

Rivers of Life Teaching Center

School of Miracle Evangelism

A Word and Spirit School

A ministry of

Rivers of Life Teaching Center, Inc.

Mailing Address: PO Box 914, Frankfort, KY 40602

Telephone: 502-320-4805 Website: www.bettylampkin.org Email: admin@bettylampkin.org

Application for Admission

Must submit application before August of the year you wish to enroll.

I AM APPLYING FOR: ☐ 1ST Year ☐ 2nd Year

Read Carefully

(All of the following must be completed before this application is processed.)

1. Attach a CURRENT 2"x 2" photo. Head and shoulders only.
2. Enclose NON-REFUNDABLE \$35.00 application fee.
3. Answer ALL questions. If a question does not apply, write "DNA" (Does Not Apply). Your application may be returned if any area is left blank.
4. Applications are not processed until all of the application is complete and all required fees have been received.

PLEASE PRINT FULL LEGAL NAME: This is how your name will appear on student ID, diploma, and all correspondence.

Name	(first)	(middle)	(last)	Maiden Name
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Present Address	City	State	Zip
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Home Phone	Cell Phone	Email
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Social Security Number	Sex F <input type="checkbox"/> M <input type="checkbox"/>	Date of Birth mm dd yy / /	Age	U.S. Citizen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Marital Status (check one) ☐ Single ☐ Married ☐ Remarried ☐ Divorced ☐ Widowed
☐ Separated*** Give complete details on separate page

Race	Native American	African American	Caucasian	Hispanic	Asian	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. CHURCH AFFILIATION AND REFERENCES

List name of church you currently attend Pastor's recommendation given to: (Must be current pastor or church leader.)

Name of Church	Name (If not your pastor, state position of leadership in church.)
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Address	Address
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City	State	Zip	City	State	Zip
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Pastor	Phone
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How long have you attended this church? _____ years _____ months Are you a member? Yes ☐ No ☐
Do you attend regularly? ☐ Yes ☐ No
If you have attended your home church less than a year, state the reason and include the name of your former pastor, and dates attended.

In what church activities are you currently involved? How Long?	In what church activities were you formerly involved? From / To

If you are not currently Involved in your local church, please BRIEFLY explain why not on an extra sheet of paper.

Personal recommendation forms given to: (Someone other than a relative who has known you well for a year or more.)

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone () _____	Phone () _____

B. STATEMENT OF FAITH

Are you Licensed? Ordained? If so with what denomination/organizations (please give dates you were Licensed and/or Ordained) _____

☐Yes ☐No 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?

C. ENROLLMENT INFORMATION

Why do you want to attend Rivers of Life Teaching Center School of Miracle Evangelism?

Date you were saved: Month _____ Day _____ Year _____

☐Yes ☐No Were you raised in a Christian Home?

Briefly state how you were saved:

Date you received the baptism in the Holy Spirit with the evidence of speaking in other tongues:

Month _____ Day _____ Year _____ briefly state how you know you are filled with the Holy Spirit:

In the time since your initial salvation experience, has there been period when you did not live for the Lord? Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please include date (s) and explain briefly. Indicate the approximate date of your decision to fully commit your life to the Lord. *(Please use a blank sheet of paper to explain if need be)*

D. ALCOHOL – TOBACCO – ILLEGAL DRUGS

ALL answers must be 'CURRENT FACT' answers, not "FOOLISHNESS OR PRESUMPTION" answers.

☐ Yes ☐ No Have you ever used any form of tobacco products? If so, when did you last use them? (date) _____

☐ Yes ☐ No Have you ever used alcohol? If so, when did you last use it? (date) _____

☐ Yes ☐ No Have you ever used illegal or habit-forming drugs? If so when did you last use them? (date) _____ If yes what illegal or habit-forming drugs? _____

How long? _____

If you answered yes to any of the above questions and use has occurred within the past year, please give an explanation including dates and details on an extra sheet of paper and attach it to this application.

We feel that in order for a person to assume a leadership role in the Christian ministry, the highest standards of personal conduct are expected. This includes abstinence from use of tobacco, alcohol (including wine), or illegal drugs WHILE ATTENDING ROLTC SCHOOL OF MIRACLE EVANGELISM AND AFTER GRADUCATION.

Understanding our position on the matter, please indicate below your decision concerning our policy.

I will abide by this policy. I cannot abide by this policy.

I understand that if ROLTC/SOME is notified that I have violated the above stated policy, it will be grounds for immediate dismissal.

Signature _____ Date _____

If any changes occur after you sign this application, you must inform our office with details and explanation in writing.

E. CRIMINAL RECORD

YES NO Have you ever been arrested?
☐ ☐ When _____ Where _____ Why _____ Date Released _____

YES NO Have you ever been fined for a criminal charge?
☐ ☐ When _____ Where _____ Why _____ Date Released _____

YES NO Have you ever been jailed?
☐ ☐ When _____ Where _____ Why _____ Date Released _____

YES NO Have you ever been placed on probation?
☐ ☐ When _____ Where _____ Why _____ Date Released _____

YES NO Have you ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation?
☐ ☐

YES NO Have you ever been accused, questioned, or investigated for spousal abuse?
☐ ☐

☐ YES ☐ No If yes, give dates (*please use a blank sheet of paper to explain, include name and address*)
☐ Yes ☐ No Have you ever been convicted of a crime and or felony? If yes, give explanation and dates of
crime. _____ Dates _____ Explanation _____

We must be informed of any changes that take place after we receive your application. If on probation
documentation must be submitted verifying that probation can be transferred.

F. HOMOSEXUALITY – LESBIANISM

☐ YES ☐ NO Have you ever been involved with homosexuality/lesbianism?

If yes give dates (s): From _____ to _____.

If yes, give a brief explanation of what your beliefs were while you were involved; why you became
involved; and what your beliefs are now on an extra sheet of paper and attach to your application.

G. STATEMENT OF TRUTH

I understand that all items submitted to ROLTC/SOME as part of the application process become the
permanent property of ROLTC/SOME and will not be returned or copied for applicant's use.

(Signature) _____ Date: _____

I hereby state that all the information contained on this application is correct and true. If
Rivers of Life Teaching Center, Inc. /School of Miracle Evangelism is notified that any of the information
contained on the application is false; it will be grounds for immediate dismissal.

(Signature) _____ Date _____

I have read all attached documents pertaining to ROLTC/SOME—Handbook, etc.

(Signature) _____ Date _____