

REVELATION MESSAGE CHRISTIAN INSTITUTE

1709 St. Johns Bluff Road North
Jacksonville, FL 32225
(904) 744-9773 Fax (904) 695-9742

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

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, to complete all studies as directed by the Lord and representatives of RMCI, 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: _____ LIST LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: _____

HOME PHONE NUMBER:(_____) _____ WORK 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: _____

PLEASE ENCLOSE A RECENT PICTURE AND THE \$50.00 REGISTRATION FEE.

PLEASE SELECT DESIRED DEGREE

ASSOCIATE OF BIBLICAL STUDIES _____

ASSOCIATE OF MINISTRY _____

VOCATION & WORKING 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 & TYPE(S) OF WORK PERFORMED: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

City _____ State _____ Zip _____

Date Began: _____ Date Ended: _____

PLEASE DESCRIBE POSITION & 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 and 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 on additional paper if necessary.*

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

HAVE YOU BEEN WATER BAPTIZED? _____ **DATE** _____

NAME OF CHURCH YOU ATTEND 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 of 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 of the information listed above. I hereby agree and understand that I will complete all course requirements as unto the Lord Jesus Christ, and I will comply with all Christian Institute Policies and Financial Commitments in pursuit of academic excellence in the Word of God. Amen.

*I hereby further understand that all of the courses and degrees of Revelation Message Christian Institute are of an ecclesiastical nature and are in the restricted area of religion with the special purpose of preparing persons to be equipped with more knowledge of our Lord, and are **NOT** designed to be used in general academic circles.*

APPLICANT'S SIGNATURE

DATE