VANUATU

APPLICATION FOR 1ST YEAR ENROLLMENT 2027

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
Rhema Vanuatu Campus ◂ Namba Tri
P.O. Box 140 ◂ Port Vila ◂ Vanuatu
Telephone 552 8020 ◂ E-mail UMVanuatu@gmail.com

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

Present Address | Country | Zip | Phone | Email Address

Sex ☐ Male ☐ Female | **Date of Birth** | **Age** | **Country of Citizenship** | **Occupation**

Marital Status
☐ Single ☐ Engaged ☐ Married ☐ Remarried ☐ Divorced ☐ Widowed ☐ Seperated

Name of spouse of fiancé Last | First | Middle

Is your spouse in agreement with your decision to attend RBTC? ☐ YES ☐ NO

CHURCH AFFILIATION

Name of Church

Address | City | Country | Zip

Pastor

How long have you attended 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

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)? _____

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

RHEMA Bible Training College will begin classes January 26, 2027