**PROCEDURE FOR APPLICATION**

**PLEASE READ BELOW BEFORE YOU BEGIN FILLING OUT YOUR FORMS!!**

Thank you for applying for a Discipleship Training School at Youth With A Mission (YWAM) Zomba! In order for us to process your application, we must receive all the following completed forms. If a question does not apply to you, please write N/A in the space. Husbands and wives enrolling as students must complete separate applications.

1. APPLICATION FEE

A non-refundable Application fee of $5 for single Malawian applicants, $7 for couples - (US$50 single applicants US$75 couples outside Malawi) is to be included with your application. Your application cannot be processed without it.

1. DOCTORS FORM / PHYSICIANS EVALUATION

This form must be completed by your doctor for any initial school you wish to do at YWAM Zomba.

1. LIFE QUESTIONS

Please prayerfully answer the life questions on a separate sheet of paper and attach it to your application form. The reason for these personal questions is to help us to more accurately assess your application and, once accepted, to help us understand you as a person. Please be honest in your answers and be assured that your application will be treated with the strictest confidence.

1. FINANCIAL AGREEMENT

Please read carefully, complete and sign the Financial Policy and Indemnity form. Please note that signing this form commits you to the payment of the fees as set out in the Financial Policy.

1. REFERENCE FORMS

On each of the two Confidential Reference Forms fill in your name, the school you are applying for and the starting date. Then ask your pastor/minister/leader to complete the pastor’s reference and a mature Christian friend who knows you well to complete the friend’s reference.

If you have taken a YWAM/UofN School previously or have been a YWAM staff, one of your references must be from your most recent school leader or supervisor.

1. PHOTOGRAPHS

Please submit one recent ID photograph with your application.

1. HOW TO APPLY?

Application forms can be send by e-mail to info@zomba.ywam.ws

Printed forms can be returned in person, posted or alternatively photographs of the completed pages could be send via WhatsApp (+265 995 699631).

1. VISAS

All students not from Malawi will need a visa for their time in Malawi. The initial 3 month tourist visa and needs to be applied for beforehand with the e-visa system and is currently $50. Following this a further visa may be required depending on outreach location. We are very willing to help you in these processes, so let us know if you have any questions!

Please send all forms or inquiries to:

YWAM Zomba

P.O. Box E27, Blantyre, Malawi

Tel: +265 995 699631
or by email: info@zomba.ywam.ws

**STUDENT APPLICATION FORM**

**APPLICANT DETAILS**

|  |
| --- |
|  School applying for:……………………………………………………………………………………………..  *Day Month Year* Start date:……………………………………………  |

**PERSONAL INFORMATION:**

Full Name:

……………………………………………………….

 *Day Month Year* Date of Birth: ………………………………………..

Gender:………………………………………………

**CONTACT DETAILS:**

Permanent Address

………………………………………………………………………………………………………………………………………………………………………………………

Present address

………………………………………………………………………………………………………………………………………………………………………………………

Telephone (include country & area code)

……………………………………………………………

Mobile (please print legibly)

.......................................................................

E-mail address (please print legibly)

.......................................................................

Marital Status:

□ Single □ Engaged

□ Married □ Separated

□ Widowed □ Divorced

Spouse's name (if applicable)

.......................................................................

 *Day Month Year Age*

Date of Birth:

 …………..................... ……….

**CHILDREN:**

Name *Day Month Year*

…………………………………………………………………..

Name *Day Month Year*

…………………………………………………………………..

Name *Day Month Year*

…………………………………………………………………..

Name  *Day Month Year*

…………………………………………………………………..

 ***Please take note*** that married people MUST be accompanied by their spouse and children.

**PASSPORT DETAILS:**

Name as in passport

……………………………………………………

Country of citizenship

……………………………………………………

Passport number

……………………………………………………

Valid until:  *Day Month Year*

……………………………………………………

 **EMERGENCY INFORMATION:**

In case of emergency contact:

Surname

..............................................................................

First Name

..............................................................................

Relationship, i.e. Father, Mother, brother, etc.

..............................................................................

Telephone (include country & area code)

..............................................................................

Mobile (include country and area code)

..............................................................................

E-mail address

..............................................................................

HOME CHURCH/FELLOWSHIP:
Church/Group Name

..............................................................................

Pastor’s/Leader’s Name

..............................................................................

Telephone (include country & area code)

..............................................................................

E-mail address:

..............................................................................

Address

..............................................................................

..............................................................................

..............................................................................

STUDENT EMERGENCY INFORMATION:

Height Weight Blood Type

..................cm ..................kg .........................

Are you allergic to any drugs? Yes / No Please, specify:

..............................................................................

..............................................................................

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CONSENT FOR TREATMENT:

In the case of an 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:

..............................................................

If applicant is under 18 years of age, signature of parent/guardian is also required.

Name of Parent / Guardian:

................................................................................

Signature:

................................................................................

Date:

..............................................................

INDEMNITY:

I/We do hereby agree that I will not hold Youth With A Mission, its staff, agents and volunteer responsible for any illness, injury, damage or loss incurred by said person(s) during the course of involvement with Youth With A Mission.

Applicant’s signature:

................................................................................

Date:

................................................................................

If applicant is under 18 years of age, signature of parent/guardian is also required.

Name of Parent / Guardian:

................................................................................

Signature:

................................................................................

Date:

................................................................................

 Day Month Year

 …………………………………………..

**FINANCIAL POLICY**

YOUTH WITH A MISSION is an international, non-profit, faith ministry and is not underwritten by any group, church or denomination. The costs are met by the students' fees although reliance is placed on God to provide the equipment and property needed to back such a program. You will be expected to provide your fees as listed below.

REGISTRATION FEES ACCOMPANYING THE APPLICATION FORMS

1. All Malawian residents applying from within the Country shall pay $5, and $7 for couples.
2. All applicants applying from abroad shall pay $50 each, and $75 for couples.

COSTS OF ALL SCHOOLS PER PERSON PER LECTURE PHASE

Food, lodging, and tuition for each quarter (3 months of the lecture phase) costs as follows (based on the Per Capita Income of the nation in which the student has citizenship):

Malawian Applicants: All Malawians **$300**

**Zone 1:** Nations from Africa will pay **$450**

**Zone 2**: Nations from Latin America, Asia, the Middle East and South Africa. **$950**

**Zone 3:** Nations from North America, Europe and the Pacific **$1200**

* Spouse not attending a school: Malawi $200 / Z1: $270 / Z2: $400 / Z3: $700
* Children under two years FREE
* Children 2-6 years: Malawi $50 / Z1: $60 / Z2: $150 / Z3: $200
* Children 7- 17 years: Malawi $120 / Z1: $150 / Z2: $300 / Z3: $350

COSTS FOR OUTREACHES:

These costs are separate from the lecture phase and will differ depending on where the outreach will be. By a rough estimate of outreach fees will be about the same as your lecture phase fees, excluding possible flight costs.
Please Note: ALL prices are subject to change without prior notice.

PAYMENT PLANS

1. Normal plan: 100% on the day of registration.
2. Monthly Plan: 50% on the day of registration and other 50% to be paid on date agreed by School Leader with plan of how funds will be raised.

LATE PAYMENTS

No late payments are allowed for students doing their very first school with YWAM Zomba.

No student will be allowed to stay on a school beyond the 3rd week if no payment is received.

Late payments may be allowed in instances other than the first should satisfactory arrangements be made with the school leader. Late payments may be subject to a 10% penalty.

METHOD OF PAYMENT

Due to the volatility of our Kwacha against most other major currencies this base now works only in USD. We are however in a position to take any foreign currency and bank this and credit you with its value on the day we do the transaction.

SCHOLARSHIPS

As our prices are among the lowest, there can be no further reduction on the fees. Since YWAM is an international, interdenominational, multilingual, and multiracial organization, the fee schedule takes all of the above factors into consideration in order to make university level education accessible to applicants meeting the requirements for admission

**NB**: Should a student not complete a school the international refund policy on page 29 of the University of the Nations catalogue, 2002-2004 will be applied to the student’s refund claim.

**FINANCIAL SUPPORT**

**Do you have your complete school fees?** Yes / No

If answered, NO, how much do you presently have? MWK ...................................

How do you anticipate the provision of the outstanding balance of your school fees?

......................................................................................................................................................................
......................................................................................................................................................................

Do you have financial support? Yes / No

Do you have any outstanding debt? Yes / No

If answered Yes, how much does it total? MWK............................................

How and by when will it be repaid?

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............................................................................................................................................................................................................................................................................................................................................

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I/we have read and understood the Financial Policy of YWAM Zomba. I/we understand that the payment of the required school fees must be made as set out under “Payment Plans”. Further, I/we agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Youth With A Mission.

Applicant’s signature:

................................................................................

Dated: *Day Month Year*

...............................................................................

If applicant is under 18 years of age, signature of parent/guardian is also required. Name of Parent / Guardian:

................................................................................

Signature:

................................................................................

**LIFE QUESTIONS**

Please answer the following questions on a separate sheet of paper. When answering the Life Questions, and especially the questions on your spiritual life, please answer as openly and fully as possible. This will help us to

assess your application better.

A. SPIRITUAL LIFE

1. Describe your conversion experience and your present spiritual relationship with the Lord (no more than one page).
2. Have you been called to the mission field? If YES, give a brief account of your calling.
3. Why have you applied for this school? Please detail your guidance, confirmations, etc.

B. CHURCH LIFE:

1. Of which church/fellowship are you presently a member? Please give name, address, telephone & fax number & E-Mail address (if applicable) of both the church/fellowship and the minister/pastor/leader.
2. Does your minister/pastor/leader approve of you joining YWAM/doing this school? Will your church/fellowship be willing to send you out as their missionary? Will your church/fellowship be willing to support you financially? If the answer is no to any of these questions, please state the reason.
3. What leadership or church work have you been involved in? In your answer, please state where, when and with whom.

C. PERSONAL LIFE:

1. From the following list tick the words that in your opinion best describe yourself:

|  |  |  |
| --- | --- | --- |
| Depressed Submissive hurtingsincereflexible organized guilty courageous people lover humorous loyal ambitious easy-going introvert | extrovert stubborn self-conscious insecure practical active impulsive nervous impatient moody imaginative serious perfectionist | Quiet likeable fearful lonely persistent hard-working self-confident excitable calm sensitiveoptimistic warm good natured  |

1. If you are not of age (under 21), do your parents approve of you joining YWAM?
2. What are your interests and hobbies?
3. Have you ever been involved in:

○ Drug abuse ○ Alcohol abuse

○ Occult practice ○ Sexual immorality
○ Tobacco (cigarettes)

If YES, please give details stating your present position.
(Please answer each one separately)

1. MEDICAL LIFE:
	1. Do you have any physical disabilities? If YES, please give details.
	2. Are you presently taking any medication, under doctor's orders or on any special diet for medical reasons? If YES, please give details.
	3. Have you ever had any psychiatric treatment such as for a nervous or mental breakdown, depression, including manic-depression? If YES, please give details and what your present situation is.
	4. Do you have any learning difficulties? If YES, please give details.
2. OTHER:
3. List your previous employers and the positions you have held for the last two years.
4. Should you be accepted, by when do you have to hand in your notice?
5. List the names, addresses, telephone & fax numbers and E-Mail address of the two people you have handed the confidential reference forms to.
6. Do you believe that you could live under pioneering conditions, with different foods, cultures and life in a dormitory or small quarters for families?
7. List your abilities and talents (music, carpentry, sewing, first aid, etc.)
8. Is there anything else that you would like to tell us about that would help us to know you better?
9. EDUCATIONAL INFORMATION:

Have you graduated from High/Secondary school or equivalent? If "Yes", list date of graduation and name of Certificate/diploma received.

1. ENGLISH PROFICIENCY:

To be answered only if English is NOT your native language.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Poor  | OK  | Good  | Fluent  |
| Speaking  |  |  |  |  |
| Reading  |  |  |  |  |
| Writing  |  |  |  |  |

**YWAM BACKGROUND INFORMATION:**

**To be filled by YWAMERS.**

SCHOOLS:

Have you previously attended YWAM school(s)?

□ Yes □ No

If Yes, list all YWAM schools that you have done, as well as outreaches, complete with dates and locations. Use an additional sheet of paper if necessary.

School

................................................................................

Location

................................................................................

Outreach location

................................................................................

Year of completion

................................................................................

School

................................................................................

Location

................................................................................

Outreach location

................................................................................

Year of completion

................................................................................

School

................................................................................

Location

................................................................................

Outreach location

................................................................................

Year of completion

................................................................................

DEGREE

Are you pursuing a U of N degree? Yes / No

University of the Nations College

................................................................................

Major

................................................................................

Degree Level
................................................................................

Number of credits pending: ................................................................................

STAFF BACKGROUND:

Have you ever been on YWAM staff?

□ Yes □ No

If Yes, please list below:

Staff Position

................................................................................

Location

................................................................................

Period

................................................................................

Supervisor

................................................................................

Staff Position

................................................................................

Location

................................................................................

Period

................................................................................

Supervisor

................................................................................

(Please arrange for your most recent supervisor to send a Reference Form to the Registrar's office)

I am willing to commit myself to the YWAM leadership and co-operate with them at all times.

Applicant’s signature:

................................................................................

Dated: *Day Month Year*

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If applicant is under 18 years of age, signature of parent/guardian is also required.

Name of Parent / Guardian:

................................................................................

Signature:

................................................................................

Dated: *Day Month Year*

................................................................................

**CONFIDENTIAL HEALTH FORM**:

***TO BE FILLED IN BY PROSPECTIVE STUDENT ONLY***

To the student: This information is treated confidentially and separate from your academic records. Please answer ALL questions. Explain any ‘YES’ answers in the space below or on a separate sheet of paper.

Have you ever had, or do you have, any of the

following? (Tick if YES)

|  |  |
| --- | --- |
| * Skin conditions
* Shortness of breath
* Stomach/Duodenal
* Ulcer
* Hay Fever/Asthma
* Gall bladder problems
* High blood pressure
* Recurrent headache
* Low blood pressure
* High blood pressure
* Appendectomy
* Tonsillectomy
* Intestine troubles
* Rheumatism/Arthritis
* Recurrent diarrhea
* Back problems
* Kidney Disease
* Dislocation of joints
* Mental/Nervous Disorders
* Eating disorders
* Venereal disease
* Hernia repair
 | * Eye trouble
* Ear trouble
* Heart trouble
* Jaundice
* Head injury
* Hepatitis
* Insomnia
* Tumor
* Anorexia
* Cancer
* Broken bones
* Epilepsy
* Anemia
* Fainting spells
* Diabetes
* Paralysis
* Bulimia
* Weakness
* Allergies
* Surgery
 |

FEMALES ONLY

o Irregular Periods

○ Excessive flow

○ Severe cramps

Are you pregnant? Yes / No

If you answered YES to any of the above questions, please explain:

................................................................................

................................................................................

Do you have any physical handicaps or health conditions that require special attention?

□ Yes □ No If yes please specify:

................................................................................

................................................................................

................................................................................

Do you have a history of emotional instability or psychiatric treatment?

□ Yes □ No If yes please specify:

................................................................................

................................................................................

................................................................................

How would you rate your health condition?

□ Excellent

□ Good

□ Fair

□ Poor

Is there anything that you think we should be aware of?

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VACCINATIONS

Because of the nature of mission work, there is a high risk of exposure to communicable diseases. Overseas applicants should consult a physician prior to arrival in Malawi to assess what vaccinations they recommend you to have.

YOUTH WITH A MISSION DOES NOT TAKE

RESPONSIBILITY FOR ANYONE WHO GETS

COMTAMINATED BY THE BLOOD OR BODY FLUIDS

OF ANOTHER PERSON AND THEREBY CONTRACTS HIV, HEPATITIS OR ANY OTHER COMMUNICABLE DISEASE.