



Youth With A Mission

G R E N A D A

Sauteurs, St. Patrick's, Grenada, W.I.

Tel/Fax: (473) 442 1226 E-mail: ywamgnd@caribsurf.com

Website: www.ywamgrenada.org

Application Form for Discipleship Training School (DTS)

Each student must complete both sides of this form including all the additional information requested in the guide to completing application

Please attach four recent passport-sized photos of yourself here

Personal Information

Name _____ Phone _____
Last/family first middle

Present Address _____

Permanent Address _____

Male Female Birthdate _____
Day month year

Birthplace _____
City State/province Country

Citizenship (Country) _____ Height _____ Weight _____

Passport number _____ Passport Expiry Date _____

Marital status: Single Engaged (date) _____ Married (date) _____
Divorced (date) _____ Widowed (date) _____
Separated (date) _____ Remarried (date) _____

Children accompanying you:

Name (first/middle/last)	Birthdate (Month/day/year)	Sex	Grade/year in school

Name & address of home church: _____

Phone _____ Fax _____

Pastor's name _____ How long have you attended this church? _____

In case of emergency contact:

1st contact: Name _____ Relationship: _____

Address _____ Phone: _____

Education, employment and skills

Highest level of education completed _____

School (s) attended after secondary or high school _____

Which languages do you speak? (please state those in which you are most fluent first) _____

Have you completed military service? No Yes (please specify) _____

Present employer _____ Occupation _____

Occupational skills _____ How many years of experience? _____

Musical abilities/talents or skills _____

Previous YWAM experience

Have you ever been involved in a YWAM short-term outreach or training program? Yes No

If yes, please specify _____ Leader's name _____

Any other YWAM function? _____

Why do you want to attend this school? _____

Are you an ordained or licensed minister? No Yes If yes, please specify _____

Which school do you plan to attend? Discipleship Training School School of Frontier Missions
 Principles of Child and Youth Ministries Rescue and Restore Introduction to Primary Health Care

Financial information

Do you have the total school fees? Yes No If no, what percentage do you have? _____

From what sources will you receive the remainder? _____

Do you have any outstanding debts? No Yes If yes, please explain _____

I certify that all information in this application is complete and accurate . I f accepted by Youth With A Mission , I will abide by the Spirit, rules and schedule of the program. I confirm that I understand that the payment of the required school tuition fees must be made upon or before arrival.. I also confirm that I am fully aware of my financial obligations, both to the lord and to the students and staff of the school.. I therefore commit myself to paying all personal expenses required during my involvement with Youth With A Mission.

Signature of applicant _____ Date _____

Please return this from to:

Youth With A Mission' Office of Admissions, YWAM, Sauteurs P.O., St. Patrick's Grenada W.I.
Phone: (473)442-1226 Fax (473)442-1226 E-mail: ywamgnd@caribsur.com Website: www.ywamgrenada.org