

River of Life School of Ministry

677 South Dickinson Dr.
Rusk, TX 75785 USA
(903)683-3132

APPLICATION FOR ADMISSION

<i>OFFICE USE ONLY</i>	
<i>Application Received</i>	_____
<i>Application Fee Received</i>	_____
<i>Photograph Received</i>	_____
<i>Personal Ref. Received</i>	_____
<i>Personal Ref. Received</i>	_____
<i>International Student;</i>	_____
<i>Financial Guarantee</i>	_____
<i>Marital Status</i>	_____
<i>Personal Data Form</i>	_____
<i>English Proficiency</i>	_____
<i>F-1 Transfer</i>	_____
<input type="checkbox"/> <i>Approved</i>	<input type="checkbox"/> <i>Not Approved</i>

**Attach a
Recent
Photograph
Here**

PLEASE TYPE OR PRINT ALL INFORMATION

STATEMENT OF PURPOSE

Provide us with a brief explanation of why you want to attend River of Life School of Ministry and what you hope to accomplish during you program here.

SPIRITUAL INVENTORY

Home Church _____ Denomination _____

Pastor's Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

How long have you attended? _____

Have you accepted Christ as your personal Savior? Yes No How long ago? _____

Have you had an Acts 2:4 experience? Yes No How long ago? _____

Do you attend church regularly? Yes No

Are you a member? Yes No

The following information will help us to determine how we may best minister to you. Prior involvement in any of the things listed below will not prohibit your enrollment in River of Life School of Ministry.

Since you have been born again, have you used or been involved in the following?
(If yes, how long ago?)

Alcohol _____ years _____ months Homosexuality _____ years _____ months

Drugs _____ years _____ months Pornography _____ years _____ months

Gambling _____ years _____ months Sexual Promiscuity _____ years _____ months

Eating Disorder _____ years _____ months Tobacco _____ years _____ months

Have you ever been arrested? Yes No

If yes, when _____ year _____ month

If yes, attach a brief explanation.

Were you convicted? Yes No

If yes, attach a brief explanation.

River of Life School of Ministry

FAMILY INFORMATION

Spouse's Name _____ Husband Wife Date of Birth _____ / _____ / _____
Month Day Year

Occupation _____

Denominational Preference _____

Has your spouse accepted Christ as his/her personal Savior? Yes No

How Long ago? _____

Is your spouse in favor of you attending RLSM? Yes No

Children: (Please answer the following for children living with you.)

Name _____ Male Female Name _____ Male Female

Date of Birth _____ / _____ / _____ Date of Birth _____ / _____ / _____
Month Day Year Month Day Year

Name _____ Male Female Name _____ Male Female

Date of Birth _____ / _____ / _____ Date of Birth _____ / _____ / _____
Month Day Year Month Day Year

Name _____ Male Female Name _____ Male Female

Date of Birth _____ / _____ / _____ Date of Birth _____ / _____ / _____
Month Day Year Month Day Year

Father's Name _____ Occupation _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Denominational Preference _____

Mother's Name _____ Occupation _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Denominational Preference _____

EDUCATIONAL INFORMATION

Are you a high school graduate? Yes No If no, do you have a GED? Yes No

Name & Address of School	Dates From/To	Courses of Study	Degree or Diploma

List any special ministry experience or talents:

EMPLOYMENT EXPERIENCE

	Present Employer	Past Employer	Past Employer
Address Of Employer			
Dates (From/To)			
Duties Performed			

HEALTH INFORMATION

INSTRUCTIONS: A history of disease and a physical examination are required for every applicant. Applicants are required to complete this medical history and have a physical examination done before the file is reviewed by the Admissions Office.

Part 1 (To be completed by the applicant.)

Date _____ Applicant's Name _____

Present Address _____

City _____ State _____ Zip _____ Country _____

Phone (____) _____ Country of Citizenship _____

Gender: Male Female Date of Birth ____/____/____ Age ____
Month Day Year

Social Security Number ____ - ____ - ____

In case of emergency, please notify:

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Parent or Guardian:

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Family Physician:

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

HISTORY OF DISEASES

Please mark any of the following which apply.

Past	Now		Past	Now		Past	Now	
		Asthma			Thyroid Disturbance			Chicken Pox
		Hay fever			Convulsions			Measles
		Frequent Colds			Palpitations of Heart			Measles, German (rubella)
		Persistent Cough			Shortness of Breath			Mumps
		Spitting of Blood			Swelling of Feet			Tonsillitis
		Night Sweats			Back Trouble			Rheumatic Fever
		Eye Trouble			Frequent Headaches			Diabetes
		Ear Trouble			Insomnia			Epilepsy/ Convulsions
		Nasal Obstruction			Nervousness			Stomach Ulcer
		Fainting or Dizzy Spells			Frequent Urination			Tuberculosis
		Skin Trouble			Joint Trouble			HIV/AIDS
		Constipation			Indigestion			Gonorrhea
		Smallpox			Whooping Cough			Scarlet fever
		Diphtheria			Typhoid Fever			Pleurisy
		Malaria			Infantile Paralysis (Polio)			Appendicitis
		Syphilis			Other Illness			Other Disturbance

Have you had a skin test for tuberculosis? Yes No

Date administered: _____ Results: Positive Negative

Have you been associated with a tuberculosis patient? Yes No When? _____

Are you allergic to any antibiotics or other medications? Yes No

If yes, please specify: _____

Are you presently under a medical doctor's care? Yes No

If yes, for what? _____

Are you taking prescription medicines? Yes No

If yes, what? _____

Have you suffered a nervous breakdown? Yes No

If yes, please explain: _____

Have you ever been under a doctor's care for an emotional disorder? Yes No

If yes, please explain: _____

What institution? _____

IMMUNIZATION RECORD

	Date	Date	Date	Date
DTP				
TD or Tetanus				
Polio				
Rubella (Measles)				
Mumps				
Rubella (German Measles)				

PART II: PHYSICAL EXAMINATION

(To be completed by physician)

Height _____ Weight _____ Heart _____

Blood Pressure _____ Nose and throat _____

Sinuses _____ Teeth _____

Skin _____ Eyes _____

Are there any thyroid or glandular difficulties? _____

Are there any weaknesses or limitations? _____

Do you consider the applicant's health adequate for intensive school work? Yes No

Remarks _____

Physician's Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Please return this form to:

River of Life School of Ministry
677 South Dickinson Dr.
Rusk, TX 75785
USA

River of Life School of Ministry

MEDICAL CONSENT

I, the undersigned, do hereby state that on the date indicated I grant full permission to River of Life School of Ministry, or any related or consulting physician, to render or give emergency medical care or treatment that is deemed necessary. I also state that, should extended hospitalization be required, I grant complete permission for such care and treatment to be given. I also state that by granting such permission, I absolve River of Life School of Ministry of any financial liability pertaining to such medical treatment or hospitalization.

Signature _____

Date _____

Health Records will be held in strict confidence as with all other materials submitted in application to RLSM. The applicant is to sign below that he/she has read this statement and thereby authorizes RLSM to release necessary health information in emergency or life-threatening situations. (If applicant is under 18 years, he/she should have his/her parents or guardian co-sign.)

Applicant

Parent/Guardian

River of Life School of Ministry

FINANCIAL INFORMATION

How do you plan to pay for school expenses?

- Personal Employment
 Spouse's Employment
 Savings
 Other (list) _____

Do you have financial obligations that will hinder your commitment to RLSM? Yes No

If yes, list below:

<i>Creditor Name</i>	<i>Starting Dates</i>	<i>Current Balance</i>	<i>Monthly Payment</i>

Are you a veteran? Yes No

Are you eligible for benefits? Yes No

Do you owe any student loans? Yes No

If yes, please explain _____

Please return this form to:
 River of Life School of Ministry
 677 South Dickinson Dr.
 Rusk, TX 75785

USA

River of Life School of Ministry

PERSONAL RECOMMENDATION

This section should be completed by the applicant.

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

I authorize the person listed on this form to complete this recommendation and return it to River of Life School of Ministry. I understand that this form is confidential and that I will not be entitled to review the completed document. I release this person and River of Life School of Ministry from all claims, liabilities and damage that could arise from disclosure of information consistent with authorization.

Signature _____ Date _____

A friend should complete this section.

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

1. How long have you known the applicant? _____
2. How well do you know the applicant? Very Well Well Casually
3. Relationship to the applicant is (May not be family member): _____
4. Do you believe the applicant has a personal relationship with Jesus Christ? Yes No
5. To your knowledge, does the applicant: Smoke? _____ Drink? _____
Use illegal drugs? _____
6. To your knowledge, what Christian service does the applicant fulfill?

7. Do you believe the applicant possesses the necessary qualities to succeed at RLSM?
 Yes No If no, what are they lacking?

8. Please indicate what you consider to be the applicant's strengths:

9. Please describe any weaknesses of the applicant of which we should be aware:

Rank the following areas:	Excellent	Above Average	Average	Below Average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submission to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Is there any reason why the applicant should not be admitted to River of Life School of Ministry?

Based on the above information, I

strongly recommend recommend do not recommend this applicant for admission.

Signature _____ Date _____

Please return this form to:
River of Life School of Ministry
677 South Dickinson Dr.
Rusk, TX 75785
USA

River of Life School of Ministry

PERSONAL RECOMMENDATION

This section should be completed by the applicant.

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

I authorize the person listed on this form to complete this recommendation and return it to River of Life School of Ministry. I understand that this form is confidential and that I will not be entitled to review the completed document. I release this person and River of Life School of Ministry from all claims, liabilities and damage that could arise from disclosure of information consistent with authorization.

Signature _____ Date _____

A friend should complete this section.

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

10. How long have you known the applicant? _____

11. How well do you know the applicant? Very Well Well Casually

12. Relationship to the applicant is (May not be family member): _____

13. Do you believe the applicant has a personal relationship with Jesus Christ? Yes No

14. To your knowledge, does the applicant: Smoke? _____ Drink? _____
Use illegal drugs? _____

15. To your knowledge, what Christian service does the applicant fulfill?

16. Do you believe the applicant possesses the necessary qualities to succeed at RLSM?
 Yes No If no, what are they lacking?

17. Please indicate what you consider to be the applicant's strengths:

18. Please describe any weaknesses of the applicant of which we should be aware:

Rank the following areas:	Excellent	Above Average	Average	Below Average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submission to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Is there any reason why the applicant should not be admitted to River of Life School of Ministry?

Based on the above information, I
 strongly recommend recommend do not recommend this applicant for admission.

Signature _____ Date _____

River of Life School of Ministry

RLSM APPLICATION CHECKLIST

All applicants must submit the following to complete the application process:

- Completed Application
- \$25 Application Fee included with application
- Photograph (head and shoulders view) attached to application
- Copy of an official identity document. This can be a driver's license, birth certificate, or other form of identification. It must CLEARLY indicate your first name and last name(family or surname.)
- School Transcripts. (Need to show grades.)
- Pastoral Recommendation Form
- Personal Recommendation Form

International Applicants must also include:

- Financial Guarantee for Admission Form
- Bank Statement(s) of guarantor with conversion to \$US provided
- RLSM Personal Data Form
- RLSM Marital Status Form
- Proof of English Proficiency (High School Transcripts, TOEFL scores or equivalent)
- F-1 Transfer Form (if applicable)

Application fee and all documents should be submitted to:

River of Life School of Ministry
677 South Dickinson Dr.
Rusk, TX 75785
USA