

School of Ministry Development

Youth With A Mission – Los Angeles

Personal Information

First Name _____

Last Name _____

Address _____

City _____ St _____ Zip _____ Country _____

Phone (____) _____

Email Address _____

Please answer the following questions on a separate sheet of paper and submit with your application. (Preferably typed)

1. Briefly describe your DTS experience and how it changed your life.
2. What areas of your character are you presently seeking God to further develop and improve?
3. Please describe your spiritual and/or ministry goals?
4. What is your purpose for attending the SOMD?
5. Do you already feel directed to a particular location or ministry? If so, what and where?

Mail all forms to:

Youth With A Mission – Los Angeles, Attn. Registrar
1141 Osborne Street, Lake View Terrace, CA 91342, USA
Phone: +1 (818) 896-2755, Fax: +1 (818) 897-6738