

RHEMA BIBLE TRAINING COLLEGE

P.O. Box 50126 • TULSA, OK 74150-0126

Fax (918) 251-0685 • rbtc@rhema.org



APPLICANT INFORMATION

(If sent electronically, please mail the original copy to the above address.)

Name

LAST	FIRST	MIDDLE

Year Applying

<input type="checkbox"/> 1st year	<input type="checkbox"/> 2nd year	<input type="checkbox"/> 3rd year	<input type="checkbox"/> 4th year
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PERSONAL RECOMMENDATION

CURRENT PHONE NUMBER _____

APPLICANT: Present this form to someone who has known you for at least one year and is not related to you.

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.

EVALUATOR: Each applicant for admission to Rhema must submit three recommendations 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 comments in the strictest confidence. Therefore, we ask that this form be mailed directly to Rhema within two weeks of your receiving it.

Applicant's Signature _____ Date / /

- How long have you known the applicant? _____ year(s) _____ month(s)
- Has your relationship been: Very close Close Casual Distant
- What has been the nature of your acquaintance? Were you . . .

CHURCH:	<input type="checkbox"/> Pastor	<input type="checkbox"/> Sunday School Teacher	<input type="checkbox"/> Choir Director	<input type="checkbox"/> Youth/Children's Pastor
	<input type="checkbox"/> Co-worker	<input type="checkbox"/> Fellow member	<input type="checkbox"/> Other _____	
BUSINESS:	<input type="checkbox"/> Employer	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Co-worker	<input type="checkbox"/> Other _____
SCHOOL:	<input type="checkbox"/> Principal	<input type="checkbox"/> Teacher	<input type="checkbox"/> Fellow student	<input type="checkbox"/> Other _____
SOCIAL:	<input type="checkbox"/> Friend	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Other _____	

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					

- How industrious is he/she as a student or worker?
 Usually conscientious, hard worker Works harder than most students/workers
 Does about as much work as most other people Works less than most others
 Very lazy Have no basis for judgment
Comments _____

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

- Is the applicant prompt in paying his/her bills? Yes No
Comments _____

8. From personal knowledge of this individual, would you:
- Highly recommend him/her as a qualified candidate for ministerial training.
 - Recommend him/her as a qualified candidate for ministerial training.
 - Recommend him/her with slight reservations as a candidate for ministerial training.
 - Hesitate in recommending him/her as a qualified candidate for ministerial training.
 - Be unable to honestly recommend him/her as a qualified candidate for ministerial training.

If you checked any of the last three, please explain: _____

9. Emotional Evaluation: Very Stable Stable Unstable Very Unstable

10. Does the applicant respond well to authority? Yes No—Please explain further in question 18.

11. The applicant's spiritual influence on others is: Positive Neutral Negative

12. With what sort of companions does he/she usually associate? _____

13. Have you ever known the applicant to engage in questionable moral conduct? Yes No
 If yes, please explain. _____

14. Please describe the applicant's home life and/or marriage. _____

15. Have you noted physical weaknesses, emotional problems, or learning difficulties that would hinder the applicant in an intense academic environment? _____

16. To your knowledge, does the applicant: Use tobacco products Drink alcoholic beverages Use illegal drugs
 Comments: _____

17. What do you consider the applicant's strong points? (Include positive personal traits.)

18. What do you consider the applicant's weak points? (Include negative personal traits.)

19. Please share with us any information you may have about the applicant that would help in our evaluation.
 (This information could cover recent experiences or incidents in the applicant's life, or even a general personality appraisal.)

20. To your knowledge, has the applicant ever been accused of, questioned about, or investigated for child abuse, child neglect, or child molestation? If yes, please explain. _____

21. To your knowledge, has the applicant ever been accused of, questioned about, or investigated for spousal abuse? If yes, please explain. _____

PRINT

Your Name _____ Your Age 18–25 26–35 36–50 51 & over
 Your Phone Number () _____ Are you a Rhema graduate? _____ Year _____
 Address _____ Are you Licensed? Ordained?
 City _____ State _____ ZIP _____ Organization _____
 Position _____

Signature _____ **Date** _____