



Rhema Bible Training College

P.O. Box 50126 • TULSA, OK 74150-0126 • Fax (918) 251-0685 • rbtc@rhema.org
(If sent electronically, please mail the original copy to the above address.)

APPLICANT INFORMATION

Name

LAST	FIRST	MIDDLE
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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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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.

PERSONAL RECOMMENDATION

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 _____	

- Please evaluate his/her personal character.

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				

Excellent	Good	Fair	Poor	Unknown

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

- From personal knowledge of this individual, would you:
 - Recommend him/her as a qualified 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 two, please explain: _____

7. Emotional Evaluation: Very Stable Stable Unstable Very Unstable
8. Does the applicant respond well to authority? Yes No—Please explain further in question 16.
9. The applicant's spiritual influence on others is: Positive Neutral Negative
10. With what sort of companions does he/she usually associate? _____

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

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

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

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

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

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

17. 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.)

18. 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. _____

19. 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** _____