



Mailing Address: 2345 S. Waterman Ave. San Bernardino, CA 92408
 Phone: (909) 825-8887 ext. 337
 www.rockbiblecollege.org

Application For Admission
 To First-Year in Fall Spring 20__

Office Use Only Accepted: YES NO

Photo AppFee RegFee School Interview Date:

Application Information and Procedure

Understand that the following information is necessary to help TRBC staff to determine whether the school will be able to meet your ministry training goals. All information submitted becomes permanent property of TRBC and is kept strictly confidential.

PLEASE READ CAREFULLY. All of the following must be completed in order for this application to be processed.

1. Fill out all pages of the application. Be sure all blanks and signatures are completed (signatures are required on pages 1,3 and 4).
2. **Attach a 2"x 2" head and shoulder photo of yourself.**
A passport picture is recommended.
3. **Return the application, picture, and \$25 nonrefundable application fee to The Rock School of Ministry***
4. You will be notified by mail or phone when the application process is completed. At that time a school interview appointment will be set.

2"

Head & Shoulders Photo
ONLY

Snapshots are not acceptable. 2"

Do not send applications
without PHOTO

***An application is not processed until all required signatures, picture, and application fee are received.**

What program are you applying for: FULL TIME- PART TIME ISOM

Biographical Information

PLEASE PRINT OR TYPE FULL LEGAL NAME. If accepted, this is how your name will appear in all school publications. **Initial** _____

Name (first)	(middle)	(last)
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Present Address	City	State	Zip
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Daytime Phone () ()	Alt. Phone () ()	Fax () ()
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Social Security Number (optional)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth \ \	Age	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
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Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Do you have children: <input type="checkbox"/> No <input type="checkbox"/> Yes, How many: _____	Email
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Name of Spouse _____

Consent of spouse **I, the undersigned, agree to my spouse attending TRBC**

Signed _____ Date ____/____/____

Educational Information

Please print or type legibly.

Have you ever attended The Rock School of Ministry? Yes No Can you read, write, and comprehend the English language? Yes No

Have you previously submitted an application to TRBC? Yes No If so, when? _____

Education (Circle highest level attained)

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical 1 2
 College 1 2 3 4 Master's Specialist Doctorate Other: _____

Beginning with High School, list any other educational institutions attended.

Name of School	Dates	Major	Diploma/Degree Received

Have you ever been denied acceptance, expelled, dropped or suspended from any school or college? Yes No
 If yes, please briefly explain below.

Occupational Information

(Please list your work experience starting with PRESENT employer:)

Name of Employer	Duties Performed	Dates
Work from present date backwards Present		

Are you currently employed? Yes No

Are you retired? Yes No

Enrollment Information

Have you accepted Jesus as Lord and Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ <input type="checkbox"/> No	Do you have a call on your life to serve in ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received the baptism of the Holy Spirit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you raised in a Christian home? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Why do you want to attend TRBC? Briefly explain.

Do you have any physical needs/disabilities that would require special facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what? _____	Please describe your health: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
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Authorization and Release of Photo/Video Likenesses

By signing below, I hereby acknowledge and authorize TRBC and The Rock Church and World Outreach Center to use any and all likenesses, photos, and/or videos of me and my person in any future publications or materials.

Signed _____ Date ____/____/____

Ministry Information

Ministry Goal: Pastor Missionary Youth Pastor Evangelist Music Pastor Christian Counselor Christian Educator
 Associate Pastor Other: _____

Name of Church you currently attend regularly: _____

Church Address: _____ Zip: _____

Pastor: _____ How long have you attended this church: _____ (Years) _____ (Months)

If you are not currently attending a church regularly briefly explain:

In what church ministries/activities are you currently involved:

1. _____ How Long: _____
2. _____ How Long: _____
3. _____ How Long: _____

Do you have a ministry license? Yes No Are you an ordained minister? Yes No

If so, with which church, denomination, organization, etc. _____

Additional Information

How did you hear about TRBC? _____

If referred by a TRBC student, please indicate their name? _____

Is there a possibility you will need child care**? Yes No *Please note that childcare is an additional expense. Please see the student handbook for details.

Noting that school is on Tuesday and Thursday evenings starting at 6:30PM, is transportation and punctuality likely to be a problem? Yes No

Financial Information

The staff and administration of TRBC agree with you that God will supply all your needs. It is our conviction that sound financial practice is required of ministers in training.

- Full Time Tuition is \$900 per year and Part Time tuition is \$540 per year. **Please see the student handbook for payment options and requirements.**
- **A non-refundable \$25 application fee is due when this application is submitted.**
- We will contact you regarding an appointment with the school registrar, at which time a \$75 non-refundable registration fee is due if accepted. At that appointment, if you are not paying your tuition amount in full, you will need to provide a credit/debit card to initiate your tuition payments.
- Identify how you intend to pay student expenses:
 Own Employment Spouse Employment Savings Parental Support Other (Please Specify) _____

Statement of Faith

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?

Medical Consent

I, the undersigned, do hereby state that on the date indicated, I do grant full and complete permission to The Rock School of Ministry, it's employees or designate, or any related or consulting physician to render or give emergency medical aid, care, treatment, or assistance that could or would be deemed required or necessary. This consent I give freely and voluntarily, fully knowing and understanding all the above and its relation to and effect upon me.

Yes No Signed _____ Date ____/____/____

Applicant MUST sign. If under 18, the parent or guardian must also sign.

Signed _____ Date ____/____/____

Parent/Guardian

Statement of Truth

I understand that all the information contained in this application is correct and true. I understand that all items submitted to TRBC as part of the application process becomes the permanent property of TRBC and will not be returned or copied for applicants use.

Students are required to read and comply with the Student Handbook in order to attend TRBC. All policies and procedures are indicated in this Student Handbook and all students should keep a copy as a reference. A copy of the Student Handbook should have been provided when receiving this application, however, it is available for download on the TRBC website (www.TRBC.com) as well as in the Student Resource Center. You can also contact the school office for a copy at (909) 825-8887 ext. 337.

Please read the Student Handbook, sign the below verifying you understand and will comply to all TRBC policies and procedures and agree to the terms and conditions for failure to adhere to the rules.

Signed _____ Date ____/____/____