



RHEMA BIBLE TRAINING CENTER (Third-Year Programs)

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

Student Application for Admission
To RHEMA Bible Training Center in September 20 _____
Final date for processing: August 15.

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

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. A passport picture is recommended.
2. Enclose the **\$30.00 NONREFUNDABLE** fee.
3. Answer **ALL** questions. If a question does not apply, check "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.

I am applying for:

- RHEMA School of World Missions
- RHEMA School of Worship
- RHEMA School of Pastoral Ministry
- RHEMA Bible Training Center General Extended Studies.

5. **Additional pages at the end of this form must be completed if you are applying to RHEMA School of World Missions or RHEMA School of Music Ministry.**

2"

Head & Shoulders Photo ONLY

Snapshots ARE NOT Acceptable.

Do not send applications without PHOTO.

2"

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
------	---------	----------	--------	----------	-------

PLEASE PRINT OR TYPE FULL LEGAL NAME. This is how your name will appear on student ID, diploma, and all correspondence.

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

Present Address	City	State	Zip
-----------------	------	-------	-----

Daytime Phone () ()	Home Phone () ()	Fax	E-Mail
--------------------------	-----------------------	-----	--------

Social Security Number	Sex F M	Date of Birth / /	Age	Height Ft. _____ Inches _____	Weight (must answer) lbs. _____	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------	------------	----------------------	-----	----------------------------------	------------------------------------	--

If you are not a U.S. citizen, 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
---	------------------------	--

Race American Indian Black Caucasian Hispanic Oriental Other

Marital Status (check one) Single Engaged* Married Remarried** Divorced** Widowed Separated**
*Confirm in writing if marriage occurs before school term. **Give complete details on page 5.

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

Dependents for whom you are responsible. (If married, your spouse and children are required to live with you while attending RHEMA.)

Name	Age	Date of Birth	Name	Age	Date of Birth
		/ /			/ /
		/ /			/ /
		/ /			/ /

Yes No Have you received a Diploma from RHEMA Bible Training Center? If so, **what year did you graduate?** _____
Group you attended second year: _____

Yes No Have you been married since attending RHEMA Bible Training Center? (If yes, give details on page 5.)

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 School of World Missions RHEMA Bible Training Center —1st year
 RHEMA School of Pastoral Ministry RHEMA Bible Training Center — 2nd year
 RHEMA School of Worship RHEMA Bible Training Center — 3rd year (General Extended Studies)

Yes No Will your spouse and dependent family be living with you in Tulsa while you attend RHEMA?

Yes No (If no, please explain on page 5. If married, your spouse and children are **required** to live with you in the Tulsa area.)

Yes No Is your spouse or fiancé(e) in agreement with your decision to attend RHEMA?

Consent of Spouse: Spouse's Signature _____ Date _____

PHOTOSTATIC COPIES OR FACSIMILES OF APPLICATIONS WILL NOT BE ACCEPTED

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 area code ()		

How long have you attended this church? _____ year(s) _____ month(s) Are you a member? Yes No

Do you attend regularly? 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 5. 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 page 5.

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 area code ()			Phone area code ()		

B. MINISTRY INFORMATION

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

C. OCCUPATIONAL STATUS

Name of current employer*

Type of work performed

Beginning Date

*If you are currently unemployed, please explain on page 5.

D. FINANCIAL STATUS

No Yes Have you declared bankruptcy during or since your first year of enrollment in RHEMA? (If yes, please explain the origin, cause, amount, dates, type of bankruptcy, and present status on page 5.)

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 . . .

Please identify how you plan to pay for your tuition costs (All current facts – not foolishness or presumption):

Be specific with the amount you have on hand now!

Employment Credit card Savings: Amount on deposit \$_____ Parents: Amount of support promised _____
 Spouse Employment Other (specify)_____

Will anyone be dependant upon you for financial support during the school term? _____

List all CURRENT financial obligations. (List the exact amounts owed due today. If you currently have no financial obligations, write "DNA.")

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 page 5.

Do you owe: (If no, check "DNA" box. If yes, please explain on page 5.)

DNA Student Loans Taxes Child support or alimony

E. ALCOHOL — TOBACCO — ILLEGAL DRUGS

ALL answers must be "CURRENT FACT" answers, not "FAITH" answers. If you marked any of these activities, give an explanation including dates and details on page 5. If no activity is applicable, mark the "DNA" box.

Since your first year of enrollment in RHEMA, have you ever used:

DNA tobacco in any form alcohol illegal or habit-forming drugs

The highest standards of personal conduct are expected of a person who assumes a leadership role in Christian ministry. 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. Also understand that if RHEMA is notified that you have violated the above stated policy, it will be grounds for immediate dismissal. **If any change occurs after you sign your name, you must inform our office with details and explanation in writing.**

I will abide by this policy I cannot abide by this policy

Signature _____ Date _____

F. CRIMINAL RECORD

Since you first attended RHEMA, have you been: (If none of the activities apply, mark the "DNA" box.)

DNA fined jailed arrested accused, questioned, or investigated for spousal abuse
 placed on probation for any reason accused, questioned, or investigated for child abuse, neglect, or child molestation

(If you marked any of these activities, give an explanation including dates and details on page 5. RHEMA must be informed of any changes that occur after your application is received. If you are on probation, documentation must be submitted verifying that your probation can be transferred.)

G. HOMOSEXUALITY — LESBIANISM

Have you been involved with homosexuality/lesbianism during or since your first year of enrollment in RHEMA?

No Yes If yes, give date(s): From _____ to _____.
If yes, give an explanation. (Use page 5.)

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

Check those illnesses or conditions you have had or now have.

Check (): F – Formerly P – Presently If none apply, write "DNA" here: _____.

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	F P <input type="checkbox"/> <input type="checkbox"/> Diabetes <input type="checkbox"/> <input type="checkbox"/> Epilepsy <input type="checkbox"/> <input type="checkbox"/> Eye Disease <input type="checkbox"/> <input type="checkbox"/> Genito-urinary Disease <input type="checkbox"/> <input type="checkbox"/> Heart Disease <input type="checkbox"/> <input type="checkbox"/> Hernia <input type="checkbox"/> <input type="checkbox"/> Kidney Disease	F P <input type="checkbox"/> <input type="checkbox"/> Mental Disorder <input type="checkbox"/> <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> <input type="checkbox"/> Nephritis <input type="checkbox"/> <input type="checkbox"/> Nervous Disorder <input type="checkbox"/> <input type="checkbox"/> Paralysis <input type="checkbox"/> <input type="checkbox"/> Rheumatic Fever	F P <input type="checkbox"/> <input type="checkbox"/> Rheumatism <input type="checkbox"/> <input type="checkbox"/> Seizures <input type="checkbox"/> <input type="checkbox"/> Spinal Disease <input type="checkbox"/> <input type="checkbox"/> Stomach Disorder <input type="checkbox"/> <input type="checkbox"/> Tuberculosis <input type="checkbox"/> <input type="checkbox"/> Typhoid <input type="checkbox"/> <input type="checkbox"/> Other (attach letter explaining)
--	---	---	---

Of those checked above, briefly state nature and length of illness, place of hospitalization, date of occurrence, and permanent effects. (Use page 5)

HOSPITAL INFORMATION:

Yes No Since your first year at RHEMA, 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 5.)

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 handicaps or defects:

No Yes Do you have any disabilities that would require special facilities? If so, what: _____

No Yes 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 <small>(area code)</small>
Street Address	City	State Zip

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

(Parent/guardian signature) _____ Date _____

J. 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 _____

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.

Note: Final date for processing completed applications: August 15.

RHEMA School of World Missions

(For RHEMA School of World Missions applicants ONLY)

Best time to contact you by phone:

What country or continent do you feel called to go to as a missionary? Give a brief explanation.

What language would you like to learn? Please list three, starting with the one that interests you most.

1.

2.

3.

In order to enroll in RSWM, your medical doctor must complete the medical form stating good health. **No applications for RSWM will be accepted without this medical form.** The form **MUST** state the following:

1. Your doctor has given you a thorough physical examination (date of exam must be included).
2. You are in good physical health and have no life-threatening or contagious diseases.
3. Your health is good enough for you to take a 4-week trip into a third-world country without endangering your health.

Note: Please note that the fees, book costs, and tuition are due in their entirety on Registration Day. This enables you to concentrate on raising the necessary funds for your fourth-term internship trip.

RHEMA SCHOOL OF WORLD MISSIONS

Medical Form

All students who enroll in RSWM are preparing to live outside 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.**

RSWM applicant must complete this portion (please print).

Name _____

Address _____ City _____ State _____ Zip _____

Telephone # (_____) _____ Social Security # _____

Applicant's Signature _____ Date ____/____/____

A medical doctor who has examined the above named applicant 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 satisfactory enough for him/her to take a 4-week trip into a third-world country involving rigorous physical activities, such as hiking and manual labor, without endangering his/her health.

If you answered "No" to 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 Admissions Office at this address:

RHEMA SCHOOL OF WORLD MISSIONS • P.O. Box 50126 • Tulsa, OK 74150-0126

RHEMA School of Worship

(For RHEMA School of Music Ministry applicants ONLY)

If applying by mail, please include a recent short audition on video tape. This tape must include a vocal performance and may include an instrumental performance.

NOTE: Auditions are conducted in person for local applicants. A video is not necessary.

Best time to contact you by phone:

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. worship leading, 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

What musical instruments 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 | |
-

