



# International Application

## RHEMA BIBLE TRAINING COLLEGE

Mailing Address: P.O. Box 50126, Tulsa, OK 74150-0126

Street Address: 1025 W. Kenosha, Broken Arrow, OK 74012

Fall Semester 20\_\_\_\_  Spring Semester 20\_\_\_\_

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

### I am applying for:

1st Year  2nd Year  3rd Year (non-consecutive)  4th Year (non-consecutive)

### Application Instructions

- Important:** All applicants must read the International Information Letter before completing this application.
- Attach a current passport 2" x 2" photo.
- 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.
- International applicants may be required to complete an English proficiency exam.
- The application and all required references, picture, official financial document, and application fee must be received before July 1 for the fall semester and before Nov. 1 for the spring semester.

2"

**Attach passport photo here**

2"

**Do not send application without PHOTO.**

### PLEASE PRINT OR TYPE FULL LEGAL NAME

Name (last) (first) (middle) Maiden Name

Present Address City State or Province Postal Code

Phone ( ) Email Hometown or Province Country

Sex Date of Birth (Month/Day/Year) Age Height Ft. \_\_\_\_ Inches \_\_\_\_ Weight Lbs. \_\_\_\_

Country of Citizenship If you are currently in the U.S., please indicate what status you hold. Country of Birth

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 11-12.

### 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)

Spouse's Date of Birth Country of Birth Country of Citizenship

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 pages 11-12. 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 previously attended Rhema? What year? \_\_\_\_
- Yes  No Is your spouse or fiancé(e) in agreement with your decision to attend Rhema?
- Yes  No Will your spouse (and dependent family) be living in Tulsa with you while you attend Rhema?  
(If no, please give an explanation on pages 11-12. 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 College. 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 College.  
Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

## A. CHURCH AFFILIATION AND REFERENCES

<b>List the name of the church which you currently attend.</b>			<b>Pastor's recommendation given to:</b> (Must be <b>current</b> 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 (    )		

How long have you attended this church? \_\_\_\_\_ \*

Are you a member?    Yes    No

Do you attend regularly?    Yes    No

**\*NOTICE:** If less than one year, state the reason and include the name of your former church, pastor, and date of attendance.

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 reason why on pages 11–12.)**

**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 (    )			Phone (    )		

## 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?

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## C. ENROLLMENT INFORMATION

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Why do you want to attend Rhema Bible Training College?

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**Date you were saved:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Were you raised in a Christian home?**  Yes  No

Briefly state how you know you are saved:

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**Date you received the baptism in the Holy Spirit with the evidence of speaking in other tongues:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Briefly state how you know you are filled with the Holy Ghost:

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**In the time since your initial salvation experience, has there been a period when you did not live for the Lord?**  Yes  No

If yes, please explain briefly and indicate the approximate date of your decision to fully commit your life to the Lord.

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## 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?

## E. OCCUPATIONAL HISTORY

List your work experience starting with your PRESENT employer. If you are currently unemployed, include an explanation on pages 11–12.

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

## F. FINANCIAL REQUIREMENTS

International students at Rhema may obtain an F-1 visa while attending school. Therefore, they are not permitted to be employed while in the United States except under strict, limited conditions. This information is covered in our International Student Admissions Packet and on the U.S. Immigration website at [ice.gov/sevis](http://ice.gov/sevis).

- 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 College, you must add the equivalent of \$2,850 U.S. dollars to the required amount.

Third- and Fourth-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 College 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 his or her 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 (are) received.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

The administrators of Rhema Bible Training College 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 any accounts that are behind or past due, please explain on pages 11–12.

If you have no financial obligations, write DNA here: \_\_\_\_\_

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

## G. ALCOHOL—TOBACCO—ILLEGAL DRUGS

If you answer yes to any of the questions and use has occurred within the past year, please give an explanation including dates and details on pages 11–12.

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? \_\_\_\_\_

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. If any changes occur after I sign this application, I will inform Rhema with details and an explanation in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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 you answered yes to any of the above questions, give details on pages 11–12.)

## I. 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 pages 11–12.)

## J. PERSONAL HEALTH HISTORY

Check those illnesses or conditions you have had or now have. Of those checked, briefly state the nature and length of illness, place of hospitalization, date of occurrence, and permanent effects. (Use pages 11–12.)

Check (√): F – Formerly P – Presently If none apply, write “DNA” here: \_\_\_\_\_

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**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. Provide details on pages 11-12.)

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 \_\_\_\_\_

**Cite any physical handicaps or defects:**

Yes  No Do you have or have you ever had any significant physical or learning impairment? If yes, explain on pages 11-12.

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

Yes  No Do you have any known drug allergies?

If so, what drugs: \_\_\_\_\_

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

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

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**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 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.

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**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 \_\_\_\_\_

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# 2nd-, 3rd-, and 4th-Year Applicants Only

## M. MINISTRY PROGRAM

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

### 2nd-Year Programs (Modification of original program)

- Core                       Itinerant                       Missions                       Pastoral                       Student Ministries

### 3rd- & 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

## N. MINISTRY INFORMATION

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

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Do you have any significant disagreements with the teaching you received during your first or second year? Explain (additional space on pages 11–12).

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## 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.

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# Rhema School of Worship

(For Rhema School of Worship applicants ONLY)

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## Prior Music Experience

Have you ever had private music instruction?  Yes  No      If yes:  Instrumental  Vocal      (Briefly explain and state how long.)

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

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Briefly describe any secular music experience.       Bands       Ensembles       Vocal groups

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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 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 or Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_  
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 on my examination, this person is in good, sound physical health.  
 Yes  No Based on my examination, this person does not have any life-threatening or contagious diseases.  
 Yes  No Based on 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 \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State or Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Examining Doctor's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**It is the applicant's responsibility to return this form to the Admission Office at this address:  
Rhema Bible Training College • P.O. Box 50126 • Tulsa, OK 74150-0126 • USA**



