

Guidelines to Completing School Application

Thank you for applying to one of YWAM Tyler's training programs. In order for us to process your application, we must receive each of the following items:

- School Application Form** - Please make sure Sections A–F are completed. If you do not have a passport, please apply for one and indicate that you have done so in the appropriate section.
- One Recent Photo** (wallet size).
- Confidential Health Form.**
- Physician's Evaluation** - This form includes a physical, which a physician must sign, and your immunization records.
- Release Form.**
- Three Reference Forms** - Please fill out the top portion of each reference form. Give one to your pastor/minister or spiritual leader, one to a teacher or employer, and one to a mature Christian friend. Provide each person with a stamped envelope addressed to:

YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771

- Application Fee** - A non-refundable application fee of \$50 for singles or \$70 for married couples must be sent with the application. For non-U.S. residents, please see note below.

Note For Non-U.S. Residents

All payments of application and tuition fees should be made in U.S. Dollars. You may go to your bank and request an International Money Order in U.S. Dollars—the correct document will have nine (9) magnetic numbers at the bottom. If another form of payment is received we will have to send the check for processing which can take up to six weeks. In addition, a service charge will be deducted. If you are unable to obtain an International Money Order in U.S. Dollars in your country we will process your funds, but you must make up the balance of funds needed.



Please return form to

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(903) 509-5333 • fax (888) 609-8471 • ywamtyler.org



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 (903) 509-5333 • fax (888) 609-8471
 registrar@ywamtyler.org

Revised 5/2016

Please staple
 wallet-size
 photo here.

Application

I would like to sign up for:

- Classic DTS
- Crossroads DTS
- Urban DTS
- Korean Bilingual DTS
- Life+Justice DTS
- SOE
- SOW
- SOSM
- CCC
- Other _____

School Starting date _____

SECTION A: Personal Information

(Please print or type) Please be sure to include the non-refundable application fee.

Name _____ Phone () _____
Last (Family) First (Given) Middle

Present Address _____
Street City State/Province Zip Country

Email _____ Gender _____ Date of Birth ____/____/____ Age ____
Male/Female Day Spell Month Year

SSN # _____ Driver's License # _____ State _____ Type/Class _____
Please attach photocopy of driver's license

Marital Status: Single Engaged Married Separated Divorced Widowed

Spouse's Name _____ Is he/she attending with you: Yes/No

List full name, age, date of birth, schooling grade level and sex of children accompanying you _____

Emergency Contact _____
Name Relationship Phone #

Address _____
Street City State/Province Zip Country

SECTION B: Church Information

Home Church _____ How long have you attended? _____

Church Address _____ Church Denomination _____

Pastor's Name _____ Church Phone () _____

SECTION C: Passport/Visa Information

Country of Birth _____ Country of Citizenship _____

Name as it appears on passport _____

City and country where passport was issued _____ Passport # _____

Passport Expiry Date _____ Visa Type _____ Date Visa Issued _____
non-U.S. residents only

City and country where visa was issued _____ Visa Expiry Date _____

SECTION D: Education/Employment/Skills

Highest level of education completed _____

Post-secondary school(s) attended _____

What languages do you speak? (most fluent to least) 1. _____ 2. _____

3. _____ 4. _____ 5. _____

Military service? Yes No (specify) _____

Present Employer _____ Occupation _____

Other Occupational Skills _____ Years Experience _____

Musical Abilities/Other Talents _____

Are you presently ordained or licensed? Yes No (specify) _____

What are your plans after you complete this training?

Full-time missions

YWAM Tyler staff

Back to job

Further education

Work with home church

Construction

Teaching

Refugee work

Mercy Ships

Uncertain

SECTION E: Financial Information

Do you have the total school fees? Yes No If no, what percentage do you have? _____

From what source(s) will you receive the remainder? _____

Do you have any outstanding debts? If so, explain _____

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SECTION F: Supplemental Questions

Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type.

- A. How long have you been a born again Christian and if applicable describe your conversion experience and present relationship with the Lord.
- B. Describe other significant spiritual experiences you have had in your walk with the Lord.
- C. How would you describe your relationship with your family? Include how they feel about your plans to attend this YWAM program. Please relate pertinent details of any past marriages or present marital separation.
- D. Describe your relationship with your local church. Include areas of service and leadership.
- E. Are you presently employed or in school? Please specify.
- F. Describe your long-term goals. Has God spoken to you about your life's calling? Specify.
- G. Have you had any missions experience? If so, where and what type(s) of ministry were you involved in? Was any with YWAM?
- H. Have you ever been involved in a felonious crime, drug or alcohol abuse, occultic activities, petty theft, homosexual practices, or have you ever suffered from an eating disorder? Explain.
- I. What areas of your character are you presently seeking God to further develop and improve?
- J. How did you hear about the YWAM campus in Tyler, Texas? Why do you desire to attend this program?
- K. Please list any special circumstances or situations we should know about.
- L. Please list the names, addresses and phone numbers of your three references.

I certify that all information in this application is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules, and schedule of the program. I understand that any and all Confidential Evaluations in my file are YWAM property, and I relinquish the right to view them or obtain information from them in any way. In accordance with biblical principles, I agree to resolve any and all disputes with Youth With A Mission, its directors or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation. I confirm that I understand that payment of required tuition fees must be made upon or before arrival. I also confirm that I am fully aware of my financial obligation, both to the Lord and to the students and staff at YWAM. I therefore commit myself to paying all personal expenses incurred during my involvement with Youth With A Mission.

Signature _____ Date _____

Physician's Evaluation

Name of Applicant _____ Date _____ Program Applying For _____

TO THE PHYSICIAN

The above-named person has applied for service with Youth With A Mission. This program requires good health and endurance. Please fill out the portion below and make any additional comments.

Blood Pressure _____ Pulse _____

Are there any abnormalities of the following systems?

	Yes	No	Please describe
Ears, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would he/she be able to walk 3-4 miles per day? Yes No

Comments _____

PHYSICIAN RECOMMENDATION Acceptable Not acceptable Should remain in areas with adequate medical care

Acceptable with limitations (specify) _____

Physician's Signature _____ Date _____

Physician's Name (printed) _____

Full Address _____

TO THE APPLICANT

Please complete the requested information below. These vaccinations are not required for acceptance; however, it is often helpful to have this information for your outreach planning. Not all outreach locations will require vaccinations, but health agencies (Center for Disease Control, etc.) usually recommend these regardless of where you travel. Due to the varied outreach locations, other immunizations, injections, or Malaria medication may be recommended and can be obtained before outreach. Please be prepared financially to cover the cost of possible additional injections. If you have ever been vaccinated for Cholera, Typhoid, or Yellow Fever, please check the box below and bring that information with you.

I have been vaccinated for the following:

Cholera Typhoid Yellow Fever

VACCINATION RECORDS

Childhood Record of Immunizations: Basic

Adult Immunizations: Boosters

	MM/DD/YY	MM/DD/YY	MM/DD/YY		MM/DD/YY	MM/DD/YY	MM/DD/YY
Tetanus							
Hepatitis A							
Hepatitis B							
Typhoid							
Polio							
Meningitis							

Release Form

Name: _____ Date _____ School Applying To: _____

Training School Financial Policy

Initial Here _____

Full payment on tuition is required at registration unless prior arrangements are made with the School Leader and financial office. I have read and understand that, as a student, I must present all of my tuition at registration.

Outreach Agreement

Initial Here _____

Because my purpose in joining Youth With A Mission is to take the gospel to the nations, I agree to submit to its leadership and policies to conduct myself in a way that brings honor to the Lord Jesus Christ. I understand that outreach destination and dates are subject to change, and that YWAM reserves the right to change or cancel outreaches in the event of a natural disaster, political crisis, and/or ministry-related difficulties. Should an outreach be cancelled, YWAM will work with me to reassign me to another outreach. YWAM is not liable in case of illness, accident, death, or unexpected travel expenses. In case of accidental death, Youth With A Mission, Tyler, Texas cannot cover the cost of burial in the country of service, nor the cost of shipping the body to another country for burial. Family members must incur all burial related expenses. Some nations, by law, require immediate entombment or cremation.

Because YWAM is registered with the Internal Revenue Service as a 501©3 non-profit organization, donations made for school fees are considered tuition and are NOT tax-deductible. However, donations made for mission's outreaches are tax-deductible and non-refundable. In order for supporters to receive a tax deduction, checks must be made payable to YWAM and NOT to a specific participant (applies only to outreach fees, not tuition fees e.g. SST, DTS, CDTs, SOE tuition). The participant's name MUST NOT appear anywhere on the check.

I understand that IRS regulation prohibit YWAM from refunding contributions it receives for outreaches. If I cannot go on my planned outreach, YWAM will subtract the cost of any previously purchased airline tickets and administrative fees and apply the balance to another YWAM outreach (for myself only) for up to one year. Donations are not transferrable and any funds received in excess of the amount needed for my outreach will be used for the ministry of Youth With A Mission Tyler, Texas. I understand that if I fail to abide by the agreement I will be asked to leave the field at my own expense. My signature below (and that of my parent or legal guardian if I am under 18) certifies my approval of this agreement and intention to comply with its contents.

Photo/ Testimony Release

Initial Here _____

I, the above-mentioned applicant, being allowed to participate in any way in a YWAM Tyler training program, related events and activities, agree that my likeness may be photographed or videotaped and that such images may be published in an outlet used to promote the program. In addition, I agree that any testimonies regarding my experiences during the training program (excluding anything shared in confidence) may be used for the same purpose.

Consent for Treatment

Initial Here _____

I/we hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary on the above-named person.

Liability Release

Initial Here _____

I/we hereby release Youth With A Mission, Inc., its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss, which may be sustained by said person during the course of involvement with Youth With A Mission, Inc. I/we agree to resolve any and all disputes with Youth With A Mission, YWAM Directors, or staff by means of reconciliation or mediation and waive any right to pursue action by way of litigation.

Legal Consent for Minors

Initial Here _____

I hereby give my consent for _____ to travel outside of the United States of America with Youth With A Mission.

Housing Agreement

Initial Here _____

I agree to the following:

1. My room should be thoroughly and regularly cleaned.
2. Furnishing should be treated with care. You are financially responsible for any damage. In case of damage, report it to your Dorm Leader as soon as possible.
3. A mattress pad must be used on beds.
4. All YWAM housing is subject to housekeeping checks by Housing/ School Leaders.
5. Switch unnecessary lights off, and be a good steward of ministry resources.
6. Base housing is not guaranteed and is subject to change.
7. Only toilet paper should be flushed down the toilet. The following may NOT be flushed: Baby wipes, flushable wipes, cosmetic pads, or any feminine products such as tampons or pads.
8. Structural problems and plumbing needs should be directed to your Dorm Leader.
9. No pets or other animals in the dorm.
10. Smoking and alcoholic beverages are prohibited.
11. Park in spaces provided not on the grass.
12. I agree to be a good steward and follow the standard set forth.

Signature

Applicant's Signature _____

Parent/Guardian Signature (for applicants under 18) _____

Date _____

Date _____

Relationship to applicant _____

Confidential Reference

Revised 5/2015

TO THE APPLICANT

This evaluation is confidential and will not be shown to you. **Please do not use a family member as a reference.** Give this form to the person filing the reference along with a stamped envelope addressed to: **YWAM Tyler • Admissions Department • P.O. Box 3000 • Garden Valley, TX 75771.**

Name of Applicant _____ Phone () _____

Address _____ City _____ State _____ Zip _____ Country _____

Email _____ Gender _____ Age _____
Male/Female

Program applying for _____ Starting date _____ / _____ / _____
Day Spell Month Year

TO THE PERSON FILLING OUT THIS FORM

The above applicant has applied for participation in a program sponsored by Youth With A Mission in Tyler, Texas. YWAM, founded in 1960, is an international, interdenominational Christian missionary organization. Serious consideration will be given to your comments, so we greatly appreciate your careful and thoughtful completion of this form. All evaluations are kept in strict confidence and will not be shown to the applicant. Your early response (within 7 days) is most appreciated. Thank you for your assistance.

What is your relationship to the applicant? Employer Teacher Pastor Friend
 Past YWAM leader Other _____

How well do you know the applicant? Very well Well Casually

How long have you known the applicant? _____ years _____ months

Please check the following and comment as necessary

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INFERIOR
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Social poise					
Concern for others					
Ability to follow					
Leadership					
Willingness to serve					
Emotional stability					
Communication skills					
Health					
Personal hygiene					

Comments _____

- | | | | |
|---------------------------------|---|----------------------------------|--|
| Mental ability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
| Industry | <input type="checkbox"/> Hard worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks persistence |
| Reliability | <input type="checkbox"/> Meets obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects obligations |
| Teamwork | <input type="checkbox"/> Works well with others | <input type="checkbox"/> Average | <input type="checkbox"/> Often causes friction |
| Flexibility | <input type="checkbox"/> Open to change | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding |
| Christian character | <input type="checkbox"/> Well-balanced | <input type="checkbox"/> Average | <input type="checkbox"/> Unstable |
| Disposition | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Average | <input type="checkbox"/> Passive |
| Punctuality | <input type="checkbox"/> Punctual | <input type="checkbox"/> Average | <input type="checkbox"/> Often late |
| Financial responsibility | <input type="checkbox"/> Honors obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglectful |

continued on next page...

1. Which of the following would best describe the applicant's Christian experience?
 Mature Contagious Genuine and growing Over-emotional Superficial
Comments _____

2. With reference to his/her Christian service, is he/she Dedicated Average Casual
Comments _____

3. Does he/she display high moral standards? Yes No Explain _____

4. What do you feel are the applicant's motives in applying to this program?
 Christian service Desire to spread the gospel Receive help/ministry Adventure
 Desire to help others Escape an unpleasant home situation Travel
 Other (Specify) _____

5. Please comment on the applicant's family background. _____

6. What do you consider to be the applicant's strong points? (include special abilities) _____

7. Please add any other pertinent remarks (e.g. medical, psychological, drug or alcohol abuse, criminal record, eating disorders, homosexual, occultic practices, etc.) _____

8. What could YWAM do to aid in the applicant's personal development? _____

9. (**Pastors only**) Is your congregation/group standing behind the applicant with enthusiasm and prayer? _____

10. Would you recommend the applicant for acceptance to this YWAM program?
 Yes With some reservations (Explain) No (Explain) _____

Signature _____ Date _____

Name (please print) _____ Phone () _____

Address _____ State _____ Zip _____ Country _____

Email _____



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How well do you know the applicant? Very well Well Casually

How long have you known the applicant? _____ years _____ months

Please check the following and comment as necessary

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INFERIOR
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Social poise					
Concern for others					
Ability to follow					
Leadership					
Willingness to serve					
Emotional stability					
Communication skills					
Health					
Personal hygiene					

Comments _____

- | | | | |
|---------------------------------|---|----------------------------------|--|
| Mental ability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
| Industry | <input type="checkbox"/> Hard worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks persistence |
| Reliability | <input type="checkbox"/> Meets obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects obligations |
| Teamwork | <input type="checkbox"/> Works well with others | <input type="checkbox"/> Average | <input type="checkbox"/> Often causes friction |
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 Other (Specify) _____

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8. What could YWAM do to aid in the applicant's personal development? _____

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Signature _____ Date _____

Name (please print) _____ Phone () _____

Address _____ State _____ Zip _____ Country _____

Email _____



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