

A. CHURCH AFFILIATION AND REFERENCES

If you did not complete your first year consecutively with your second year, you are required to have a recommendation from your present pastor.

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? _____ Are you a member? Yes No
 Do you attend regularly? Yes No Is your pastor a RHEMA graduate? 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. 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 7.

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. 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?

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

D. EDUCATIONAL HISTORY

EDUCATION (Circle highest level attained)

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical 1 2
 College 1 2 3 4 Master's Specialist Doctorate Other _____

Beginning with High School, list educational institutions attended.

NAME OF SCHOOL	DATES	MAJOR	DIPLOMA or DEGREE

Yes No **Have you previously submitted a 2nd-year application to RHEMA?** If so, when? _____

E. OCCUPATIONAL HISTORY

(Please list your work experience starting with PRESENT employer:)

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

If you are currently unemployed, include an explanation on page 7 or 8.

F. FINANCIAL HISTORY

Yes No **Have you declared bankruptcy within the last 5 years? (If yes, explain the origin, cause, amount, dates, type of bankruptcy, and present status on page 7 or 8.)**

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 a successful ministry. Many ministers 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 expenses (ALL CURRENT FACTS — NOT FOOLISHNESS OR PRESUMPTION); be specific with amounts you have on hand now!

Own employment Spouse employment Savings: Amount on deposit _____

Parents: Amount of support promised _____ Child support or alimony _____

Other (specify) _____

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

FINANCIAL OBLIGATIONS: List the **exact** amount due **today**:

If you have no financial obligations, write DNA here: _____

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 7 or 8.

- Yes No **Do you owe Student Loans?** If yes, list details above in "Financial Obligations" section.
- 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 7 or 8.

G. ALCOHOL — TOBACCO — ILLEGAL DRUGS

ALL answers MUST be "CURRENT FACT" answers, not "FOOLISHNESS OR PRESUMPTION" answers.

- Yes No Have you ever used tobacco or any form of tobacco product? 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? _____

If you answered yes to any of the above questions, please give an explanation including dates and details on page 7 or 8.

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.

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.

Signature _____ Date _____

If any changes occur after you sign this application, you must inform our office with details and explanation in writing.

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 _____
- 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?

If yes, give details on page 7 or 8.

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.

I. HOMOSEXUALITY — LESBIANISM

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. (Use page 7 or 8.)

J. 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	F	P	<input type="checkbox"/> <input type="checkbox"/> Diabetes	F	P	<input type="checkbox"/> <input type="checkbox"/> Mental Disorder	F	P	<input type="checkbox"/> <input type="checkbox"/> Seizures
<input type="checkbox"/>	<input type="checkbox"/>	Acquired Immune Deficiency Syndrome (AIDS)	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Spinal Disease
<input type="checkbox"/>	<input type="checkbox"/>	Anorexia Nervosa/Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	Genito-urinary Disease	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid
<input type="checkbox"/>	<input type="checkbox"/>	Contagious or transmittable diseases	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Other
			<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever			(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 7 or 8.)

HOSPITAL AND MILITARY 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. Make comments on page 7 or 8.)

Yes No Have you been discharged from military service **in the last 5 years**? If so, please attach a copy of your DD/214 Form.

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:

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

Yes No 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 area code ()
Street Address	City	State
		Zip

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 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.

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 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.

NOTES

(Please note the page and section letter of question you are answering.)

**SECOND-YEAR PROGRAM
PERSONAL RECOMMENDATION**

RHEMA BIBLE TRAINING CENTER

P.O. Box 50126 • TULSA, OK 74150-0126

Name of Applicant

LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____

PLEASE READ BEFORE DISTRIBUTING FORM. I understand that this confidential statement is being submitted directly to the Admissions Office 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.



IMPORTANT: This form must be returned to our office **NO LATER THAN August 15th**. The deadline for international applications is **July 1st**.

Applicant's Signature _____ Date _____

Each applicant for admission to RHEMA must submit a recommendation. 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 your comments in strictest confidence. Therefore, we ask that this completed form not be given to the applicant but that you personally return this form in the enclosed envelope directly to RHEMA Bible Training Center.

1. How long have you known the applicant? _____ year(s) _____ month(s)
2. Has your relationship been: Intense Very close Close Casual
 Intermittent Distant Other _____
3. What has been the nature of your acquaintance? Were you . . .
 CHURCH: Pastor Sunday School Teacher Choir Director
 Co-Worker Fellow member Other _____
 BUSINESS: Employer Supervisor Co-Worker Subordinate
 SCHOOL: Principal Teacher Fellow Student
 SOCIAL: Friend of the family Personal friend Neighbor 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					

5. How industrious is he/she as a student or worker?

- | | |
|---|--|
| <input type="checkbox"/> Usually conscientious, hard worker | <input type="checkbox"/> Works harder than most students/workers |
| <input type="checkbox"/> Does about as much work as most other people | <input type="checkbox"/> Works less than most others |
| <input type="checkbox"/> Very lazy | <input type="checkbox"/> Have no basis for judgment |

Comments _____

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

7. Is the applicant prompt in paying his/her bills? Yes No

Comments _____

(Please complete reverse side)

(over)

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 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 #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 so, please explain. _____

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

15. Have you noted physical weakness or emotional problems 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 to be?

18. What do you consider the applicant's weak points to be?

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, questioned, or investigated for child abuse, child neglect, or child molestation? If yes, please explain. _____

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

PRINT	Signature _____	Date _____
Your Name _____	Your Age <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 51 & over	
Your Phone Number _____	Are you a RHEMA graduate? _____ Year _____	
Address _____	Are you <input type="checkbox"/> Licensed? <input type="checkbox"/> Ordained?	
City _____ State _____ Zip _____	Organization _____	
Position _____		

(If applicable)

**SECOND-YEAR PROGRAM
PASTOR'S RECOMMENDATION**

RHEMA BIBLE TRAINING CENTER

P.O. Box 50126 • TULSA, OK 74150-0126

Name of Applicant

LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____



PLEASE READ BEFORE DISTRIBUTING FORM. This form should be completed by your pastor (or associate pastor if church is over 500 people) and returned by him directly to the Office of Admissions. **If your father or a close relative is your pastor, please refer the form to the assistant pastor or a lay leader in your church.** If a person other than your pastor (or assistant pastor) completes the form, an explanation should be provided.

I understand that this confidential statement is being submitted directly to the Admissions Office 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.

IMPORTANT: This form must be returned to our office **NO LATER THAN August 15th.** The deadline for international applications is **July 1st.**

Applicant's Signature _____ Date _____

Each applicant for admission to RHEMA must submit a recommendation. 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 your comments in strictest confidence. Therefore, we ask that this completed form not be given to the applicant but that you personally return this form in the enclosed envelope directly to RHEMA Bible Training Center.

1. How long have you known the applicant? _____ year(s) _____ month(s)
2. Has your relationship been: Intense Very close Close Casual
 Intermittent Distant Other _____
3. Please check the area of his/her involvement in the church:
 Usher Music Teacher
 Children Sound Prayer Room
 Other, please specify _____

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					

5. How industrious is he/she as a student or worker?

- | | |
|---|--|
| <input type="checkbox"/> Usually conscientious, hard worker | <input type="checkbox"/> Works harder than most students/workers |
| <input type="checkbox"/> Does about as much work as most other people | <input type="checkbox"/> Works less than most others |
| <input type="checkbox"/> Very lazy | <input type="checkbox"/> Have no basis for judgment |

Comments _____

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

7. Is the applicant prompt in paying his/her bills? Yes No

Comments _____

(Please complete reverse side)

(over)

8. From personal knowledge of the 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 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 #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 so, please explain. _____

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

15. Have you noted physical weakness or emotional problems 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 to be? _____

18. What do you consider the applicant's weak points to be? _____

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. Is your church sponsoring this applicant? Yes No Full Part (state amount) \$ _____

21. How much individual attention and/or counseling does the applicant need to maintain a victorious Christian walk?

- Applicant seems to need much individualized attention and counseling.
- Applicant seems to need a moderate amount of individualized attention and counseling.
- Applicant seems to maintain victory from his/her own devotional life and from ministry received in church services.

If you checked one of the first two boxes, please specify the area of need:

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

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

PRINT	Signature _____	Date _____
Your Name _____	Your Age <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 51 & over	
Your Phone Number _____	Are you a RHEMA graduate? _____ Year _____	
Address _____	Are you <input type="checkbox"/> Licensed? <input type="checkbox"/> Ordained?	
City _____ State _____ Zip _____	Organization _____	
Position _____		