 - Youth
 - Children
 - Sound
 - Prayer Room
 - Other, please specify _____

4. Please evaluate his/her personal character.

	Excellent	Good	Fair	Poor	Unknown
Honesty					
Financial responsibility					
Dependability					
Cooperativeness					
Academic ability					
Ability to work with others					
Ability to lead others					
Personal cleanliness					
Consideration for others					
Moral character					
Acceptance of instruction and/or discipline					

5. How industrious is he/she as a student or worker?

- Usually conscientious, hard worker
- Does about as much work as most other people
- Very lazy
- Works harder than most students/workers
- Works less than most others
- Have no basis for judgment

Comments _____

6. Please list attributes which best describe the applicant's attitude toward the church and its activities.

7. Is the applicant prompt in paying his/her bills? Yes No

Comments _____

(Please complete reverse side)

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 # () _____ Social Security # _____
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 on 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 4-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 # () _____
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