



SOUTH PACIFIC

APPLICATION FOR ENROLLMENT 2018

READ CAREFULLY.

Answer all questions. If a question does not apply to you write DNA (Does Not Apply).
You can Mail, Fax, E-mail, or bring your application to:

RHEMA BIBLE TRAINING COLLEGE

P.O Box 3045

Apia, Samoa

Telephone (685)23842 • Fax (685)25529 • Email rHEMA@uttermostministries.org

Located at 3 Corners in Taufusi (Apia), Samoa

ADMISSIONS OFFICE HOURS

Monday – Thursday, 9:00 am – 3:00 pm (closed for Lunch)

PLEASE PRINT OR TYPE FULL LEGAL NAME

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last	Maiden Name

Present Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	Country	Phone	Email Address

Sex Male **Date of Birth** **Age** **Country of Citizenship** **Occupation**

Female

Marital Status

Single Engaged Married Remarried Divorced Widowed Separated

Name of Spouse or Fiancé

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

CHURCH AFFILIATION

Name of Church

Church Address

City

Country

Zip

Pastor

How long have you been attending this church?

STATEMENT OF FAITH

Are you a minister? Licensed Ordained If so, with what denomination:

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? Yes No

ENROLLMENT INFORMATION

What has been the most significant change in your life as a result of your training at RHEMA Bible Training College?

What area of ministry do you feel specifically called to?

Is there anything in your personal life that you feel would disqualify you from being in full time ministry?

APPLICATION FOR STUDENT HOUSING

Do you want to register to live in Student Housing? Yes No

Would you like to request a specific roommate? Yes No Name:

STATEMENT OF TRUTH

I hereby state that all the information contained on this application is correct and true. If RBTC is notified that any of the information contained on the application is false, it will be grounds for immediate dismissal.

Signature _____

Date _____