



# Rhema Bible Training College

## APPLICATION FOR ADMISSION

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

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

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

### I am applying for:

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

### 2nd, 3rd & 4th Year Applicants Only

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

#### 2nd-Year Programs

Ministry Fundamentals  Itinerant\*  Missions\*  Pastoral\*

#### 3rd- & 4th-Year Programs

Rhema School of General Extended Studies  Rhema School of Pastoral Ministry\*

Rhema School of Biblical Studies  Rhema School of Student Ministries\*

Rhema School of Helps Ministry  Rhema School of World Missions\*

Rhema School of Itinerant Ministry  Rhema School of Worship\*

\*Programs marked with an asterisk(\*) are only available for fall enrollment.

2"

Head & Shoulders  
Photo ONLY

Do not send application 2"  
without PHOTO.

A passport picture is  
recommended.

## Application Instructions

1. Attach a CURRENT 2" x 2" photo. Head and shoulders only.
2. Enclose a \$50 NONREFUNDABLE application fee.
3. Answer ALL questions. If a question does not apply, write "DNA" (Does Not Apply).
4. Applications are processed once we receive the following: completed application, application fee, and three required recommendation forms (enclosed).
5. Third and Fourth-Year applicants must also complete page 7.

### PRINT FULL LEGAL NAME.

Name (last)	(first)	(middle)	Maiden Name	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 <input type="checkbox"/> Yes <input type="checkbox"/> No

If you are not a U.S. citizen, please contact Rhema for an international application.

Permanent Residents, please provide the following: • A front and back color 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  Black or African American  White  Hispanic or Latino  Asian  Other

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

**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 6.

Name of spouse or fiancé(e) (last, first, middle) \_\_\_\_\_ Date of marriage (present or proposed) \_\_\_\_\_

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 or fiancé(e) previously attended Rhema? What year? \_\_\_\_\_ } Spouse/Fiancé(e) Social Security No. \_\_\_\_\_

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

**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 mm/dd/yy	Name	Age	Date of Birth mm/dd/yy

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 page 6. If children residing with you are under school age, what are your plans for their care while you attend Rhema? \_\_\_\_\_

**How did you hear about Rhema Bible Training College?**

*The Word of Faith Magazine*       *Rhema Praise* (TV)       *Rhema for Today* (Radio)       Rhema Bible Church

*Living Faith Crusades*       Youth Camp       Friend       Graduate       Current Student

Books       Website \_\_\_\_\_       Other \_\_\_\_\_

**A. CHURCH AFFILIATION AND REFERENCES**

**List the name of the church which you currently attend.**

Name of Church

**Pastor's recommendation given to:** (Must be current pastor or church leader.)

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 page 6.**

**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?

**C. ENROLLMENT INFORMATION**

**Why do you want to attend Rhema Bible Training College?**

\_\_\_\_\_

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## E. FINANCIAL INFORMATION

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- Yes  No     **Are you presently employed?** If no, please include explanation on page 6.
- Yes  No     **Have you declared bankruptcy within the last five years?** (If yes, explain the origin, cause, amount, dates, type of bankruptcy, and present status on page 6.)
- Yes  No     **Do you owe Student Loans?** If yes, list details on page 6.
- 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 page 6.

Identify how you plan to pay for expenses:

- Own employment      Spouse employment
- Parents: Amount of support promised \_\_\_\_\_      Savings: Amount on deposit \_\_\_\_\_
- VA Benefits      Other (specify) \_\_\_\_\_

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## F . ALCOHOL—TOBACCO—DRUGS

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**If you answer yes to any of the questions and use has occurred within the past year, provide an explanation including dates and details on page 6.**

- Yes  No     Have you ever used any form of tobacco products? If so, when was date of last usage? \_\_\_\_\_
- Yes  No     Have you ever used alcohol? If so, when was date of last usage? \_\_\_\_\_
- Yes  No     Have you ever used illegal or habit-forming drugs? If so, when was date of last usage? \_\_\_\_\_
- If yes, what illegal or habit-forming drugs? \_\_\_\_\_ How long? \_\_\_\_\_

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

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

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## G. CRIMINAL RECORD

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**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. If yes, give details on page 6.**

- 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?

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## H. HOMOSEXUALITY—LESBIANISM

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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 page 6.)**

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## I. PERSONAL HEALTH HISTORY

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Yes  No Do you have or have you ever had any significant physical or learning impairment? If yes, explain impairment situation on page 6.

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

Yes  No Do you have any known drug allergies? If so, what drugs: \_\_\_\_\_

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 6.)

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

Name	Relationship	Phone ( )	
Street Address	City	State	ZIP

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## J. MEDICAL CONSENT

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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 \_\_\_\_\_

Yes  No (Parent Signature) \_\_\_\_\_ Date \_\_\_\_\_

Applicant **MUST** sign. If under 18, the parent or guardian must also sign.

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## K. STATEMENT OF TRUTH

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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 \_\_\_\_\_

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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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**Continue to page 7 ONLY if applying for 3rd-year or above.**



# 3rd & 4th Year Applicants Only

## L. 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 page 6).

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## 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.

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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   |   |