



Discipleship Training School Student Application

School Applying for - Month Year

Personal and Contact Information

Name *(as it appears on your passport)*

Surname:..... First Name:.....

Age:..... Date of Birth:..... Place of Birth:.....

Marital Status: Single/ Married/ Divorced/ Widowed Sex: Male or Female
Married couples please fill out separate applications. Give children's name, age, and sex on separate paper.

Permanent Address.....

.....

Phone number..... E-mail address.....

Passport, Nationality and Language Information

Nationality:..... Passport Number:..... Expiry Date:.....

What languages do you speak fluently?

Church Information

Home Church:..... Pastors Name:.....

Denomination:..... Church Address:.....

Education and Job Experience

List any work experience- position, company and how long you worked there.

.....

What level of education have you completed?

Have you done any further education or training?

Please answer the following questions on a separate piece of paper:

- 1) Please describe how you came to the decision to make Jesus Lord of your life.
- 2) Please describe your present relationship with the Lord. (your prayer life, your struggles, etc.)
- 3) What areas of your life and character are you seeking to develop and improve?
- 4) Please describe the involvement you have with your church.
- 5) Please describe your relationship with your family.
- 6) How does your family feel about your plans to do your DTS?
- 7) Is God leading you to a particular area of ministry? What are your God-given gifts or talents?
- 8) Please tell us other skills, strengths, and weaknesses you have.
- 9) How did God lead you to apply to YWAM Samoa?
- 10) Why do you want to go into missionary/ ministry work?

Financial Information

DTS Lecture Phase cost covers school fees, housing, food, transportation for school functions and books. Fees are determined by a per capita income scale depending on what country you are from. This helps students from nations with lower economies to attend. We will let you know what category you qualify for upon acceptance. Here are the costs for each category:

World A	World B	World C
Registration Fees: \$50 USD	Registration Fee: \$50 USD	Registration Fee: \$50 WST
Lecture Phase: \$2000 USD	Lecture Phase: \$1200 USD	Lecture Phase: \$1200 WST

There will be additional fees for the Outreach Phase, please allow \$3,500 WST.

****Note:** Non-Samoan Citizens/passport holders will need to have \$450WST and 2 passport photos (white background) ready on arrival for your Samoan visa extension. Your return ticket will allow the immigration to give you a free 60-day landing visa, but you will then need to apply for the student visa, which will help extend your visa to accommodate the rest of your time in Samoa for the whole duration of your DTS

Do you have your lecture fees now? Yes/ No

If no, how do you plan to raise the money needed for the fees and outreach?

.....

Emergency Information

In case of an emergency contact: Relationship:.....

Address:..... Phone:.....

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

Applicants Signature:..... Date.....

Parent/Guardian Signature..... Date:.....

(if applicant is under 18 years)

Confidential Health Information

Please circle if you have ever had, or now have, any of the following ?

Epilepsy	Heart trouble
Mental or nervous disorders	High blood pressure
Mental illness	Diabetes
Hay fever, asthma	Back problems
Allergies	Hepatitis
Surgery	

If yes, please explain.....
.....

Do you have any physical disabilities we should be aware of?.....

Are you taking any medication or under a doctor's treatment at this time?.....

Do you have any special dietary needs? (i.e. vegetarian, food allergies)

Are you allergic to any medication?

Have you seen or are you seeing a professional counselor for any issues? If yes, what issues?
.....

Blood type (if known).....

Do you smoke?

Immunizations *The Minister of Health recommends the following immunizations before entering Samoa: Hepatitis A, Hepatitis B, Typhoid, Tetanus. (There is a high incidence of typhoid here.)* **We strongly advise for overseas students to have Medical Insurance.**

Acknowledgement of Responsibility

I understand that payment of the required school tuition fees must be made in U.S. or Samoan currency prior to or upon arrival. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with youth With A Mission and University of the Nation. If I am accepted by the University of the Nations, I will abide by the spirit, rules and schedules of the school.

Signature: **Date:**

Release of Liability

I release Youth With A Mission Inc., its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage, sickness, death or loss which may be sustained by said person during involvement with Youth With A Mission Inc.

Signature: Date:

Parent/Guardian Signature..... Date:.....
(if applicant is under 18 years)



REFERENCE FORM – Pastor

Applicant: Fill in your name and sign below. Then give it to your Pastor with a stamped envelope addressed to YWAM Samoa, P.O. Box 435 APIA, SAMOA.

Applicants Name.....

Applicants Signature Date

The above applicant has applied to do a Discipleship Training School with Youth With A Mission (YWAM) Samoa. YWAM is an international interdenominational Christian missionary organization existing to know God and make Him known. We would appreciate you filling out the form to assist us in assessing his/her suitability for the school. Serious consideration will be given to your comments. It will be kept confidential. Thank you for your help.

What is your relationship/role to the applicant? Senior Pastor / Youth Pastor / Mentor

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

How long have you known the applicant?.....

In your opinion, does the applicant know Jesus as personal Lord and Savior?

Do you believe the applicant has a call to missions?

Please comment on the applicant's family background.

.....

How does the applicant deal with relationship with the opposite sex?

.....

What ministries has the applicant participated in at church?.....

.....

What do you consider to the applicant's strengths and weaknesses?

.....

.....

Please evaluate the applicant's character based on these qualities.

Mark **0=Not Known 1=Poor 2=Below Average 3=Average 4=Above Average 5=Excellent.**

	0	1	2	3	4	5	Comments
Self-discipline							
Teachable							
Flexibility							
Commitment							
Initiative							
Response to Authority							
Financial Responsibility							
Self-Confidence							
Emotional Maturity							
Concern for Others							
Spiritual Maturity							
Willingness to Serve							
Communication Skills							
Respected by Peers							
Leadership Skills							
Judgment							
Personal Appearance							
Health							
Moral Standards							
Reliability							
Co-operation							
Punctuality							
Ability to Learn							
Work Ethic							

Would you recommend them as student for YWAM Samoa? Yes / With reservation / No

Any other comments or something we should be aware of?

.....
I declare that what I have written is correct to the best of my knowledge.

Signed Name

Position Address

Email Phone

Would you like more information on Youth With A Mission Samoa? Yes / No

Please send completed reference to : [P.O. Box 435 Apia, Samoa](mailto:ywamsamoa@gmail.com)

Or you can scan and email it to : ywamsamoa@gmail.com

Phone : (+685) 28985 or (+685) 7524496



REFERENCE FORM – Friend or Employer

Applicant : Fill in your name and sign below. Then give it to your reference with a stamped envelope addressed to YWAM Samoa, P.O. Box 435 APIA, SAMOA.

Applicants Name.....

Applicants Signature Date

The above applicant has applied to do a Discipleship Training School with Youth With A Mission (YWAM) Samoa. YWAM is an international interdenominational Christian missionary organization existing to know God and make Him known. We would appreciate you filling out the form to assist us in assessing his/her suitability for the school. Serious consideration will be given to your comments. It will be kept confidential. Thank you for your help.

What is your relationship/role to the applicant? Employer / Friend / Mentor

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

How long have you known the applicant?.....

How does the applicant respond to correction?.....

.....

In your opinion, is the applicant called to a career in missions or Christian service?.....

How does the applicant deal with relationships with the opposite sex?.....

.....

Have you noticed tobacco or alcohol use?.....

Please comment on the applicant's family background.

.....

In your opinion, what are the applicant's strengths and weaknesses?.....

.....

Please evaluate the applicant's character based on these qualities.

Mark **0=Not Known 1=Poor 2=Below Average 3=Average 4=Above Average 5=Excellent.**

	0	1	2	3	4	5	Comments
Self-discipline							
Teachable							
Flexibility							
Commitment							
Initiative							
Response to Authority							
Financial Responsibility							
Self-Confidence							
Emotional Maturity							
Concern for Others							
Spiritual Maturity							
Willingness to Serve							
Communication Skills							
Respected by Peers							
Leadership Skills							
Judgment							
Personal Appearance							
Health							
Moral Standards							
Reliability							
Co-operation							
Punctuality							
Ability to Learn							
Work Ethic							

Would you recommend them as student for YWAM Samoa? Yes / With reservation / No

Any other comments or something we should be aware of?

.....

I declare that what I have written is correct to the best of my knowledge.

Signed Name

Position Address

Email Phone

Would you like more information on Youth With A Mission Samoa? Yes / No

Please send completed reference to : [P.O. Box 435 Apia, Samoa](mailto:ywamsamoa@gmail.com)

Or you can scan and email it to : ywamsamoa@gmail.com

Phone : [\(+685\) 28985](tel:+68528985) or [\(+685\) 7524496](tel:+6857524496)