



YOUTH WITH A MISSION TONGA

UNIVERSITY OF THE NATIONS

Student Application Discipleship Training 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 with 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**
6. **Police record/Certificate:** From the country you are a resident of or living in.





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STUDENT APPLICATION FORM

Personal information Application Date ____/____/____ Appl. Fee \$50 TOP

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

Current Address _____

Permanent Address _____

Photo

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** ____/____/____





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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





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FINANCIAL INFORMATION:

DTS 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.

ORAL Discipleship Training School		
WORLD A	WORLD B	WORLD C
Registration: \$50 TOP	Registration Fee: \$50 TOP	Registration Fee: \$50 TOP
Lecture Fee: \$2000 USD	Lecture Fee: \$1400 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 – DTS, 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 _____





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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) _____





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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			Heart 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? _____

Direct all Forms to email listed below





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Student Application Discipleship Training 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. 'YWAM' 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 separate 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





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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 _____





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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. 'YWAM' 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 separate 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





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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?

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Comments: _____

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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 _____

