

# REVELATION MESSAGE BIBLE COLLEGE

1709 St. Johns Bluff Road North  
Jacksonville, FL 32225  
(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:(\_\_\_\_\_) \_\_\_\_\_ 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: \_\_\_\_\_

*For a faster response. Please check the box to have your acceptance package emailed to you.*

PLEASE ENCLOSE A PICTURE ID OR A RECENT PHOTO AND A \$50.00 APPLICATION FEE.

**PLEASE SELECT DESIRED DEGREE AND AREA OF STUDY**

**ASSOCIATE DEGREES AVAILABLE**

**Degrees with the word “Arts” in their nomenclature require a thesis.**

Associate of Biblical Studies \_\_\_\_\_ Associate of Ministry \_\_\_\_\_

Associate of Arts in Biblical Studies \_\_\_\_\_ Associate of Arts in Ministry \_\_\_\_\_

**BACHELOR DEGREES AVAILABLE**

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

Bachelor of Biblical Studies \_\_\_\_\_ Bachelor of Ministry \_\_\_\_\_

Bachelor of Theology \_\_\_\_\_

Bachelor of Arts in Ministry \_\_\_\_\_

Bachelor of Arts in Biblical Studies \_\_\_\_\_

Bachelor of Arts in Christian Education \_\_\_\_\_

Bachelor of Arts in Christian Counseling \_\_\_\_\_

Bachelor of Arts in Christian Business \_\_\_\_\_

Bachelor of Ministry in Christian Education \_\_\_\_\_

Bachelor of Ministry in Christian Counseling \_\_\_\_\_

Bachelor of Ministry in Christian Business \_\_\_\_\_

Bachelor of Divinity (Hospital Ministry) \_\_\_\_\_

Bachelor of Divinity (Prison 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:** \_\_\_\_\_

\_\_\_\_\_

**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 OR UNITS/CRDITS EARNED	<u>AREA OF STUDY</u>

**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 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 Bible College to verify all of 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 of 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***  
**1709 St. Johns Bluff Road North**  
**JACKSONVILLE, FLORIDA 32225**

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

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LAST NAME FIRST MIDDLE MAIDEN OTHER LAST NAME

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BIRTH DATE SOCIAL SECURITY NUMBER DATES ATTENDED OR GRADUATION DATE

---

CURRENT STREET ADDRESS TELEPHONE NUMBER

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CITY STATE ZIP CODE

---

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

---

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

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STUDENT SIGNATURE

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

**Please mail this form to the school (s) where your transcripts are located.**  
**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:** \_\_\_\_\_