International Application RHEMA BIBLE TRAINING CENTER



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

> Application for admission FIRST-YEAR F Final da

PROGRAM in Sep	tember 20_
te for processing:	July 1.
READ CAREFULI	_Y

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

- 1. Important: All applicants must read the International Information Letter before completing this application.
- 2. Attach a CURRENT 2" x 2" photo. Head and shoulders only. A passport picture is recommended.
- 3. Enclose the \$60.00 NONREFUNDABLE application fee in U.S. funds.
- 4. The three enclosed reference forms must be completed and returned by those you list as your references on page 2 of this application (no family members, please).
- 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.
- 6. An application is not processed until all required references, picture, and Official Financial Document and application fee are received. YOU MAY WANT TO FOLLOW UP

	FOR OFF	ICE USE (ONLY
PC	ED	AF	A
MR	PR	PR	R

2"

Head & Shoulders Photo ONLY

Snapshots ARE NOT Acceptable.

Do not send applications without PHOTO.

Please see enclosed letter.

	TO MAKE SURE YOUR RE							
Name	e your name as you would desir (first)	e it to appear in the yea (middle)	(last)	D. card. Also inc		Province	Country	ĸ.
PLEASE I	PRINT OR TYPE FULL LEG	SAL NAME					1,000	
Name	(last)	(first)		(middle)		Maiden N	Name	
Present A	ddress		City	State	or Province	Postal Code	Phone:	
Sex: F M	Date of Birth: Month/Day/Year	Age:	Height:	hes	Weight (mu	ıst answer):	Fax:	
	f Citizenship	If you are currently in the U.S., please indicate what status you hold.	Country of Birth:	• /	A front and ba	A Commence of the second second	ease provide the following: ir resident alien card or work	
	atus (check one)		d* ☐ Married	☐ Remai	rried 🗆 D	ivorced 🗆	Widowed Separated complete details on page 8.	J** 5
Depender Name	ns for whom you are resp	Age	Date of Birth		ountry of Bir	th	Country of Citiz	 zenshir
			Month/Day/Year		2011111			
Name of s	spouse or fiancé(e) (last, first	middle)			Date	of marriage (p	present or proposed)	
Spouse's U	J.S. Social Security No.	Spouse	's Date of Birth	Country of	Birth		Country of Citizens	ship
☐ Yes ☐	No Have you been prev Date(s) of divorce(s		Commission of the Commission o	Date Number of cl	e(s) of previou	ıs marriage(s) revious marria	ge(s)	
f not living	ave children, who has custo g with you, please explain w attend RHEMA?	ody of them? hy on page 8. If child	ren are residing w	_ Where do t ith you and th	they presently ey are under	live?school age, wh	nat are your plans for their o	care
Yes Yes Yes Yes Yes Yes Yes	No Will your spouse or Has your spouse property No Is your spouse or fix No Will your spouse (a)	Is your spouse or fiancé(e) saved and filled with the Holy Spirit? Will your spouse or fiancé(e) be attending RHEMA this Sept.? If yes Has your spouse previously attended RHEMA? What year? Is your spouse or fiancé(e) in agreement with your decision to attend RHEMA? Will your spouse (and dependent family) be living in Tulsa with you while you attend RHEMA? If no, please give an explanation on page 8. If married, your spouse and children are required to live in the Tulsa area with you.						
Consent o		se in the Tulsa, Oklah					nfirm that I (including children	ı) will be

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 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 То 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 State or Province Postal Code City Country Country Phone Phone **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

Note: Final date for processing completed applications: July 1.

Do you believe in the Holy Trinity — that our God is one, but manifested in three persons: the Father, the Son, and

Do you believe in the deity of the Lord Jesus Christ, that He is God made flesh, and He is the only mediator

and doctrine?

the Holy Spirit?

between God and man?

☐ Yes ☐ No

☐ Yes ☐ No

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
Briefly state how you know you are saved:
Y
»
X
)
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:
<u></u>
μ
Y
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.

<u> </u>		D. EDUCATI	ONAL HISTORY		
NAM	E OF SCHOOL	DATES	MAJOR	DIPLOMA	A or DEGREE
		1			
		1	#		
		17.		y S	
☐ Yes ☐ No	Have you previously su	bmitted an application t	o RHEMA? If so, when?		
NOTE: All classe in English		. Students are require	d to take exams and comp	olete reading and w	ritten assignments
□ Yes □ No		and comprehend the E e enclosed information	nglish language fluently w n sheet.)	rithout any help from	n anyone else?
		E. OCCUPAT	IONAL HISTORY		
	(Please I	ist your work experien	ce starting with PRESENT	employer:)	
Nork from present	IAME OF EMPLOYER		DUTIES PERFORM	ED	DATES
Present	t date backwards				
				2	
				:	
));					
	F. ALC	COHOL — TOBA	CCO — ILLEGAL	DRUGS	
ALL answers mu	st be "CURRENT FAC"	Γ" answers, not "FOOL	ISHNESS OR PRESUMPTI	ON" answers.	
□ Yes □ No	Have you ever used	tobacco or any tobacco	products? If so, when did yo	ou last use them? (da	ate)
□ 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 d	rugs? If so, when did you la	st use them? (date)	,
lf yes, what illega	l or habit-forming drugs?		How lo	ng?	
	yes to any of the abov and details on page 8.	e questions and use h	as occurred within the pa	st year, please give	an explanation
expected. This inc		he use of tobacco, alcoh	he Christian ministry, the high nol (including wine), or illega		
Understanding ou	ir position on the matter,	please indicate below y	our decision concerning out	policy.	
☐ I will abide by	this policy I cann	ot abide by this policy			
I understand that	if RHEMA is notified that	t I have violated the abo	ove stated policy, it will be gr	ounds for immediate	dismissal.
Signature			Date		
If any changes o	occur after you sign thi	s application, you mus	t inform our office with de	etails and explanation	on in writing.
	0	. HOMOSEXUA	LITY — LESBIANI	SM	
□ Yes □ No		d with homosexuality/lesbia		re addis.	
If yes, give date(s) f	- 2	to			

-					н ог	SIRAINIAI	DE	00	NDD.				
					H. CF	RIMINAL	. KE	CC	אט				
☐ Ye	s 🗆] No	Have you ever bee	n arrested	1?								
			When	Where		Why	Date Released						
☐ Ye	s 🗆	□ No Have you ever been fined for a criminal charge?											
			When	Where		Why		Date Released					
☐ Yes	s 🗆] No	Have you ever bee	n jailed?									
			When	Where		Why			D	ate Relea	ased_		-
☐ Yes	s 🗆	No	Have you ever bee										
			When	Where		Why			D	ate Relea	ased_		
If yes,	give	e details	on page 8.										
			ned of any changes thation can be transferre		ace after	we receive y	our a	pplic	ation. If on p	robation,	docun	nent	ation must be submitted
·		1. (CERTIFICATIO	N OF C	GOOD	HEALTI	1 —	То	be com	pleted	l by	ap	plicant
Check	those		s or conditions you have					150000		adiabathatacha			
			nerly P - Presently If			A" here:							
F P	X2.12	17		F P	1 11/1/2000	Cit 148030555		 P			F	Р	
	Ab	onormal B	lood Pressure		Epilepsy				Multiple Scle	rosis	Ġ		Rheumatism
			mune Deficiency		Eye Diseas				Muscular Dys	strophy			Seizures
este Patri	- 20	/ndrome (/	E			nary Disease			Nephritis	2			Spinal Disease
	1000		ervosa/Bulimia		Hay Fever				Nervous Disc	order			Tuberculosis
0 0		ancer	or transmittable diseases		Heart Dise				Paralysis Pneumonia				Typhoid Other
		abetes	or transmittable diseases		Kidney Dis Mental Dis				Rheumatic F	ever			(attach letter explaining)
			1.18.11	veries was				2.5					# 1 # # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 #
Of thos	se cn	iecked ab	ove, briefly state nature	and length	or illness,	place of nosp	italiza	ion, c	aate of occurre	ence, and	perman	ent e	effects. (Use page 8.)
HOSP	ITAL	INFORM	ATION:										
☐ Yes		No	Have you ever been a										
			(If yes, specify when,	where, why						ital or clinic	c. Make	con	ments on page 8.)
Your ge	enera	al health:	☐ Excellent	t (E)	☐ Goo	od (G)		Fair	(F) [Poor (F	P)		
Please	desi	ignate wit	th E, G, F or P the condi	ition of your	: Eyes	16	Ears		н	eart		_ 1	_ungs
Cite ar	ny ph	nysical h	andicaps or defects:										
☐ Yes	П	No	Do you have any disa	abilities that	would rea	uire special fa	acilities	? If s	so what:				
☐ Yes	The American		Do you have any kno					17 M.S					
		drugs:	20,000 11010 111,000										
			OT 1 1 1/- 1/- 1/- 1/- 1/- 1/- 1/- 1/- 1/- 1/-								J#G J#G _		
Name	st rei	ative (N	OT husband or wife) to	be notified	a in case c	or emergency			on listed mus onship	t nave a t	еіерпо	ne.	Phone
Ivame							133	elatic	лыпр				rilone
	MODEL TO	-2-07-60/F2					_			Love		_	
Street	Adar	ess								City			
-						20							
State or Province				Postal Code C			Country	Country					
-									AWAR-T				
					J. ME	DICAL	COI	ISE	ENT				
I, the u	ınder	signed, d	lo hereby state that on th	ne date indi	cated, I do	grant full and	comp	lete	permission to	RHEMA B	ible Trai	ining	Center, its employees
			related or consulting phy										
			necessary. I also state the										
sucn c	are a	ına treatn	nent. This consent I give	reely and	voluntarily,	rully knowing	and u	nder	standing all th	e above ar	ia its re	atio	n to and effect upon me.
☐ Yes		No	(Signature)								Date		
			App	olicant MUS	T sign. If u	nder 18, the	parent	or gu	uardian must a	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 FINAN-CIAL 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 financial document(s) from their bank which clearly state the	your schooling at a financial institution in the U.S. The sponsor must provide applicant's name and the amount on deposit.
to the school. I understand that I must go through the app this application, I am not being invited into the United States and am able to provide the necessary document(s) stating the	cation to RHEMA Bible Training Center, I am in no way guaranteed admission roval process as do all other applicants. I also understand that by submitting or being offered sponsorship by RHEMA. I have read the financial requirements hat I will be fully self-supported during my stay in the U.S. I understand that if I application, my application will not be processed until the proper financial docu-
Signature of Applicant	Date
☐ Yes ☐ No ☐ I have enclosed the required financial of	document(s).
also aware that a person's ability and willingness to fulfill his isters with great potential have faltered and brought much redesire that you	ly aware that God is able to supply all the needs of our student body. We are financial responsibilities are very significant to a successful ministry. Many min-proach to the Kingdom of God by improper handling of their finances. Thus we see for international students; be specific with amounts you and/or your spouse
□ 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 s	chool term?

FINANCIAL OBLIGATIONS: List the exact amount due today:

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

Name of Company	Original	Total Amount	Monthly	Amount
mane or company	Amount Owed	Presently Owed	Payments	PAST DUE
	1			
	į			9-
	1			
		Î		
f you have any accounts that are behind or past	due, please explain o	n page 7 or 8.		
L.	STATEMENT O	F TRUTH		
understand that all items submitted to RHEMA as part of			nerty of RHFMA and	I will not be returned o
copied for applicant's use.	the application process be	some the permanent pro	perty of the Line and	wiii not be retarried o
Signature)			Data	
Signature)			Date	
hereby state that all the information contained on this application is false, it will be grounds for i		RHEMA Bible Training C	enter is notified that a	ny of the information
Signature)			Date	
BA 1"	TEMO NEEDED	TO ADDLY		
	TEMS NEEDED	IU APPLI		
□ Application – Completed in full.				
\$60.00 Nonrefundable Application Fee.				
☐ Required Financial Document(s) stating the amo	unt on deposit in U.S. d	ollars.		
2" x 2" photo attached to the front of the applicat	ion.			
All reference forms have been given to the approx	priate people and shou	ld be mailed to RHEM	A in a timely mann	er,
Be sure to review your application before thus taking long	e mailing. Incomplete a ger to process. All ques	And the second s	A STATE OF THE PARTY OF THE PAR	ompletion,
	NOTES			