



SOUTH PACIFIC

APPLICATION FOR 1ST YEAR ENROLLMENT 2025

READ CAREFULLY.

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

RHEMA BIBLE TRAINING COLLEGE

P.O. Box 3045 · Apia, Samoa, South Pacific
Telephone (685) 23842 · E-mail UMSamoa@gmail.com
Located at 3 Corners in Taufusi (Apia), Samoa

ADMISSIONS OFFICE HOURS

Monday - Thursday: 9:00 am - 4:00 pm (closed for Lunch)

PLEASE PRINT OR TYPE FULL LEGAL NAME

Name	First	Middle	Last	Maiden Name	Facebook name
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Present Address	Country	Zip	Phone	Email Address
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Sex	Male	Date of Birth	Age	Country of Citizenship	Occupation
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Female

Marital Status

Single	Engaged	Married	Remarried	Divorced	Widowed	Separated
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Name of spouse of fiancé	Last	First	Middle
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Is your spouse in agreement with your decision to attend RBTC?	YES	NO
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CHURCH AFFILIATION

Name of Church

Address	City	Country	Zip
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Pastor

How long have you attended this church?

STATEMENT OF FAITH

Are you a minister?

Licensed	Ordained	If so, with what denomination:
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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
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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
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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
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ENROLLMENT INFORMATION

Why do you want to attend RHEMA Bible Training College? *(state briefly)*

How did you hear about Rhema?

Who referenced you to Rhema?

Date you were saved? Month ___ Day ___ Year _____ Were you raised in a Christian home? YES NO

Briefly state how you know you are saved:

EDUCATIONAL HISTORY

List Schools attended.

Name of School	Dates	Major	Diploma or Degree

MEDICAL HISTORY

Do you have any serious medical condition(s) i.e. heart disease, diabetes, high blood pressure, cancer, malaria etc? YES NO

IF YES, please state your medical condition(s): _____

What medication are you currently taking for your medical condition(s)? _____

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 If so, please name: _____

PARTY RESPONSIBLE FOR TUITION

Name _____ Relationship _____

Address _____ Phone _____ Email _____

LANGUAGES

Can you read, write, and understand the English Language? YES NO

If NO, what language do you read, write and understand? _____

Would you require classes to be translated into the Samoan Language? YES NO

COURSES OF STUDY

Short term programme: January 28 – April 11, 2025

Long term programme: January 28 – November 22, 2025

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 _____

Official Use Only