



RHEMA ALUMNI AUDIT PROGRAM

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

FOR OFFICE USE ONLY	
PC	AF

Application Form

ALL OF THE FOLLOWING MUST BE COMPLETED IN ORDER FOR THIS APPLICATION TO BE PROCESSED.

1. Enclose the \$35.00 NONREFUNDABLE application fee. Application deadline is one week before the start of each term.
2. Answer ALL questions. If a question does not apply, write "DNA" (Does Not Apply). Your application may be returned if any area is left blank.

Head & Shoulders Photo ONLY

Snapshots ARE NOT Acceptable.

Do not send application without PHOTO.

PLEASE PRINT OR TYPE FULL LEGAL NAME

Name (last)			Name (first)			Name (middle)			Maiden Name			
Address						City			State		ZIP	
Phone (home) () ()		Phone (cell) () ()		Social Security Number			Sex F M		Date of Birth (mm/dd/yy)		Age	
Marital Status (check one)							E-mail Address					
<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Remarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated												
Name of Spouse (last)			Name of Spouse (first)			Name of Spouse (middle)						

Name of church you regularly attend. Are you a member? Yes No

A. EDUCATION

What year did you graduate from RBTC? _____

If you attended the 2nd year program, please indicate which group you selected. Evangelists Missions Pastors
 Supportive Children's Youth

If you attended the 3rd year program, please indicate which group you selected. GES RSPM RSW RSWM

Name of Present Employer	Position	Since
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B. HEALTH INFORMATION

Your General Health Excellent Good Fair Poor

Do you have any medical condition(s) about which we should be aware? Yes No (If yes, please describe below.)

Please designate with E, G, F, or P the condition of your: Eyes _____ Ears _____ Heart _____ Lungs _____

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

Yes No Do you have any known drug allergies? If yes, what drugs: _____

B. HEALTH INFORMATION (Cont.)

List an individual below whom we can notify in case of an emergency.

Name	Relationship	Phone ()	
Street Address	City	State	ZIP

C. 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 designees, 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 _____

I understand that all items submitted as part of the application process become the permanent property of RHEMA Bible Training Center and will not be returned or copied for the applicant's use.

I have read the current RHEMA Bible Training Center handbook and I clearly understand all the policies and rules therein. During this school year, I agree to abide by all the rules stated in the handbook and those communicated to me verbally. I will exemplify good Christian character and conduct at all times and places during the time that I am an audit student at RBTC.

I understand that attendance at RBTC is a privilege and not a right, and that RBTC reserves the right to require the withdrawal of an audit student at any time if in the judgment of RHEMA such action is deemed necessary to safeguard the ideals and the moral atmosphere of the training center.

I hereby grant permission to RHEMA Bible Church, aka Kenneth Hagin Ministries, to use any photographs taken of me in conjunction with RHEMA Bible Training Center activities. I understand that these photographs become the property of RHEMA Bible Church and may be used at any time without remuneration to me.

(Signature) _____ Date _____