



# 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 in September 20\_\_\_\_  
**SECOND-YEAR PROGRAM ONLY**  
Final date for processing: July 1.

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

**READ CAREFULLY**

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

- Important:** All applicants must read the International Information Letter before completing this application.
- Attach a CURRENT 2" x 2" photo. **Head and shoulders only.** A passport picture is recommended.
- Enclose the \$60.00 NONREFUNDABLE application fee in U.S. funds.
- 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. **Answers must be HANDWRITTEN BY APPLICANT.**
- An application is not processed until all required references, picture, official financial document, and application fee are received. **YOU MAY WANT TO FOLLOW UP TO MAKE SURE YOUR REFERENCE FORMS ARE MAILED AS PROMPTLY AS POSSIBLE.**

**2"**

**Head & Shoulders  
Photo ONLY**

**Snapshots ARE NOT  
Acceptable.**

**2"**

**Do not send applications  
without PHOTO.**

**Please see enclosed letter.**

Please write your name as you would desire it to appear in the yearbook and on your I.D. card. Also include your state and country as it should appear in the yearbook.

|              |          |        |                   |         |
|--------------|----------|--------|-------------------|---------|
| Name (first) | (middle) | (last) | State or Province | Country |
|--------------|----------|--------|-------------------|---------|

**PLEASE PRINT OR TYPE FULL LEGAL NAME**

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

|                 |      |                   |             |              |
|-----------------|------|-------------------|-------------|--------------|
| Present Address | City | State or Province | Postal Code | Phone: _____ |
|-----------------|------|-------------------|-------------|--------------|

|             |                                  |      |                                   |                                     |            |
|-------------|----------------------------------|------|-----------------------------------|-------------------------------------|------------|
| Sex:<br>F M | Date of Birth:<br>Month/Day/Year | Age: | Height:<br>Ft. _____ Inches _____ | Weight (must answer):<br>Lbs. _____ | Fax: _____ |
|-------------|----------------------------------|------|-----------------------------------|-------------------------------------|------------|

|                        |   |                   |   |
|------------------------|---|-------------------|---|
| Country of Citizenship | If you are currently in the U.S., please indicate what status you hold. | Country of Birth: | <b>Permanent U.S. Residents</b> , please provide the following:<br>• A front and back copy of your resident alien card or work permit.<br>• U.S. Social Security Number _____ |
|------------------------|---|-------------------|---|

**Marital Status** (check one)     Single     Engaged\*     Married     Remarried     Divorced     Widowed     Separated\*\*

\*Confirm in writing if marriage occurs prior to school term.      \*\*Give complete details on page 8.

**Dependents for whom you are responsible.**

| Name | Age | Date of Birth<br>Month/Day/Year | Country of Birth | Country of Citizenship |
|------|-----|---------------------------------|------------------|------------------------|
|      |     |                                 |                  |                        |
|      |     |                                 |                  |                        |
|      |     |                                 |                  |                        |
|      |     |                                 |                  |                        |

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

Yes     No    Have you been previously married? How many times? \_\_\_\_\_ Date(s) of previous marriage(s) \_\_\_\_\_  
Date(s) of divorce(s) \_\_\_\_\_ Number of children from previous marriage(s) \_\_\_\_\_

If you do have children, who has custody of them? \_\_\_\_\_ Where do they presently live? \_\_\_\_\_  
If not living with you, please explain why on page 8. If children are residing with you and they are under school age, what are your plans for their care while you attend RHEMA? \_\_\_\_\_

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is your spouse or fiancé(e) saved and filled with the Holy Spirit?                          | <input type="checkbox"/> 1st-year program    Their Social Security No. (if applicable) _____<br><input type="checkbox"/> 2nd-year program    _____<br><input type="checkbox"/> 3rd-year program    _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Will your spouse or fiancé(e) be attending RHEMA this Sept.? If yes . . .                   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has your spouse previously attended RHEMA? What year? _____                                 |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is your spouse or fiancé(e) in agreement with your decision to attend RHEMA?                |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 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 of Spouse**    I, the undersigned, am in full agreement for my spouse to attend RHEMA Bible Training Center. I also confirm that I (including children) will be living with my spouse in the Tulsa, Oklahoma, area while he/she attends RHEMA Bible Training Center.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTOSTATIC COPIES OR FACSIMILES OF APPLICATIONS WILL NOT BE ACCEPTED**

## A. CHURCH AFFILIATION AND REFERENCES

|  |                   |             |  |                   |             |
|--|-------------------|-------------|--|-------------------|-------------|
| <b>List the name of the church which you currently attend.</b> |                   |             | <b>Pastor's recommendation given to:</b> (Must be <b>current</b> 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 |
| Pastor   |                   |             | Phone<br>area code<br>(     )  |                   |             |
| Country  |                   |             | Country  |                   |             |

How long have you attended this church? \_\_\_\_\_ \*      Are you a member?    Yes    No  
 Do you attend regularly?    Yes    No

**\*NOTICE: 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.

| 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 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 |
| Country                       |       |     | Country                       |       |     |
| Phone<br>area code<br>(     ) |       |     | Phone<br>area code<br>(     ) |       |     |

## 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. YOUR MINISTRY**

- Yes  No      Have you married since attending your first year of RHEMA?
- Yes  No      Is your spouse saved? Date saved: \_\_\_\_\_
- Yes  No      Is your spouse filled with the Holy Spirit?

Date you were saved: \_\_\_\_\_

Filled with the Holy Spirit: \_\_\_\_\_

Why do you want to attend RHEMA Bible Training Center for a second year?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any significant disagreements with the teaching you received during your first year? Explain. (Additional space on page 8.)

\_\_\_\_\_

\_\_\_\_\_

**Ministry Major**

Please indicate in the spaces provided below the area in which you wish to receive further training. **Please check ONLY ONE.**

Keep in mind that very few people ever begin their ministry in the area to which they are ultimately called. Therefore, you should not be hesitant to select an area of training which will prepare you to become immediately involved in the ministry. As that ministry develops, it will later be possible for you to receive further training at RHEMA to fulfill the ministry to which God has ultimately called you.

**Please give this very careful consideration. The decision that you make and the area that you choose on this form will determine the group in which you will be placed during your second year of training.**

- 1  Evangelist
- 3  Pastor/Teacher
- 5  Children
- 2  Missions
- 4  Helps
- 6  Youth

- Yes  No      Is the ministry you have indicated above the one in which you feel you will ultimately be involved?

Briefly state your reasons for selecting this area of ministry:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## D. EDUCATIONAL HISTORY

| NAME OF SCHOOL | DATES | MAJOR | DIPLOMA or DEGREE |
|----------------|-------|-------|-------------------|
|                |       |       |                   |
|                |       |       |                   |
|                |       |       |                   |
|                |       |       |                   |

Yes  No Have you previously submitted a 2nd-year 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<br>Present |                  |       |
|   |                  |       |
|   |                  |       |
|   |                  |       |

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

## 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 \_\_\_\_\_.

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 8.)

## 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: \_\_\_\_\_.

- |   |   |   |  |
|---|---|---|--|
| <p>F P</p> <p><input type="checkbox"/> <input type="checkbox"/> Abnormal Blood Pressure</p> <p><input type="checkbox"/> <input type="checkbox"/> Acquired Immune Deficiency Syndrome (AIDS)</p> <p><input type="checkbox"/> <input type="checkbox"/> Anorexia Nervosa/Bulimia</p> <p><input type="checkbox"/> <input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> <input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> <input type="checkbox"/> Contagious or transmittable diseases</p> <p><input type="checkbox"/> <input type="checkbox"/> Diabetes</p> | <p>F P</p> <p><input type="checkbox"/> <input type="checkbox"/> Epilepsy</p> <p><input type="checkbox"/> <input type="checkbox"/> Eye Disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Genito-urinary Disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Heart Disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Hernia</p> <p><input type="checkbox"/> <input type="checkbox"/> Kidney Disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Mental Disorder</p> <p><input type="checkbox"/> <input type="checkbox"/> Multiple Sclerosis</p> | <p>F P</p> <p><input type="checkbox"/> <input type="checkbox"/> Muscular Dystrophy</p> <p><input type="checkbox"/> <input type="checkbox"/> Nephritis</p> <p><input type="checkbox"/> <input type="checkbox"/> Nervous Disorder</p> <p><input type="checkbox"/> <input type="checkbox"/> Paralysis</p> <p><input type="checkbox"/> <input type="checkbox"/> Rheumatic Fever</p> <p><input type="checkbox"/> <input type="checkbox"/> Rheumatism</p> <p><input type="checkbox"/> <input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> <input type="checkbox"/> Spinal Disease</p> | <p>F P</p> <p><input type="checkbox"/> <input type="checkbox"/> Stomach Disorder</p> <p><input type="checkbox"/> <input type="checkbox"/> Tuberculosis</p> <p><input type="checkbox"/> <input type="checkbox"/> Typhoid</p> <p><input type="checkbox"/> <input type="checkbox"/> Other<br/><b>(attach letter explaining)</b></p> |
|---|---|---|--|

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.

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## K. FINANCIAL REQUIREMENTS & INFORMATION

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**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.**

- 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 to the required amount.

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

**ALL FINANCIAL DOCUMENTS MUST BE WRITTEN AND SIGNED BY AN OFFICIAL OF THE FINANCIAL INSTITUTION WHERE THE FUNDS ARE ON DEPOSIT.** The document 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.

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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 country 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).

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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 will fulfill the financial requirements for international students; be specific with amounts you have on hand now!

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Savings: Amount on deposit \_\_\_\_\_     Sponsor: Amount on deposit \_\_\_\_\_

Parents: Amount on deposit \_\_\_\_\_

**For green-card holders only:**     Own employment     Spouse employment

Other (specify) \_\_\_\_\_

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

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**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 8.

**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 \_\_\_\_\_

**M. ITEMS NEEDED TO APPLY**

- Application—completed in full
- \$60.00 nonrefundable application fee
- Required financial document(s) with all funds converted into U.S. dollars
- 2" X 2" photo attached to the front of the application
- All reference forms have been given to the appropriate people and should be mailed to RHEMA in a timely manner.

**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:**

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# NOTES



The deadline for international applications is **July 1st**. The deadline for stateside applications is **August 15th**.

**PERSONAL EVALUATION**

Name of Applicant

LAST FIRST MIDDLE

APPLICANT'S CONTACT NUMBER \_\_\_\_\_

APPLICANT: PLEASE READ BEFORE DISTRIBUTING FORM. I understand that this confidential statement will be submitted to RHEMA 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.

Applicant's Signature \_\_\_\_\_ Date     /     /    

**RHEMA BIBLE TRAINING CENTER**

P.O. Box 50126 • TULSA, OK 74150-0126

- 1st year  
 2nd year  
 3rd year School of Pastoral Ministry  
 3rd year School of World Missions  
 3rd year School of Worship  
 3rd year General Extended Studies



**EVALUATOR:** Each applicant for admission to RHEMA must submit three evaluations to complete his/her application. 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 be mailed directly to RHEMA.

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    Youth/Children's Pastor  
                    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)

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 as a qualified candidate 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 weaknesses 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? (Include positive personal traits.)

\_\_\_\_\_

18. What do you consider the applicant's weak points? (Include negative personal traits.)

\_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_

|                                  |  |                   |
|----------------------------------|--|-------------------|
| <b>PRINT</b>                     | <b>Signature</b> _____   | <b>Date</b> _____ |
| 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 _____                   |  |                   |

The deadline for international applications is **July 1st**. The deadline for stateside applications is **August 15th**.

**PASTOR'S EVALUATION**

Name of Applicant

LAST FIRST MIDDLE

APPLICANT'S CONTACT NUMBER \_\_\_\_\_

**APPLICANT: PLEASE READ BEFORE DISTRIBUTING FORM.** This form should be completed by *your pastor* (or associate pastor if church is over 500 people). **If your father or a close relative is your pastor, please refer the form to the assistant pastor or 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 will be submitted to RHEMA 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.

Applicant's Signature \_\_\_\_\_

Date: mm / dd / yy

**RHEMA BIBLE TRAINING CENTER**

P.O. Box 50126 • TULSA, OK 74150-0126

- 1st year

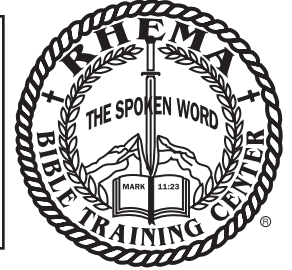
2nd year

3rd year School of Pastoral Ministry

3rd year School of World Missions

3rd year School of Worship

3rd year General Extended Studies



**EVALUATOR: Each applicant for admission to RHEMA must submit three evaluations to complete his/her application. 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 be mailed directly to RHEMA.**

- How long have you known the applicant? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)
- Has your relationship been:
 

|                                       |                                     |                                      |                                 |
|---------------------------------------|-------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Intense      | <input type="checkbox"/> Very close | <input type="checkbox"/> Close       | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Intermittent | <input type="checkbox"/> Distant    | <input type="checkbox"/> Other _____ |                                 |
- Please check the area of his/her involvement in the church:
 

|  |                                |                                      |                                |
|--|--------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Usher                       | <input type="checkbox"/> Music | <input type="checkbox"/> Teacher     | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Children                    | <input type="checkbox"/> Sound | <input type="checkbox"/> Prayer Room |                                |
| <input type="checkbox"/> 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.**

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

Comments \_\_\_\_\_

**(Please complete reverse side)**

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 as a qualified candidate 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 weaknesses 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? \_\_\_\_\_

18. What do you consider the applicant's weak points? \_\_\_\_\_

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 student?     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. \_\_\_\_\_

|                                  |  |
|----------------------------------|--|
| <b>PRINT</b>                     | <b>Signature</b> _____ <b>Date</b> _____   |
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| Your Phone Number (     ) _____  | Are you a RHEMA graduate? _____ Year _____   |
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