

REVELATION MESSAGE BIBLE COLLEGE

2121 Corporate Square Blvd. Suite 175-A
Jacksonville, FL 32216
(904) 744-9773 Fax (904) 695-9742
Website: RMBCJax.com

Listen--Read--Be Educated--Be Equipped

NAME OF FACILITATOR (NOT The Ministry)

APPLICATION FOR ADMISSION

I hereby request application to Revelation Message Bible College (RMBC); whereby, I may “study to show myself approved to God, a workman that need not be ashamed.” I submit myself to the Lordship of Jesus Christ, my Lord, and my Savior. I submit this application to Revelation Message Bible College in the witness of God, and in obedience to His call upon my life. I hereby declare I will fulfill His “calling” upon my life, to complete all studies as directed by the Lord and representatives of RMBC, and to enter the harvest fields, a laborer for the GOSPEL MINISTRY of Jesus Christ.

STUDENT ID # _____ (School Use Only)

PLEASE PRINT LEGIBLY

DATE OF APPLICATION: _____ SOCIAL SECURITY NUMBER: _____

HOME PHONE NUMBER:(_____) _____ CELL PHONE NUMBER: (_____) _____

DATE OF BIRTH: _____ MALE: _____ FEMALE: _____
(List all other last names used)

NAME OF APPLICANT: _____ (Dr., Pastor, Rev.
Mr., Mrs., Ms.) _____
(Last) (First) (MI)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

Your acceptance package will be emailed to you.

- Please check this box if you would like to have access to the online program
- Please check this box if you would like to order a Student ID Card (\$25.00)
- Please check if you would like to receive e-books when available for the courses that require textbooks.

PLEASE ENCLOSE GOVERNMENT IDENTIFICATION (Driver’s License/State ID Card)
And RECENT PHOTO WITH A \$50.00 APPLICATION FEE (\$75.00 if requesting Student ID Card)

PLEASE SELECT DESIRED DEGREE AND AREA OF STUDY

ASSOCIATE DEGREES AVAILABLE

_____ Associate of Biblical Studies (A.BS)

_____ Associate of Ministry (A. Min.)

BACHELOR DEGREES AVAILABLE

Theology, Divinity, and Degrees with the word “Arts” in their nomenclature require a thesis.

_____ Bachelor of Biblical Studies (B. BS)

_____ Bachelor of Evangelism (B. EV)

_____ Bachelor of Ministry (B. Min.)

_____ Bachelor of Worship Leadership (B. WL)

_____ Bachelor of Ministry in Christian Business (B.Min. in CB)

_____ Bachelor of Ministry in Christian Counseling (B.Min. in CC)

_____ Bachelor of Ministry in Christian Education (B.Min. in CE)

_____ Bachelor of Ministry in Religious Education (B.Min. in RE)

_____ Bachelor of Arts in Biblical Studies (BA in BS) (Thesis Required)

_____ Bachelor of Arts in Christian Business (BA in CB) (Thesis Required)

_____ Bachelor of Arts in Christian Counseling (BA in CC) (Thesis Required)

_____ Bachelor of Arts in Christian Education (BA in CE) (Thesis Required)

_____ Bachelor of Arts in Evangelism (BA in EV.) (Thesis Required)

_____ Bachelor of Arts in Ministry (BA in Min.) (Thesis Required)

_____ Bachelor of Arts in Religious Education (BA in RE) (Thesis Required)

_____ Bachelor of Arts in Worship Leadership (BA in WL) (Thesis Required)

_____ Bachelor of Theology (B.Th.) (Thesis Required)

VOCATION & WORK HISTORY

Please list your vocational and working history beginning with your most recent first, then back in years.

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

City _____ State _____ Zip _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION and TYPE(S) OF WORK PERFORMED: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

City _____ State _____ Zip _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION and TYPE(S) OF WORK PERFORMED: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

City _____ State _____ Zip _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION and TYPE(S) OF WORK PERFORMED: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

City _____ State _____ Zip _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION and TYPE(S) OF WORK PERFORMED: _____

EDUCATION HISTORY:

Please list your educational history, starting with the high school attended, then any vocational, college, university, Bible College, or Seminary studies completed. **If you did not graduate from high school, please list the number of units that you completed. If you did not graduate from any of the colleges listed, please list the number of Credit hours completed for each college listed. Please do not list any educational history that you are unable to provide OFFICIAL DOCUMENTATION FOR.**

NAME OF SCHOOL CITY AND STATE	YEARS ATTENDED	DIPLOMA, DEGREE, UNITS/CREDITS EARNED	AREA OF STUDY

SEMINAR & CEU HISTORY:

Please list any documented Seminars, Workshops, Study Courses, or Continuing Education Programs you may have attended starting with the most recent first, then going back...use additional paper if necessary.

NAME OF SEMINAR OR TRAINING PROGRAM CITY AND STATE	DATES ATTENDED (____ - ____)	CERTIFICATE EARNED	NUMBER OF CLOCK HOURS ATTENDED

MILITARY HISTORY:

BRANCH OF SERVICE: _____

YEARS OF SERVICE: _____ TOTAL YEARS SERVED: _____

COMMISSION UPON DISCHARGE: _____ STATUS OF DISCHARGE: _____

POSITION & DUTIES: _____

CHURCH HISTORY:

Please complete the following information listed below regarding your relationship with Jesus Christ, the local church you attend, any positions or responsibilities you may be involved with to support your church (Pastor, Praise and Worship, Teacher, Nursery, Helps, etc.), and any other ministries you may support or be involved with; i.e. missions, evangelism, food banks, etc. Please continue using additional paper if necessary.

DATE YOU RECEIVED JESUS CHRIST AS YOUR LORD AND SAVIOR. _____

HAVE YOU BEEN WATER BAPTIZED? _____ DATE _____

NAME OF CHURCH YOU PRESENTLY ATTEND: _____

ADDRESS: _____

PASTOR'S NAME: _____ TELEPHONE: () _____

YEARS IN ATTENDANCE: _____ POSITION or RESPONSIBILITIES: _____

NAME OF CHURCH or MINISTRY YOU HAVE ASSISTED AS A LABORER: _____

ADDRESS: _____

PASTOR'S NAME: _____ TELEPHONE: _____

YEARS OF LABOR: _____ POSITION or RESPONSIBILITIES: _____

NAME OF CHURCH or MINISTRY YOU HAVE ASSISTED AS A LABORER: _____

ADDRESS: _____

PASTOR'S NAME: _____ TELEPHONE: _____

YEARS OF LABOR: _____ POSITION or RESPONSIBILITIES: _____

I hereby state that all the information listed on this application is true and accurate as unto the Lord as my witness. I hereby grant permission to Revelation Message Bible College to verify all the information listed above. I further agree to and understand that any and all "Earned" Life Credit Hours, Educational Credit Hours, and Ministry Credit Hours based upon this application are granted at the discretion of Revelation Message Bible College. I hereby agree and understand that I will complete all course requirements as unto the Lord Jesus Christ, and I will comply with all Bible College Policies and Financial Commitments in pursuit of academic excellence in the Word of God. Amen.

*I hereby further understand that all the courses and degrees of Revelation Message Bible College are of an ecclesiastical nature and, whether granted or conferred, are in the restricted area of religion with the special purpose of preparing persons to work in the area of religion - whether Educational, Ministerial, or Counseling - and are **NOT** designed to be used in general academic circles.*

APPLICANT'S SIGNATURE

DATE

REVELATION MESSAGE BIBLE COLLEGE
REQUEST FOR PREVIOUS SCHOOL RECORDS

PLEASE SEND AN OFFICIAL TRANSCRIPT OF MY RECORDS TO:

REVELATION MESSAGE BIBLE COLLEGE

**2121 Corporate Square Blvd. Suite 175-A
JACKSONVILLE, FLORIDA 32216**

**THIS RECORD IS REQUIRED BY REVELATION MESSAGE BIBLE
COLLEGE TO COMPLETE MY ADMISSIONS FILE.**

LAST NAME FIRST MIDDLE MAIDEN OTHER LAST NAME

BIRTH DATE SOCIAL SECURITY NUMBER DATES ATTENDED OR GRADUATION DATE

CURRENT STREET ADDRESS TELEPHONE NUMBER

CITY STATE ZIP CODE

NAME OF HIGH SCHOOL/COLLEGE/SEMINARY ATTENDED OR GRADUATED FROM

ADDRESS: (STREET OR POST OFFICE BOX) CITY ZIP CODE

STUDENT SIGNATURE

**NOTE: FAILURE TO SUBMIT PROOF OF HIGH SCHOOL/COLLEGE/ SEMINARY
TRANSCRIPTS WILL BLOCK FUTURE REGISTRATION.**

This Form Is To Be Mailed To Your Former Schools:
MAKE COPIES AS NEEDED FOR ALL INSTITUTIONS

REVELATION MESSAGE BIBLE COLLEGE

Credit Card Payment

Student's Printed Name: _____

Card Holder's Printed Name: _____

Credit Card Type: Master Card _____ Visa _____ Other _____

Credit Card Number: _____

Expiration Date: _____

Total Charge Amount: _____

Date of Charge: _____

Billing Address Zip Code: _____

Authorized Signature: _____