

SCHOOL OF MINISTRY DEVELOPMENT

Youth With A Mission - Los Angeles

Thank you for applying for participation in the School of Ministry Development. May you know the Lord's grace as you seek his direction. In order for us to process your application, we must receive the following completed forms. Husbands and wives enrolling as students must complete separate applications.

CHECKLIST FOR SUBMITTING A COMPLETE APPLICATION

Important: Answer each question on all forms. For questions that do not apply to you, answer with: N/A

- SOMD Application Form.*** Section A and B must be filled out either on-line or in printed form. This section, C, must be completed in full.
- SOMD Registration Fee.*** A non-refundable registration fee is to be forwarded with your completed application. The fee is required in order to process your application. All payments received for the SOMD must be in U.S. currency. See the Financial Policy for registration fee amounts.
- SOMD Financial Policy.*** Please review carefully, sign and date.
- Pastor's Reference.*** Please send this form to your pastor or spiritual leader for completion.
- DTS Confidential Evaluation.*** Please send this form to your DTS director for completion.
- Consent Form.*** Please read carefully and sign each portion of the form.
- Copy of DTS File.*** If you attended a DTS in the past 2 years, please contact the base where you attended and request a copy of your DTS file to be sent directly to us. Otherwise, contact us and we will send you the necessary forms needed to supplement your application.
- Passport size picture.***

<p>Applications will not be reviewed until all parts are received.</p>

Mail all application items to:

YOUTH WITH A MISSION
Attn: Registrar
11141 Osborne Street
Lake View Terrace, California 91342, USA
Phone: +1 818-896-2755, Fax: +1 818-897-6738
E-mail: registrar@ywamla.org

SCHOOL OF MINISTRY DEVELOPMENT
Youth With A Mission - Los Angeles

FINANCIAL POLICY

TUITION AND FEES

Registration Fee: This fee must be included with your application in order for consideration of acceptance. This fee is non-refundable and must be sent in U.S. currency. **Singles: \$35** **Couples: \$50**

Tuition Fee: (Lecture Phase)

Please refer to our website or contact the Registrar at (818) 896 2755 ext. 230, or email registrar@ywamla.org for current prices.

** Because housing and childcare facilities are limited, the school director must approve all applicants with children.*

TUITION FEE POLICIES

- Each student is expected to send \$500 (\$1,000 per couple) as soon as possible after being accepted into the school to reserve their enrollment.
- There will be a \$50 discount for single students able to pay their tuition in full at least 30 days prior to the beginning of the school for which they are accepted. This can be deducted from tuition fee.
- The balance of tuition must be paid in full before the school begins. Any student arriving without the full tuition fees will not be able to attend, unless the school director has given approval.
- All payments must be made in U.S. funds.
- All personal expenses incurred while involved with YWAM Los Angeles are the responsibility of the student.

Variations to these policies are rare and require written approval by the director. A written copy of the proposal must be submitted at least two weeks prior to the beginning of the school. If the financing source is other than the student (e.g. friend, relative, church, etc.), a letter from the source verifying the means of payment must be presented with the applicant's proposal.

Tuition fees cover school costs such as ground transportation, speaker expenses, meals and housing. Tuition does not include outreach expenses (optional), expenses of personal care or study materials. In order to maintain minimal cost for the school, each student will be involved in work duties for 10 hours per week. This involves jobs such as cleaning, cooking, landscaping, maintenance, etc.

Tuition fees are not tax deductible. This is a college course and is viewed by the IRS the same as any other college/university course. After completion of the course, funds received for support may be tax deductible.

REFUND POLICY

It is expected that when students enroll, they will continue through the entire course. However, termination or withdrawal from the program may occur due to emergencies or disciplinary reasons. Refunds are disbursed as follows:

Any time during:

the first week:	80% refund of tuition	the 5 th week:	29% refund of tuition
the 2 nd week:	64% refund	the 6 th week:	23% refund
the 3 rd week:	51% refund	the 7 th week:	21% refund
the 4 th week:	36% refund	the 8 th week:	17% refund

I have carefully read the above financial policy and hereby agree to comply with all the terms outlined.

Applicant Signature _____ Date _____

School of Ministry Development
PASTOR'S REFERENCE

ATTENTION APPLICANT

Please complete the information below and provide a stamped envelope addressed to YWAM – Los Angeles for the person completing the reference.

Applicant Name: _____

SOMD Dates: _____

Dear Pastor,

Thank you for taking the time to complete this brief reference on behalf of the above named applicant. We recognize that your time is valuable and that you may have completed a more extensive reference for the applicant for past school application. We will obtain a copy of the reference for review. However, this reference is to gain a current evaluation of the applicant. Serious consideration will be given to your comments. We are also available should you have any questions for us.

I have known the applicant for _____ years.

On a scale of 1 to 5, how well do you know the applicant? _____ (1= very little, 5= intimately)

How long has the applicant attended your church? _____

What activities has the applicant participated in since attending your church?

In your association with the applicant, what level of ministry commitment have you seen exemplified? (circle)

Faithful

Moderate

Inconsistent

For what reasons do you believe the applicant desires to attend the SOMD?

What areas of ministry skill do you feel need improvement?

Please check all words that describe the applicant

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Teachable | <input type="checkbox"/> Easily Discourage | <input type="checkbox"/> Humorous | <input type="checkbox"/> Easily Embarrassed |
| <input type="checkbox"/> Tolerant | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Moody | <input type="checkbox"/> Easily Offended |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Nervous | <input type="checkbox"/> Fearful | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Committed | <input type="checkbox"/> Lacking Humor | <input type="checkbox"/> Domineering | <input type="checkbox"/> Self Motivated |
| <input type="checkbox"/> Good Listener | <input type="checkbox"/> Prejudiced | <input type="checkbox"/> Flexible | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Anxious | <input type="checkbox"/> Critical | <input type="checkbox"/> Wise |
| <input type="checkbox"/> Disciplined | <input type="checkbox"/> Stable | <input type="checkbox"/> Peaceful | <input type="checkbox"/> Apathetic |

In your opinion, in which of the following areas of ministry is the applicant gifted?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Secretarial Work | <input type="checkbox"/> Children's Work | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Computing | <input type="checkbox"/> Auto Mechanics | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Preaching | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Discipleship |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Youth Work | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Art |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Music/Worship | <input type="checkbox"/> Prayer | <input type="checkbox"/> Pastor/Teacher |
| <input type="checkbox"/> Encourager | <input type="checkbox"/> Servant Hearted/Helps | <input type="checkbox"/> Refugee Work | <input type="checkbox"/> Church Planting |

How does the applicant react to trying situations? (check one)

- | | | | |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Withdraws | <input type="checkbox"/> Gets Discouraged | <input type="checkbox"/> Gets angry | <input type="checkbox"/> Meets constructively |
| <input type="checkbox"/> Accepts patiently | <input type="checkbox"/> Other _____ | | |

***School of Ministry Development
PASTOR’S REFERENCE***

Please check the appropriate rating for each category. We invite added comments.

	Superior	Above Average	Average	Below Average	Inferior
<i>Self Initiative</i>					
<i>Social Adaptability</i>					
<i>Concern for others</i>					
<i>Ability to follow</i>					
<i>Leadership</i>					
<i>Punctuality</i>					
<i>Flexibility</i>					
<i>Reliability</i>					
<i>Teachability</i>					
<i>Relating to others</i>					
<i>Willingness to serve</i>					
<i>Self Confidence</i>					
<i>Christian Character</i>					
<i>Responsible w/ Money</i>					
<i>Evangelism</i>					
<i>Cooperativeness</i>					
<i>Decision Making</i>					
<i>Emotional Stability</i>					
<i>Health</i>					
<i>Personal Appearance</i>					

If the opportunity were available, would you accept this applicant on your staff? Yes No Under what conditions?

Please comment on the applicant’s family background, if known:

Do you have any hesitation in fully recommending this applicant for the SOMD? No Yes If yes, explain.

Pastor, is your congregation or group standing behind the applicant with total support? Yes No If no, explain.

Is there anything else you think we need to know about the applicant and his/her background to help further his/her growth?

Print Name _____ Title _____

Signature _____ Date _____

Again, thank you for your comments and time.

Please use extra paper for additional comments. Mail form to:
 Youth With A Mission, attn: Registrar, 11141 Osborne Street, Lake View Terrace, CA 91342, USA
 Phone: +1 818-896-2755, Fax: +1 818-897-6738

School of Ministry Development
DTS CONFIDENTIAL EVALUATION

ATTENTION APPLICANT

Please complete the information below and provide a stamped envelope addressed to YWAM - Los Angeles for the person completing the reference.

Applicant Name: _____

SOMD Dates: _____

The DTS director or small group leader that worked directly with the above named applicant should complete this form. All information on the evaluation form will be kept in strict confidence. Serious consideration will be given to your comments; therefore, we ask that you complete this form thoroughly and carefully. Thank you for taking your valuable time to help us with our student selection.

Please check the appropriate rating for each category. We invite added comments.

	Superior	Above Average	Average	Below Average	Inferior
<i>Self Initiative</i>					
<i>Social Adaptability</i>					
<i>Concern for others</i>					
<i>Ability to follow</i>					
<i>Leadership</i>					
<i>Punctuality</i>					
<i>Flexibility</i>					
<i>Reliability</i>					
<i>Teachability</i>					
<i>Relating to others</i>					
<i>Willingness to serve</i>					
<i>Self Confidence</i>					
<i>Christian Character</i>					
<i>Responsible w/ Money</i>					
<i>Evangelism</i>					
<i>Cooperativeness</i>					
<i>Decision Making</i>					
<i>Emotional Stability</i>					
<i>Health</i>					
<i>Personal Appearance</i>					

What areas did he/she excel in during their DTS? _____

What areas do you feel need improvement? _____

Please check all words that describe the applicant

- | | | | |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Teachable | <input type="checkbox"/> Easily Discouraged | <input type="checkbox"/> Humorous | <input type="checkbox"/> Easily Embarrassed |
| <input type="checkbox"/> Tolerant | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Moody | <input type="checkbox"/> Easily Offended |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Nervous | <input type="checkbox"/> Fearful | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Committed | <input type="checkbox"/> Lacking Humor | <input type="checkbox"/> Domineering | <input type="checkbox"/> Self Motivated |
| <input type="checkbox"/> Good Listener | <input type="checkbox"/> Prejudiced | <input type="checkbox"/> Flexible | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Anxious | <input type="checkbox"/> Critical | <input type="checkbox"/> Wise |
| <input type="checkbox"/> Disciplined | <input type="checkbox"/> Stable | <input type="checkbox"/> Peaceful | <input type="checkbox"/> Apathetic |

School of Ministry Development
DTS CONFIDENTIAL EVALUATION

In your opinion, in which of the following areas of ministry is the applicant gifted?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Secretarial Work | <input type="checkbox"/> Children's Work | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Computing | <input type="checkbox"/> Auto Mechanics | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Preaching | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Discipleship |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Youth Work | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Art |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Music/Worship | <input type="checkbox"/> Prayer | <input type="checkbox"/> Pastor/Teacher |
| <input type="checkbox"/> Encourager | <input type="checkbox"/> Servant Hearted/Helps | <input type="checkbox"/> Refugee Work | <input type="checkbox"/> Church Planting |

How does the applicant react to trying situations? (check one)

- | | | | |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Withdraws | <input type="checkbox"/> Gets Discouraged | <input type="checkbox"/> Gets angry | <input type="checkbox"/> Meets constructively |
| <input type="checkbox"/> Accepts patiently | <input type="checkbox"/> Other _____ | | |

Would you accept this applicant on your staff? Yes No Under what conditions? _____

Print Name _____ Title _____

Signature _____ Date _____

SCHOOL OF MINISTRY DEVELOPMENT
Youth With A Mission - Los Angeles

CONSENT FORM

RELEASE OF LIABILITY

I/We do hereby release YWAM - Los Angeles, its staff, agents, and volunteer assistants from any liability whatsoever arising out of an injury, damage, or loss that may be sustained by said person(s) during the course of involvement with YWAM - Los Angeles.

Applicant's Signature _____ **Date** _____

(Signature of Parent or Guardian required if applicant is under 18 years of age.)

Guardian Signature _____ Date _____
Relationship _____

CONSENT FOR TREATMENT

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

Applicant's Signature _____ **Date** _____

(Signature of Parent or Guardian required if applicant is under 18 years of age.)

Guardian Signature _____ Date _____
Relationship _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I/We understand that payment of the required school tuition fees must be made in U.S. currency prior to or upon my/our arrival, unless otherwise in writing by the SOMD Director before my/our departure for YWAM - Los Angeles. Furthermore, I/We agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during the involvement with Youth With A Mission. If I/We are accepted by YWAM - Los Angeles, I/We will abide by the Spirit, rules, and schedule of the school.

Applicant's Signature _____ **Date** _____

(Signature of Parent or Guardian required if applicant is under 18 years of age.)

Guardian Signature _____ Date _____
Relationship _____

BURIAL STATEMENT

Although it is most unlikely that any YWAM staff or student pass away during his/her time on the field, it is important to consider this possibility prior to travel abroad. YWAM does everything possible to protect its staff and students. In many countries where disease is more prevalent, burial may have to take place within 24 hours. If this were the case, the remains would not be able to be returned to the student's or staff member's home country. Secondly, all burial costs and transportation expenses are not the responsibility of Youth With A Mission - Los Angeles, its staff or associates.

Therefore, in the event of my death, I give my permission to be buried in the country of service if need be, and absolve Youth With A Mission, its staff and associates from any financial responsibility for burial costs or transportation expenses.

Applicant's Signature _____ **Date** _____

(Signature of Parent or Guardian required if applicant is under 18 years of age.)

Guardian Signature _____ Date _____
Relationship _____