YOUTH WITH A MISSION TONGA

UNIVERSITY OF THE NATIONS

Student Application Second Level School

Guide to Completing Application

Thank you for applying to the University of the Nations!
In order for us to process your application, we must receive all the following complete forms.

1. **Student Application Form.** This form must be filled for any course that you are applying for at the University of the Nations.
2. A **non-refundable Application Fee of $50 TOP** is required to begin to process your application. Please submit the application together with it.
3. **Personal History**:
   **** Please answer the following questions on a separate sheet of paper and send it with your application. Your answers will be significant to the application process. ****

   a. ***Please describe your personal testimony/ conversion experience and your present spiritual relationship with the Lord?***

   b. ***What areas of your character are you presently seeking the Lord to further develop and improve?***

   c. ***Do you have any goals you are seeking in missions?***

   d. ***Please describe your relationship with your local church, areas of ministry, service, leadership experience, gifts and abilities.***

   e. ***Please describe any other professional, mission or significant experiences. Please describe your relationship with your family.***

   f. ***How does your family feel about your plans to enroll at YWAM / University of the Nations?***

4. **Reference Forms:** x2 References from your senior pastor, teacher, current employer, or a friend, spiritual leader.
5. **Health Report**

Email: ywamuofntonga@gmail.com **Private Bag 62 Nukualofa, Tonga** **Lafalafa, Fuaámotu**

Email: ywamuofntonga@gmail.com **Private Bag 62 Nukualofa, Tonga** **Lafalafa, Fuaámotu**

YOUTH WITH A MISSION TONGA

UNIVERSITY OF THE NATIONS

Student Application Second Level School

STUDENT APPLICATION FORM

Photo

Personal information Application Date____/____/____ Appl. Fee $50 TOP

Name of the Applicant: _____
(First, Middle, Last Name)

Current Address_____

Permanent Address_____

Phone_____ E-mail:_____ What's app _____

Messenger _____ Instagram _____

Age _____ Sex: ☐ Female ☐ Male

Date of birth____/____/____ Place of Birth:_____ Nationality:_____

Religious Affiliation_____

Marital Status: ☐ Single ☐ Divorced ☐ Engaged ☐ Remarried ☐ Married ☐ Widowed since_____

Home Church:_____ Denomination_____ Pastor's Name_____

EMERGENCY INFORMATION

In Case if Emergency, contact: _____ Relationship_____

Address: _____ Phone_____ E-mail: _____

What's app _____ Messenger _____ Instagram _____

Student Emergency Information: Height _____ Weight _____ Blood type _____ Are you allergic to any medication

Consent for Treatment: In case of emergency, I/We here by agree to the performance of such treatment, including anesthesia and surgery, as attending doctor or physician may deem necessary.

Applicants Signature _____ Date _____/_____/_____

Signature of parent or guardian required if applicant is under 18 year of age

Parent/Guardian Signature _____ Date ____/____/_____

Email: ywamuofntonga@gmail.com **Private Bag 62 Nukualofa, Tonga** **Lafalafa, Fuaámotu**

YOUTH WITH A MISSION TONGA

UNIVERSITY OF THE NATIONS

Student Application Second Level School

LANGUAGES

Please identify languages spoken by circle as coded below:

****1 - Elementary Speaking 2 - Limited word proficiency 3 - Minimum Professional*
4 - Full professional 5 - Native Speaking 6 - Mother Tongue

English Proficiency _____

What languages do you speak?	Indicate level of Proficiency?

WORK EXPERIENCE

Work Position	Employer	Dates/Location	Supervisor

Skills: (include years of experience)
Occupational Skills: _____
Musical Skills: _____
Other Skills/Talents: _____

EDUCATIONAL INFORMATION

◯ I have not completed high school/secondary school

Highest education level completed_____

High School/College/University/Seminary Attended

Name of School	Location	Year (From-To)	Major/Degree	

Have you previously attended a Ywam Seminar/School ◯ Yes ◯ No If Yes give details below:

YWAM School/Seminar	Dates (From-To)	Location	Country

PASSPORT Information

Name as listed on Passport _____ Country of Citizenship_____ Passport Number _____

Date Issued____/____ /____ Date Expired ___/____/__ ___
Day Month Year Day Month Year

Do You hold multiple citizenships/passports ◯ Yes ◯ No

Have you ever been refused a Visa to entry any country? No/Yes, give Details

Email: ywamuofntonga@gmail.com Private Bag 62 Nukualofa, Tonga Lafalafa, Fuaámotu

YOUTH WITH A MISSION TONGA

UNIVERSITY OF THE NATIONS

Student Application Second Level School

Prior YWAM Involvements: (YWAM Profile)

(use extra sheets if needed. Include position(s), when, where, what, staff leader, schools, and year(s).

DTS: Focus School	Year [From-To]	Location	School Leader	Outreach Assignment

Staff:	Year [From-To]	Location	Ywam Leader	Position

YWAM Schools/Seminars	Year [From-To]	Location	School Leader	Outreach Assignment	Certificates Awarded

Email: ywamuofntonga@gmail.com Private Bag 62 Nukualofa, Tonga Lafalafa, Fuaámotu

YOUTH WITH A MISSION TONGA

UNIVERSITY OF THE NATIONS

Student Application Second Level School

FINANCIAL INFORMATION:

Lecture Phase cost covers school fees, accommodation, food, transportation for the 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.

Student Application		
WORLD A	**WORLD B**	**WORLD** C
Registration: $50 TOP	Registration Fee: $50 TOP	Registration Fee: $50 TOP
Lecture Fee: $2000 USD	Lecture Fee: $1600 USD	Lecture Fee: $1800 TOP

Outreach Phase: *** Estimated Cost depends on place of outreach, please allow $3000 USD

Do you have your complete School Fees? Yes/No. If no from, what sources will they come

_____

PLEASE READ AND SIGN EACH SECTION BELOW

Acknowledgment of Financial Responsibility

I Understand that payment of the required school tuition fees must be paid in full prior to or upon my arrival within 4 weeks of the lecture phase with all personal expenses and financial obligations incurred during my involvement with Youth with a Mission. If I am accepted into Youth with a Mission – I will abide with the spirit, rules and schedule of the school.

Signature _____ Date _____/_____/_____

RELEASE OF LIABILITY

I/We do hereby release Youth with a Mission – Tonga Inc, it's staff, agents and volunteer assistants from any liability whatsoever arising out of injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth with a Mission – Tonga.

Signature _____ Date _____/_____/_____

EXPECTATIONS

1. How did you first hear of YWAM / University of the Nations Tonga?

2. What reasons most influenced your decision to apply?

3. What expectations do you have of this course?

I certify that all the information in this application is complete and accurate.

Date _____ Signature _____

Email: ywamuofntonga@gmail.com Private Bag 62 Nukualofa, Tonga Lafalafa, Fuaámotu

YOUTH WITH A MISSION TONGA

UNIVERSITY OF THE NATIONS

Student Application Second Level School

HEALTH FORM

TO THE APPLICANT: This information is treated confidentially and separate from your academic record.

Course Applying for_____ Starting Date_____

Application name:_____ Citizen of_____

Permanent Address:_____

Present Address:_____

Telephone (home)_____ Mobile:_____

Do you have medical insurance? No Yes. If Yes, Name of Insurer:_____

Medical Insurance Coverage (briefly)_____

Next of Kin: Name_____ Relationship_____ Phone_____

Address: _____

Personal History. Please answer all questions. Comment on all positive answers in the space below or on a separate sheet. Have you ever had, or do you have any of the following

Yes	No		Yes	No		Yes	No	
		Skin conditions			Heart trouble			jaundice
		Eye trouble			High blood pressure			Hepatitis
		Ear Trouble			Low blood pressure			Intestinal trouble
		Head injury			Rheumatism/Arthritis			Recurrent diarrhea
		Recurrent headache			Back problems			Diabetes
		Epilepsy			Dislocation of joints			Kidney disease
		Fainting spells			Broken bones			Anemia
		Mental or Nervous disorders			Stomach/ Duodenal Ulcer			Venereal Disease
		Weakness			Gall bladder problems			Tumor Cancer
		Paralysis			Surgery			FEMALE ONLY
		Insomnia			Appendectomy			Irregular periods
		Shortness of breath			Tonsillectomy			Severe cramps
		Hay fever, Asthma			Hernia repair			Excessive flow
		Allergies (specify)			Other (specify)			Are you pregnant?

Other illnesses or conditions

Are you at present under doctor's care for any condition? No / Yes (Specify)

_____

_____

Are you taking any medication at this time? No/ Yes (Specify)_____

_____

Are you allergic to any drugs? No/Yes (Specify)_____

Email: ywamuofntonga@gmail.com **Private Bag 62 Nukualofa, Tonga** **Lafalafa, Fuaámotu**

YOUTH WITH A MISSION TONGA

UNIVERSITY OF THE NATIONS

Student Application Second Level School

Do you have a history of emotional instability or psychiatric treatment? No/Yes (specify)

_____

Are you receiving Counselling for Post Traumatic Stress, Anxiety and Depression?

Do you have any physical impairments, handicaps or health conditions which require special attention?

No/Yes: Specify_____

Would you rate your health condition as Excellent Good Fair Poor Blood Type_____

Have you ever had any of the following communicable diseases?

Yes	No		Yes	No		Yes	No		Yes	No	
		Chickenpox			Pertussis			Measles			Hearts Disease
		Measles (Rubella)			Scarlet Fever			Mumps			Epilepsy, Convulsions
		Tuberculosis			Hepatitis						

FAMILY HISTORY

Have any of your relatives ever had any of the following?

Yes	No		Yes	No		Yes	No		Yes	No	
		Tuberculosis			Arthritis			Hypertension			Heart Disease
		Diabetes			Stomach Disease			Cancer			Epilepsy, Convulsions
		Kidney Disease			Asthma/Hay Fever			Other:			

IMMUNIZATIONS

	Year	Year	Years	Year	Year	Year
Diphtheria						
Tetanus						
Pertussis						
Polio						
Rubella						
Rubeola						
Mumps						

Are you HIV positive? _____

For Non-Tongan Citizens: After arriving in Tonga, you will be required to have a medical check for approval of your student visa at the local hospital. There will be an x-ray, blood and urine test for HIV and other diseases.

Direct all Forms to email listed below

Email: ywamuofntonga@gmail.com **Private Bag 62 Nukualofa, Tonga** **Lafalafa, Fuaámotu**

YOUTH WITH A MISSION TONGA

UNIVERSITY OF THE NATIONS

Student Application Second Level School

REFERENCE FORM 1 (page 1 of 2)

To the Applicant: Please complete the information below before giving this form to your referee. Ask them to kindly scan and send to email listed below to Youth with a Mission Tonga

Applicant's Name: _____

*Course applying for:*_____ *Start Date:* _____

I, the above name applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicants Signature _____ Date_____

To the Referee: The applicant above has applied for a course offered by Youth with a Mission. 'ŶWAM' is an international/interdenominational Christian movement, founded in 1960, with current operating locations in over 180 nations on all six continents. YWAM's purpose is to equip people to fulfill the Great Commandment "GO, therefore, and make disciples of all nations." We will give serious consideration to your comments, so please complete this form carefully and in return. Thank You for your assistance.

Reference By: _____

☐ Ywam Leader ☐ Current Employer ☐ Pastor ☐ Other _____

Phone: _____ Email: _____

What's App# _____ Messenger/Instagram _____

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

Check the following and comment where necessary (Use separate paper as needed)

	Excellent	Superior	Average	Fair	Poor
Initiative					
Social Adaptability					
Concern for Others					
Ability to Follow					
Leadership					
Judgment/Decision-making					
Emotional Stability					
Health					
Personal Appearance					

Please check appropriate column and add comments on next page (or a sperate paper)

Mental Ability		Quick to comprehend		Average		Slow
Industry		Hard worker				Lacks persistence
Reliability		Meets obligations				Neglects Obligations
Co-operative		Works well with others				Avoids group activity
Flexibility		Open to change				Unyielding
Christian character		Well-balance				Unstable
Disposition		cheerful				Passive
Punctuality		On time				Often late
Financial Responsibility		Meets obligations				Neglectful

Email: ywamuofntonga@gmail.com Private Bag 62 Nukualofa, Tonga Lafalafa, Fuaámotu

YOUTH WITH A MISSION TONGA

UNIVERSITY OF THE NATIONS

Student Application Second Level School

REFERENCE FORM 1 (page 2 of 2)

Comments:_____

_____

To what extent is the applicant active in church/work place? _____

Does he/she display high moral standards? Yes/No (please explain)

_____

Is he/she prejudiced against groups, races, or nationalities? No/Yes (Please explain)

What reference to his/her Christian service, do you consider the applicant to be?

◯Dedicated ◯ Average ◯ Casual

In your consideration, which of the following would best describe the applicant's Christian experience?

__Mature __Contagious__ Genuine& Growing__ Over-emotional___ Superficial

Comments: _____

Overall, what do you consider to be the applicant's strong points (include special abilities)?

Please comment on the applicant's family background (if known). _____

_____

What could YWAM / U of N do to aid in the applicant's personal development?

_____

Please add any other relevant remarks (ie: medical, psychological, drugs, alcohol or other areas of their life that we should know more about, to be of service to them.)

_____

Would you recommend the applicant for acceptance into University of the Nations?

____Yes ____ with some reservation (please explain) _____

____ No Please explain_____

(Pastors Only) Is your congregation/group standing behind the applicant with enthusiasm and prayer?

_____

I have known the applicant for_____ years, and believe that he/she possesses the qualities indicated above.

Signed:_____ Date_____

Name:_____ Position_____

Email: ywamuofntonga@gmail.com **Private Bag 62 Nukualofa, Tonga** **Lafalafa, Fuaámotu**

YOUTH WITH A MISSION TONGA

UNIVERSITY OF THE NATIONS

Student Application Second Level School

REFERENCE FORM 2 (page 1 of 2)

To the Applicant: Please complete the information below before giving this form to your referee. Ask them to kindly scan and send to email listed below to Youth with a Mission Tonga

Applicant's Name: _____

Course applying for: _____ *Start Date:* _____

I, the above name applicant, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicants Signature _____ Date_____

To the Referee: The applicant above has applied for a course offered by Youth with a Mission. 'ŶWAM' is an international/interdenominational Christian movement, founded in 1960, with current operating locations in over 180 nations on all six continents. YWAM's purpose is to equip people to fulfill the Great Commandment "GO, therefore, and make disciples of all nations." We will give serious consideration to your comments, so please complete this form carefully and in return. Thank You for your assistance.

Reference By: _____

☐ Ywam Leader ☐ Current Employer ☐ Pastor ☐ Other _____

Phone: _____ Email: _____

What's App# _____ Messenger/Instagram _____

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

Check the following and comment where necessary (Use separate paper as needed)

	Excellent	Superior	Average	Fair	Poor
Initiative					
Social Adaptability					
Concern for Others					
Ability to Follow					
Leadership					
Judgment/Decision-making					
Emotional Stability					
Health					
Personal Appearance					

Please check appropriate column and add comments on next page (or a sperate paper)

Mental Ability		Quick to comprehend		Average		Slow
Industry		Hard worker				Lacks persistence
Reliability		Meets obligations				Neglects Obligations
Co-operative		Works well with others				Avoids group activity
Flexibility		Open to change				Unyielding
Christian character		Well-balance				Unstable
Disposition		Cheerful				Passive
Punctuality		On time				Often late
Financial Responsibility		Meets obligations				Neglectful

Email: ywamuofntonga@gmail.com Private Bag 62 Nukualofa, Tonga Lafalafa, Fuaámotu

YOUTH WITH A MISSION TONGA

UNIVERSITY OF THE NATIONS

Student Application Second Level School

REFERENCE FORM 2 (page 2 of 2)

Comments:_____

_____

_____

To what extent is the applicant active in church/work place? _____

Does he/she display high moral standards? Yes/No (please explain)

_____

Is he/she prejudiced against groups, races, or nationalities? No/Yes (Please explain)

What reference to his/her Christian service, do you consider the applicant to be?

◯Dedicated ◯ Average ◯ Casual

In your consideration, which of the following would best describe the applicant's Christian experience?

__Mature __Contagious__ Genuine& Growing__ Over-emotional___ Superficial

Comments: _____

Overall, what do you consider to be the applicant's strong points (include special abilities)?

Please comment on the applicant's family background (if known)._____

_____

What could YWAM / U of N do to aid in the applicant's personal development?

_____

Please add any other relevant remarks (i.e medical, psychological, drugs, alcohol or other areas of their life that we should know more about, to be of service to them)

_____

Would you recommend the applicant for acceptance into University of the Nations?

____Yes, ____ with some reservation (please explain) _____

____ No Please explain_____

(Pastors Only) Is your congregation/group standing behind the applicant with enthusiasm and prayer?

_____

I have known the applicant for_____ years, and believe that he/she possesses the qualities indicated above.

Signed: _____ Date_____

Name:_____ Position_____

Email: ywamuofntonga@gmail.com **Private Bag 62 Nukualofa, Tonga** **Lafalafa, Fuaámotu**