

Application For Training Schools

Youth With A Mission – Los Angeles

School Applying For:
(Please check one)

Fall DTS
 SOW

Winter DTS
 SOSM

SOMD
Year: _____

How did you hear about this school? _____

Personal Information

Name (Last, First) _____

Preferred Name _____

Present Address _____

City _____ St _____ Zip _____ Country _____

Phone _____

Email _____

Permanent Address _____

City _____ St _____ Zip _____ Country _____

Phone _____

Sex: Male Female

Date of Birth (mm/dd/yy) _____ Citizenship _____

Passport/visa information

Passport Number _____ Passport Expiration (m/d/y) _____

Place of Issue _____

Visa Type _____ Date of Issue (m/d/y) _____

Visa expiration date (m/d/y) _____

Note: If you are applying for SOMD, SOW, or SOSM, and have been a student of YWAM - Los Angeles within the last 2 years, you may bypass the rest of this form. Please continue with Section B of the application.

Mail all forms to:

Youth With A Mission – Los Angeles, Attn. Registrar
11141 Osborne Street, Lake View Terrace, CA 91342, USA
Phone: +1 818-896-2755, Fax: +1 818-897-6738

Family Information**Marital Status**

Single Engaged Married Divorced

If engaged:

Has your fiancé applied for the same school? yes no

Has he / she completed a DTS? yes no

Does he/she intend to: yes no

If married, Spouse's name _____

Name, age, and sex of any child or dependent accompanying you:

Name of parents or legal guardians: _____

Do your parents/legal guardians approve of you applying for this school? yes no

If no, please explain _____

Are your parents living? yes no Separated? yes no

Divorced? yes no

Church Information

Home church _____

Church Address _____

City _____ St _____ Zip _____ Country _____

Phone _____

Pastor's Name _____

Church Email _____

How long have you attended there? _____

Are you a member? yes no

Does your pastor approve of you applying for this YWAM School? yes no

If no, why? _____

Any previous YWAM or other missions experience? To where and how long?

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In Case of Emergency Contact:

Name _____

Address _____

City _____ St _____ Zip _____ Country _____

Phone _____ Work phone _____

Email _____

Relationship _____

Education And Occupational Skills

Highest level of education completed:

Names and dates of Secondary (High) Schools Attended:

Names and dates of Post-Secondary schools (college, university, technical, etc) attended:

What was your major? Did you receive a degree? What type?

Other YWAM Schools, Education or Certificates:

What languages do you speak (list in order of fluency):

If English is your second language (on a scale of 1-5; 5 being best), how well do you:

Speak : _____ Write : _____

Other skills or technical abilities?

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Musical abilities / other artistic talents like drama or dance:

Hobbies:

Health Condition

How would you describe your health condition?

Excellent Good Fair Poor

If fair or poor, please explain:

Are you presently taking any medications? yes no

If so, what is the medication(s)?

Describe any dietary needs you may have:

Date of last medical exam (m/d/y) _____

Do you drink alcoholic beverages? yes no

If so, how often and how much?

Do you have any physical or emotional health issues?

If yes, would these limit your ability to participate in this school?

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Personal History

Have you ever been involved in ___ Religious Cults, ___ Other Religions, ___ Occultism,
___ Use of drugs, ___ Alcoholism, ___ Homosexuality?

If so, are there any details that you need and/or want to share that we should be aware of?

Financial Information

Do you have your complete school fees at the present time? _____ yes _____ no

If no, how much do you have? _____

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

Do you have any outstanding debts? _____ yes _____ no

If so, explain what is the nature of the debt, how much it is and how you are planning to make payments?

Give names of any dependants you have and to what extent you are obliged to them financially:

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