

# ***REVELATION MESSAGE CHRISTIAN INSTITUTE***

2121 Corporate Square Blvd. Suite 175-A.

Jacksonville, FL 32216

(904)786-5383 Fax (904) 695-9742

*Listen-Read-Be Educated-Be Equipped*

\_\_\_\_\_  
**NAME OF FACILITATOR (NOT the Ministry)**

## **APPLICATION FOR ADMISSION**

I hereby request application to Revelation Message Christian Institute (RMCI); 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 Christian Institute 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, complete all studies as directed by the Lord and representatives of RMCI and enter the harvest fields as 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: \_\_\_\_\_

WORK 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 PROGRAM**

\_\_\_\_\_ Associate of Biblical Studies                      \_\_\_\_\_ Christian Worker’s Certificate

\_\_\_\_\_ Associate of Ministry                                      \_\_\_\_\_ Christian Ministry Diploma

*Please check this box if you are still in High School for Dual Enrollment Credit.*

**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**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 Christian Institute 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 Christian Institute. I hereby agree and understand that I will complete all course requirements as unto the Lord Jesus Christ, and I will comply with all 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 Christian Institute 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 CHRISTIAN INSTITUTE***

## **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:** \_\_\_\_\_