



STUDENT ONLINE APPLICATION

Personal Information:

Full Name			
Address			
Email Preferred Gmail			
Phone		DOB	

Tell us more about you:

Have you completed our Basic Intensive Training?	Yes / No	If yes, which year?	
What is your highest level of education?			
What inspired you to join ROHI Academy?			
What do you think you're called for?			
Who is God personally to you?			

Recommendation:

Church			
Pastor's Name		Pastors Signature	
Phone Number		Date	

Parent's Consent (if applicable):

Parent's Name		Signature	
Phone Number		Date	

I assure that all above information is true and correct to the best of my knowledge. I agree and adhere to all norms and policies abided by ROHI Academy, sincerely with dignity and honor. I promise to pay any applicable fees to acquire my RA certification, an exclusively non-credential course designed and powered by ROHIVERSEITY, Ray of Hope International Inc..

Signature		Date	
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