

Student Application Form

IMPORTANT

Please attach a recent wallet-sized photo of yourself.
(50x70 mm or smaller)

School applying for: DTS EFM

DTS is prerequisite for all other U of N courses. There are no prerequisites for EFM.

Date of School Applying for: _____ Application Fee Enclosed: \$ _____
Month/Year

Mr./Mrs./Miss Male Female

Last Name First Name Middle Name Preferred Name

Age: _____ Birth Date: _____ Birth Place: _____
Day/Month/Year

Are you pursuing a U of N degree? No Yes

U of N College: _____ Major: _____ Degree Level: _____

Current Address:

Street Address City State/Province Postal/Zip Code Country

Phone Number: _____ Current Address Valid Until: _____
Day/Month/Year

Email Address: _____

Permanent Address:

Street Address City State/Province Postal/Zip Code Country

Phone Number Fax Number

FAMILY

Marital Status: Single Engaged(Date: _____) Married(Date: _____)
 Widowed (Date: _____) Separated (Date: _____)
 Divorced (Date: _____)

Name of Fiancee or Spouse

Last Name First Name Middle Name Preferred Name

Age: _____ Birth Date: _____ Birth Place: _____
Day/Month/Year

Dependents: Please list any dependents accompanying you.

Last Name	First Name	Middle Name	Birth Date (D/M/Y)	Sex (M/F)	School Grade

PASSPORT INFORMATION

County of Citizenship: _____ Passport # _____

Name (As listed on Passport): _____

City and Country where Passport Issued: _____ Passport Expiry Date: _____

Day/Month/Year

Have you ever been refused a visa? No Yes

If yes, give nation and describe the circumstance under which you were refused:

EDUCATIONAL INFORMATION

I have not completed high/secondary school. The highest level completed _____

School/College/University/Seminary Name: _____

Address: _____

Dates Attended: _____ Degree Major: _____

YWAM / U of N BACKGROUND INFORMATION

Have you previously attended any YWAM or U of N school(s)? No Yes (Please answer below)

School	Dates Attended	Location
1. Lecture Phase _____	Mo/Yr to Mo/Yr	City/Country
Field Assignment Phase _____	Mo/Yr to Mo/Yr	City/Country

School	Dates Attended	Location
2. Lecture Phase _____	Mo/Yr to Mo/Yr	City/Country
Field Assignment Phase _____	Mo/Yr to Mo/Yr	City/Country

(Please arrange for your most recent school leader to complete one of the attached Reference forms)

LANGUAGES

Languages spoken in decreasing order of fluency:

1. _____

2. _____

3. _____

ENGLISH PROFICIENCY

- 1. ELEMENTARY SPEAKING
- 2. LIMITED WORD PROFICIENCY
- 3. MINIMUM PROFESSIONAL
- 4. NATIVE SPEAKER
- 5. MOTHER TONGUE

SKILLS

Work Experience _____ Time Period _____

Work Experience _____ Time Period _____

Work Experience _____ Time Period _____

Works Skill

- () Carpentry () Construction () Computers () Child Care () Dish Duty () Gardening
- () Handyman () Hospitality () Housekeeping () Maintenance - Building / () Vehicle

Ministry Skill

- () Children program () Dance () Drama () Evangelism () Health Care () Musical-Vocal
- () Musical instrument () Public Speaking () Puppetry

REFERENCES

Please have the enclosed references completed and mailed or faxed **directly to our office** . We recommend you provide a stamped envelope addressed to Youth With A Mission Global Gateway for all references. We cannot process your application until these forms are received. List the names and addresses of your references below. Please, no family members giving references.

Teachers Employer YWAM Leader Name: _____

Street Address City State/Province Postal/Zip Code Country

Home Number Work Number Email

Pastor Name: _____ Home Church: _____

Street Address City State/Province Postal/Zip Code Country

Pastor's Number Church Number Email

Friend Name: _____

Street Address City State/Province Postal/Zip Code Country

Home Number Work Number Email

* Address: 7606 ISLAND RD. OLIVER, BC, CANADA
* Postal code: V0H 1T7
* Telephone: 1.778.439.2312
* Fax: 1.877.786.2465

EXPECTATIONS

How did you first hear of Youth With A Mission Global Gateway?

Go Manual Friend Website Mission Conference Others: _____

What expectations do you have of the school you are applying for?

Are you intending on completing both lecture phase and outreach phase of the school you are applying for?

Yes No (please explain:)

Are you facing any difficult situations or issues with regards to attending the school you are applying for?

Yes No (If yes, how can we effectively pray for you?)

If you are not accepted into the school for which you are applying for, what are your alternative plans?

FINANCIAL INFORMATION

Do you have your complete school fees? No Yes

If no, please answer from what source they will come?

If you do not have your complete school fees, we will require you to complete a "Financial Agreement" Form.

Do you have any other outstanding debts? No Yes

If yes, how will you cover them during your absence?

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I understand that payment of the required school tuition fees must be made in Canadian currency prior to or upon arrival, unless otherwise approved in writing by the school Director. I understand that these special arrangements must be made before my arrival at YWAM Global Gateway. Further, I agree to have personal emergency medical coverage for the duration of my stay in Canada as well as for the weeks of outreach. I also agree to cover all personal expenses incurred during my involvement with Youth With A Mission, prior to the completion of the school.

Applicant's Signature _____ Date _____
Day/Month/Year

Signature of Parent or Guardian required if applicant is under 18 years of age:

Parent/Guardian Signature _____ Relationship _____ Date _____
Day/Month/Year

EMERGENCY INFORMATION

In case of emergency, contact _____ Relationship _____

Street Address _____ City _____ State/Province _____ Postal/Zip Code _____ Country _____

Home Number _____ Work Number _____ Email _____

CONSENT FOR TREATMENT

In case of emergency, I/We hereby agree to the performance of such treatment including anesthesia and surgery, as the attending doctor or physician may deem necessary.

Applicant's Signature _____ Date _____
Day/Month/Year

Signature of Parent or Guardian required if applicant is under 18 years of age:

Parent/Guardian Signature _____ Relationship _____ Date _____
Day/Month/Year

I have hereby completed all portions of this application accurately for admission to the program for which I am applying. I have also read the policies and if I am accepted by Youth With A Mission, I will abide by the spirit, guideline and schedules of the program.

Applicant's Signature _____

Date _____
Day/Month/Year

Please Mail or Fax the completed form to:

YWAM Global Gateway

7606 Island Rd

Oliver, BC

Canada

V0H 1T7

Phone: 1. 778. 439. 2312

Fax: 1. 877. 786. 2465

