

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 or Province	Postal Code	City	State or Province	Postal Code
Country			Country		
Pastor			Phone area code ()		

How long have you attended this church? _____ **NOTE: If less than one year, state the reason and include the name of your former church, pastor, and date of attendance. An **additional** recommendation letter (on church letterhead) from your former pastor **must** be received to process your application.**

Are you a member of this church? Yes No Do you attend regularly? Yes No

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 on page 8.

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 or Province	Postal Code	City	State or Province	Postal Code
Country			Country		
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: July 1.

C. PURPOSE/SALVATION — HOLY GHOST BAPTISM

Why do you want to attend RHEMA Bible Training Center? (State briefly)

Date you were saved: Month _____ Day _____ Year _____

Yes No Were you raised in a Christian home?

Briefly state how you know you are saved:

Date you received the baptism of the Holy Spirit with the evidence of speaking in other tongues: Month _____ Day _____ Year _____

Briefly state how you know you are filled with the Holy Ghost:

In the time since your initial salvation experience, has there been a period when you did not live for the Lord? Yes No

If yes, please explain briefly and indicate the approximate date of your decision to fully commit your life to the Lord.

D. EDUCATIONAL HISTORY

NAME OF SCHOOL	DATES	MAJOR	DIPLOMA or DEGREE

Yes No Have you previously submitted an application to RHEMA? If so, when? _____

NOTE: All classes are taught by lecture. Students are required to take exams and complete reading and written assignments in English.

Yes No **Can you read, write, and comprehend the English language fluently without any help from anyone else? (Please read #8 on the enclosed information sheet.)**

E. OCCUPATIONAL HISTORY

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

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

F. 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 tobacco products? 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 and use has occurred within the past year, please give an explanation including dates and details on page 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. This is a requirement for all RHEMA students.*

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.

G. HOMOSEXUALITY — LESBIANISM

Yes No Have you been involved with homosexuality/lesbianism?

If yes, give date(s) from _____ to _____.

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 _____

If yes, give details on page 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. 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"/> Cancer
<input type="checkbox"/> <input type="checkbox"/> Contagious or transmittable diseases
<input type="checkbox"/> <input type="checkbox"/> Diabetes | F P
<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"/> Hay Fever
<input type="checkbox"/> <input type="checkbox"/> Heart Disease
<input type="checkbox"/> <input type="checkbox"/> Kidney Disease
<input type="checkbox"/> <input type="checkbox"/> Mental Disorder | F P
<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"/> Pneumonia
<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"/> 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 8.)

HOSPITAL 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 8.)

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
Street Address		City
State or Province	Postal Code	Country

J. 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.

K. FINANCIAL REQUIREMENTS & INFORMATION

International students at RHEMA may only obtain an M-1 visa while attending school. Therefore, they are not permitted to be employed while in the United States. The following financial requirements MUST be met in order to apply to RHEMA.

- 1) If you are not married, proof from your financial institution or bank must state that you have the equivalent of \$16,000 U.S. dollars on deposit. If you have children, this amount will increase \$2,000 U.S. dollars for each child living with you.
- 2) For a husband and wife, proof from your financial institution or bank must state that you have the equivalent of \$20,000 U.S. dollars on deposit. If you have children, this amount will increase \$2,000 U.S. dollars for each child living with you.

NOTE: The amount stated for husband and wife includes tuition charges for only the husband. If both husband and wife plan to submit applications to RHEMA Bible Training Center, you must add the equivalent of \$2,800.00 to the required amount.

3) **Please include your financial documents with your application.**

ALL FINANCIAL DOCUMENTS MUST BE WRITTEN ON THE BANK LETTERHEAD AND SIGNED BY AN OFFICIAL OF THE FINANCIAL INSTITUTION WHERE THE FUNDS ARE ON DEPOSIT. The documents must indicate the applicant's full legal name, the amount on deposit, and the equivalent of the total amount in U.S. dollars. Any documents received without this information will not be processed.

RHEMA Bible Training Center does not offer scholarships or financial aid to applicants or students. We cannot aid you in locating a sponsor. If you have a sponsor, a trust fund must be established for your schooling at a financial institution in the U.S. The sponsor must provide financial document(s) from their bank which clearly state the applicant's name and the amount on deposit.

I, the undersigned, understand that by submitting this application to RHEMA Bible Training Center, I am in no way guaranteed admission to the school. I understand that I must go through the approval process as do all other applicants. I also understand that by submitting this application, I am not being invited into the United States or being offered sponsorship by RHEMA. I have read the financial requirements and am able to provide the necessary document(s) stating that I will be fully self-supported during my stay in the U.S. I understand that if I do not enclose the required financial document(s) with my application, my application will not be processed until the proper financial document(s) is received.

Signature of Applicant

Date

Yes No I have enclosed the required financial document(s).

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 improper handling of their finances. Thus we desire that you...

Please **identify** how you will fulfill the financial requirements for international students; be specific with amounts you and/or your spouse have on hand now!

Savings: Amount on deposit _____ Sponsor: Amount on deposit _____

Parents: Amount of deposit _____

For green-card holders only: Own employment Spouse employment

Other (specify)

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