



## Youth With A Mission Honolulu

Dear Friend,

Aloha from Honolulu! Thank you for your interest in the School of Biblical Studies Core Course (SBSCC). The information and application forms you requested are enclosed. Please keep in mind that the prerequisite for studying with the SBSCC is the completion of the Discipleship Training School (DTS).

It is essential today to be grounded in the Truth. Many people wish they had a better understanding of God and His Word, but don't know where to begin. This school will help you develop a strong biblical foundation that will benefit both your personal life and calling.

You will study at least 12 different books of the Bible. You will be given a thorough understanding of the Inductive Bible Study approach which employs a variety of methods for observing what the text says, interpreting what the text meant to the original hearers (historical background) and applying the truths of the Word to your life.

During this school you will have the opportunity to gain a hunger for God's Word, be equipped to study on your own, come to know God more intimately than when you arrived, and leave with a passion to reach the nations.

Our next scheduled SBSCC is:

**April 15, 2010 through July 11, 2010**

Outreach after the lecture phase is strongly encouraged. If you would like to do an outreach, please contact the SBSCC Director at [registrar@ywamhonolulu.com](mailto:registrar@ywamhonolulu.com).

The current tuition cost is \$3600 USD, which covers tuition, room, and food during your lecture phase. **Tuition does NOT include airfare to or from Hawaii.** If you decide to go on outreach, airfare to and from your outreach location and living costs will be extra. A deposit of \$1000 is due 30 days before the SBSCC begins in order to hold a place in the school. The remaining \$2600 will be due the first week of the school or you may use the following payment plan: \$1000 due by week three and the remaining \$1600 due by week five.

We do appreciate your interest in the School of Biblical Studies, and pray the Lord continues to direct you as you seek Him.

In His Blessings,

Cary Solima  
SBSCC Director

2707 Hipawai Place P Honolulu, HI 96822 USA  
808 988 7015 P Fax 808 988 5618 P [www.ywamhonolulu.com](http://www.ywamhonolulu.com)  
email: [registrar@ywamhonolulu.com](mailto:registrar@ywamhonolulu.com)

# Guide To Completing SBSCC Student Application

Thank you for applying to Youth With A Mission Honolulu! **To help us process your application most efficiently, please send *all* of the paperwork below *together* (with the exception of reference forms, which should be sent or faxed directly to us from your reference people).** If a question on the form does not apply to you, write N/A. Husbands and wives enrolling as students must complete separate applications. Please complete the following:

1. **Student Application Form** This form must be filled out for any initial course you wish to apply for at YWAM Honolulu.
2. **Application Fee** A nonrefundable, nontransferable application fee (\$75 USD for singles, \$100 USD per couple) should be forwarded with the application. Your application cannot be processed without it.
3. **SBSCC Questionnaire** Please read and answer the following questions, and attach them to your *Application Form*. We want to be able to pray for you in these areas.
  1. State your reasons for applying.
  2. Describe your expectations.
  3. Are you willing to invest the necessary time/ study to complete this intensive course?
  4. Do you have any reservations/fears about the school?
  5. What do you hope to see accomplished in your life?
  6. What are your future plans? For Example: Are you called to or interested in long term missions to a particular country? Are you called to or interested in a particular ministry?  
Are you planning on taking or staffing another school in YWAM? Are you planning on going to University? Do you have any plans for a profession or Job?
  7. Are you interested in or planning to go on outreach with the school? If yes, please contact the SBSCC Director at [registrar@ywamhonolulu.com](mailto:registrar@ywamhonolulu.com) for more information.
4. **Reference Forms (3)** After you sign and enter your course/date and home address, give one form to each of the following: (1) Pastor; (2) Friend; and (3) YWAM Leader.

## Helpful Tips:

\*When giving these reference forms to designated individuals, include a stamped envelope addressed to YWAM -- Honolulu for their use, or request that they fax their reference forms to us: FAX (808) 988-5618 as quickly as possible.

\*Please list their names and contact information on a separate sheet of paper. *We must receive at least the pastoral reference and one of the other two references before we can process your application.*

5. **Personal History** Please prayerfully answer the following questions on a separate sheet of paper and attach them to your *Application Form*.

1. Please describe your conversion experience.
2. Describe what you have been doing since your DTS (education, job, missions experience, etc.).
  3. How has the Lord worked in your life during, and since, your DTS?
  4. How would you describe your relationship with your family, how does your family feel about your plans to enroll in this SBSCC?
  5. Describe your present relationship with your local church, leaders and your involvement there. Do they support you in your application to the SBSCC?
  6. Please describe any areas of missions, ministry, service, or leadership experience in which you have been involved (including previous YWAM involvement).
  7. Describe your business, professional, or other significant experiences.
  8. Have you received any previous theological/Bible training? If so, which school or seminary?

6. **Health Form** Please complete this form and submit it directly to YWAM Honolulu.

TUBERCULOSIS (TB) CLEARANCE. The law requires that all students and attending family members submit evidence of negative (ie. good) TB skin test or chest x-ray results, dated within one (1) calendar year of the start date of your school. This documentation can be recorded on the Health Form by a doctor or on a separate report from an examination facility. Documentation must clearly indicate the test performed results, examination facility where the test was performed, and the date of the test.

7. **Commitment to Moral Standard & Burial** Please carefully read through these documents. If you agree please sign at the bottom and mail it in with your application.

8. **If you intend to enroll in a University of the Nations program, we need the following:**

- A. **Transcripts.** You must request that a transcript of your high/secondary school and/or college/university/seminary record be sent to YWAM Honolulu. (A transcript or letter of good standing is required even if no credits were earned.)
- B. **Proficiency/Aptitude Tests for International Students from countries in which English is NOT the native language:** TOEFL (Test of English as a Foreign Language) or equivalent. Scores obtained in aptitude or language proficiency tests must be submitted with your application.

**IMPORTANT:** All students are encouraged to apply early, as applications are processed on a first-come, first-served basis and SBSCC is a purposefully small school. If you are an international applicant, please recognize that if you are accepted, the VISA process in certain countries can take 3-5 months. As a final, friendly reminder, we do need to receive your references before you are considered as an applicant (Helpful Hint: follow up with your references to ensure that they return their forms in a timely way!) Please contact us if you do not hear from us within 10 days of mailing your application.

Please send all forms to:

Or fax: (808) 988-5618

Registrar  
*questions?*

*Still have*

Youth With A Mission  
P.O. Box 61700  
Honolulu, HI 96839  
USA

**Contact:** registrar@ywamhonolulu.com  
(808) 988-7015  
M – TH Afternoons: 1:30PM – 5:00PM PST  
M, W, F Mornings: 9:30AM – 12:30PM PST



**Youth With A Mission  
Honolulu, Hawaii  
School of Biblical Studies Core Course Application**

Please return all forms to:

Registrar Phone: (808) 988-7015  
 YWAM Fax: (808) 988-5618  
 P.O. Box 61700 Email: registrar@ywamhonolulu.com  
 Honolulu, HI 59922 USA

**Attach Recent  
Photo Here**

(If faxing application,  
Please send photo in mail  
or email to registrar)

I wish to attend the SBSCC beginning \_\_\_\_\_ month \_\_\_\_\_ year Registration fee enclosed (\$75 Single; \$100 Couple) \_\_\_\_\_

Name \_\_\_\_\_  
 Mr/Mrs/Miss \_\_\_\_\_  
 (Last Name/Family Name) (First Name) (Middle Initial) (Prefer to be Called)

**Present Address**

P.O. Box/Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Permanent Address**

P.O. Box/Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 PO Box/Street \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Office \_\_\_\_\_  
 Fax \_\_\_\_\_

**Home Church**

Name \_\_\_\_\_  
 Pastor's Name \_\_\_\_\_  
 PO Box/Street \_\_\_\_\_  
 City State/Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Length of Attendance \_\_\_\_\_

**General Information**

Age \_\_\_\_\_ Country of Birth \_\_\_\_\_  
 Date of Birth (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_  
 Do you have a passport? \_\_\_\_\_ (yes or no)  
 When does it expire? (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_  
 Passport Number \_\_\_\_\_

**Marital Status**

Please circle one:  
*Single Engaged Married Separated Divorced*  
 Spouse's Name \_\_\_\_\_  
 Anniversary (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_  
 Number of children accompanying you? \_\_\_\_\_  
 Name \_\_\_\_\_  
 Birthdate (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Passport? \_\_\_\_\_  
 Name \_\_\_\_\_  
 Birthdate (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Passport? \_\_\_\_\_  
 Name \_\_\_\_\_  
 Birthdate (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ Passport? \_\_\_\_\_

**Educational History:**

**High/Secondary School or equivalent from which you graduated (or will be):**

Name \_\_\_\_\_ Location \_\_\_\_\_

Date of Graduation (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (yr) \_\_\_\_\_  I have not completed high school.

**College/University/Vocational School/Seminary Attended:**

Name \_\_\_\_\_ Location \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**YWAM Schools Attended:**

Name \_\_\_\_\_ Location \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Occupational Skills:** \_\_\_\_\_

**Musical Ability or other Talents:** \_\_\_\_\_

**Miscellaneous Information:**

How did you hear about this location? \_\_\_\_\_

What reasons most influenced your decision to apply for the SBSCC in Honolulu? \_\_\_\_\_

Do you plan to pursue a University of the Nations degree? \_\_\_\_\_

**Financial Support:**

Do you have your complete school fees? \*\* \_\_\_\_\_ If yes, from where? \_\_\_\_\_

If no, how much do you have at this time? \$ \_\_\_\_\_

If no, how do you plan to pay for your schooling? \_\_\_\_\_

Do you have any outstanding debt? (please explain) \_\_\_\_\_

**\*\*Please keep in mind that complete school fees for lecture phase are due the first day of class.**

*I certify that all the information in this application is complete and accurate. I understand that payment of the required school tuition fees must be made prior to, or upon, my arrival unless otherwise approved by the School Director before my departure to Honolulu, Hawaii. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with the Youth With A Mission training program. I also understand that if for any reason I am unable to complete the school, before the end of the fifth week I will be given a prorated refund and if I leave after the fifth week I forfeit any right to a refund. If I am accepted into the YWAM training program, I will abide by the Spirit, rules and schedule of the school.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release of Liability**

*I/we do hereby release Youth With A Mission, Inc. its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth With A Mission.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Parent or Guardian if the applicant is under 18 years of age.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

**Consent for Treatment**

*In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, that the attending doctor or physician may deem necessary.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Parent or Guardian if the applicant is under 18 years of age.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_



**Youth With A Mission  
Honolulu, Hawaii  
Campus**

**Confidential Reference  
Pastor/Mentor**

**Please return this form to:**

Registrar  
YWAM Honolulu  
2707 Hipawai Pl  
Honolulu, HI 96822 USA

Fax: (808) 988-5618  
Phone: (808) 988-7015

<b>To the Applicant:</b>	<b>To Pastor/Mentor:</b>
Name: _____	Name: _____
School you are applying for _____	Address: _____
Address _____	_____
_____	Phone: _____
<i>/ the above name applicant WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition of admission.</i>	Email: _____
Signature _____	<input type="checkbox"/> Please send me information about YWAM Honolulu

The above named applicant has applied for admission to a University of the Nations accredited school at the Youth With A Mission (YWAM) Honolulu campus. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centers in over 800 locations in over 135 countries. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go therefore, and make disciples of all nations." YWAM Honolulu is a training and evangelistic base from which workers are sent out into all of the world.

It is important to us, as we evaluate our applicants, that we have a good understanding of their character and ministry abilities. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form is appreciated. Thank you!

**Relationship to the Applicant:**

1. My relationship to the applicant is: (circle all that apply): Sr. Pastor   Youth Pastor   Small Grp. Ldr.   Mentor

2. How long has the applicant attended your church? \_\_\_\_\_

3. In your association with the applicant, what has been the level of commitment you have seen exemplified?

(Please circle one)   Faithful   Inconsistent   Other \_\_\_\_\_

4. Did you know prior to receiving this form of the applicant's intention to attend this program? \_\_\_\_\_

5. Does the applicant know Jesus as personal Lord and Savior and display Christ in everyday living? How? \_\_\_\_\_

6. Do you believe that the applicant has a call to missions at this time? \_\_\_\_\_

7. In what areas of ministry has the applicant participated in your church? \_\_\_\_\_

# Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known". Consider the average to be a reasonably well-adjusted individual who is qualified for full-time Christian work.

	Not Known	Poor	Below Average	Average	Above	Excellent
<b>Personal Character</b>						
Self-discipline						
Teachability						
Flexibility						
Perseverance						
Reliability						
Punctuality						
Common sense						
Integrity						
Academic						
Financial responsibility						
Stewardship						
Industriousness						
Response to authority						
Health						

	Not Known	Poor	Below Average	Average	Above	Excellent
<b>Social Adaptability</b>						
Cooperation						
Tactfulness						
Communication skills						
Neatness of person						
Respected by peers						
Positive, contagious spirit						

	Not Known	Poor	Below Average	Average	Above	Excellent
<b>Emotional Maturity</b>						
Self-confidence						
Self-esteem						
Ability to deal with stress						
Accurate view of personal strength/weakness						
Ability to deal w/ interpersonal problems						
Overall emotional maturity						

	Not Known	Poor	Below Average	Average	Above	Excellent
<b>Spiritual Maturity</b>						
Knowledge of the Bible						
Consistency of Christian walk						
Able to share Christ with others						
Concern for others						
Assurance of God's calling						
Respects convictions of others						
Overall spiritual maturity						

	Not Known	Poor	Below Average	Average	Above	Excellent
<b>Leadership Potential</b>						
Initiative						
Willingness to serve						
Decision making ability						
Organizational skills						
Ability to follow						
Ability to motivate others						

	Not Known	Very apparent	Frequently	Sometimes	Rarely	Never Apparent
<b>Have you noticed these tendencies?</b>						
Critical						
Argumentative						
Domineering manner						
Procrastination						
Impracticality						
Irritability						
Anxiety/ Worry						
Moody						
Dependant relationships						
Homosexual relationships						
Eating disorders						
Behavioral disorders						
Drug abuse						
Close-minded						
Emotional instability						
Flirting						
Sexual immorality						
Easily embarrassed						
Easily discouraged						
Prejudice						
Impatience						
Gives into peer pressure						
Arrogant						
Frequent exaggeration						
Lack of humor						
Infatuations						
Dishonest or questionable character						
Involvement with the occult						

## Applicant's Giftings

Please check the appropriate space for each gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known".

	Not Known	Poor	Below Average	Average	Above Average	Excellent
Administration						
Counseling						
Hospitality						
Motivating & training others						
Music						
One – on – one discipleship						
Personal evangelism						

	Not Known	Poor	Below Average	Average	Above Average	Excellent
Prayer						
Speaking /Teaching						
Working with adults						
Working with teens						
Working with children						
Worship						
Other _____						

## Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed". Extra space is available on the back for further comments.

- How does the applicant respond to designated authority and standards? \_\_\_\_\_  
\_\_\_\_\_
- Can the applicant take responsibility and demonstrate leadership? Give examples. \_\_\_\_\_  
\_\_\_\_\_
- Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others. \_\_\_\_\_  
\_\_\_\_\_
- Please comment on the applicant's ability to establish close, healthy relationships with others. \_\_\_\_\_  
\_\_\_\_\_
- How does the applicant deal in relationships with the opposite sex? \_\_\_\_\_  
\_\_\_\_\_
- Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
- Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
- Have you noticed alcohol or tobacco use? \_\_\_\_\_  
\_\_\_\_\_
- Has the applicant ever been arrested? \_\_\_\_\_  
\_\_\_\_\_
- Please comment on the applicant's family background. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Please summarize the applicant's suitability for missionary service, adding any considerations that may influence his/her effectiveness?

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12. Would you recommend the applicant for the YWAM school he/she is applying for? (please mark one and comment if needed)

- Unsuitd
- Average prospect
- At this time, he/she is unsuitd
- Great prospect
- Good prospect, but I have reservations

Please call me, I would like to discuss the applicant over the phone.

**Additional Comments**

<i>Question #</i>	<i>Comments</i>

*I declare that the contents of this confidential reference form are correct to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Youth With A Mission  
Honolulu, Hawaii  
Campus**

**Confidential Reference  
YWAM Leader**

**Please return this form to:**

Registrar  
YWAM Honolulu  
2707 Hipawai Pl  
Honolulu, HI 96822 USA

Fax: (808) 988-5618  
Phone: (808) 988-7015

**To the Applicant:**

Name: \_\_\_\_\_

School you are applying for \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

Signature \_\_\_\_\_

**To YWAM Leader:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**Relationship to the Applicant:**

1. My relationship to the applicant is: (circle all that apply)    School Ldr.                      Small Group Ldr.                      Outreach Ldr.
2. Dates the applicant was under your leadership? \_\_\_\_\_
3. How did the applicant function on outreach? \_\_\_\_\_  
\_\_\_\_\_
4. How did the applicant respond to correction? \_\_\_\_\_  
\_\_\_\_\_
5. Does the applicant tend to determine his/her self-worth by his/her performance and/or approval from others? \_\_\_\_\_  
\_\_\_\_\_
6. How did the applicant deal with community living? \_\_\_\_\_  
\_\_\_\_\_
7. In your opinion, is the applicant called to a career in Christian service? \_\_\_\_\_

# Character Evaluation

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	Not Known	Poor	Below Average	Average	Above	Excellent
<b>Personal Character</b>						
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Frequent exaggeration						
Lack of humor						
Infatuations						
Dishonest or questionable character						
Involvement with the occult						

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Other _____						

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- Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
- Have you noticed alcohol or tobacco use? \_\_\_\_\_  
\_\_\_\_\_
- Has the applicant ever been arrested? \_\_\_\_\_  
\_\_\_\_\_
- Please comment on the applicant's family background. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**Youth With A Mission  
Honolulu, Hawaii  
Campus**

## Confidential Reference Friend

**Please return this form to:**

Registrar  
YWAM Honolulu  
2707 Hipawai Pl  
Honolulu, HI 96822 USA

Fax: (808) 988-5618  
Phone: (808) 988-7015

<b>To the Applicant:</b>	<b>To Friend:</b>
Name: _____	Name: _____
School you are applying for _____	Address: _____
Address _____	_____
_____	Phone: _____
<i>[The above name applicant WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition of admission.]</i>	Email: _____
Signature _____	<input type="checkbox"/> Please send me information about YWAM Honolulu

The above named applicant has applied for admission to a University of the Nations accredited school at the Youth With A Mission (YWAM) Honolulu campus. YWAM is an international, interdenominational Christian missionary organization. Founded in 1960, YWAM now has centers in over 800 locations in over 135 countries. Its purposes include training, challenging and channeling Christians to fulfill Christ's command: "Go therefore, and make disciples of all nations." YWAM Honolulu is a training and evangelistic base from which workers are sent out into all of the world.

It is important to us, as we evaluate our applicants, that we have a good understanding of their character and ministry abilities. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. We would appreciate honest, straightforward responses, evaluating both the assets and liabilities of the applicant. Be assured that your reply will be held in strict confidence. Your prompt attention in completing this form is appreciated. Thank you!

### **Relationship to the Applicant:**

1. My relationship to the applicant is: (circle all that apply):    acquaintance                      close friend                      peer                      mentor
2. How long have you known the applicant? \_\_\_\_\_
3. On a scale of 1-10 (10 = you know them very well), how well do you know the applicant?    1    2    3    4    5    6    7    8    9    10
4. Does the applicant know Jesus as personal Lord and Savior and display Christ in everyday living? How? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is the applicant a reliable friend? \_\_\_\_\_
6. Comment briefly on how the applicant responds to conflict in relationships. \_\_\_\_\_  
\_\_\_\_\_
7. In the applicant's relationships, do they tend to lead or follow? \_\_\_\_\_

# Character Evaluation

Please check the appropriate space for each characteristic according to your knowledge of the applicant. If you have not observed this trait, check "not known". Consider the average to be a reasonably well-adjusted individual who is qualified for full-time Christian work.

Personal Character	Not Known	Poor	Below Average	Average	Above	Excellent
Self-discipline						
Teachability						
Flexibility						
Perseverance						
Reliability						
Punctuality						
Common sense						
Integrity						
Academic						
Financial responsibility						
Stewardship						
Industriousness						
Response to authority						
Health						

Social Adaptability	Not Known	Poor	Below Average	Average	Above	Excellent
Cooperation						
Tactfulness						
Communication skills						
Neatness of person						
Respected by peers						
Positive, contagious spirit						

Emotional Maturity	Not Known	Poor	Below Average	Average	Above	Excellent
Self-confidence						
Self-esteem						
Ability to deal with stress						
Accurate view of personal strength/weakness						
Ability to deal w/ interpersonal problems						
Overall emotional maturity						

Spiritual Maturity	Not Known	Poor	Below Average	Average	Above	Excellent
Knowledge of the Bible						
Consistency of Christian walk						
Able to share Christ with others						
Concern for others						
Assurance of God's calling						
Respects convictions of others						
Overall spiritual maturity						

Leadership Potential	Not Known	Poor	Below Average	Average	Above	Excellent
Initiative						
Willingness to serve						
Decision making ability						
Organizational skills						
Ability to follow						
Ability to motivate others						

Have you noticed these tendencies?	Not Known	Very apparent	Frequently	Sometimes	Rarely	Never Apparent
Critical						
Argumentative						
Domineering manner						
Procrastination						
Impracticality						
Irritability						
Anxiety/ Worry						
Moody						
Dependant relationships						
Homosexual relationships						
Eating disorders						
Behavioral disorders						
Drug abuse						
Close-minded						
Emotional instability						
Flirting						
Sexual immorality						
Easily embarrassed						
Easily discouraged						
Prejudice						
Impatience						
Gives into peer pressure						
Arrogant						
Frequent exaggeration						
Lack of humor						
Infatuations						
Dishonest or questionable character						
Involvement with the occult						

## Applicant's Giftings

Please check the appropriate space for each gifting according to your knowledge of the applicant. If you have not observed this trait, check "not known".

	Not Known	Poor	Below Average	Average	Above Average	Excellent
Administration						
Counseling						
Hospitality						
Motivating & training others						
Music						
One – on – one discipleship						
Personal evangelism						

	Not Known	Poor	Below Average	Average	Above Average	Excellent
Prayer						
Speaking /Teaching						
Working with adults						
Working with teens						
Working with children						
Worship						
Other _____						

## Questionnaire

In answering the following questions, please comment based upon what you know of the applicant. For any questions which you have no knowledge, please write "not observed". Extra space is available on the back for further comments.

- How does the applicant respond to designated authority and standards? \_\_\_\_\_  
\_\_\_\_\_
- Can the applicant take responsibility and demonstrate leadership? Give examples. \_\_\_\_\_  
\_\_\_\_\_
- Comment on the applicant's sensitivity to the needs, feelings, and attitudes of others. \_\_\_\_\_  
\_\_\_\_\_
- Please comment on the applicant's ability to establish close, healthy relationships with others. \_\_\_\_\_  
\_\_\_\_\_
- How does the applicant deal in relationships with the opposite sex? \_\_\_\_\_  
\_\_\_\_\_
- Do you have any reservations concerning the financial integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
- Do you have any reservations concerning the personal integrity of the applicant? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_
- Have you noticed alcohol or tobacco use? \_\_\_\_\_  
\_\_\_\_\_
- Has the applicant ever been arrested? \_\_\_\_\_  
\_\_\_\_\_
- Please comment on the applicant's family background. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**Youth With A Mission  
Honolulu, Hawaii  
Campus**

**Confidential Medical Form**

**Please return this form to:**

Registrar  
YWAM Honolulu  
2707 Hipawai Pl  
Honolulu, HI 96822 USA

Fax: (808) 988-5618  
Phone: (808) 988-7015

**TO THE APPLICANT: THIS INFORMATION IS TREATED AS CONFIDENTIAL.**

Please print or type answers to all questions. As certain medical conditions may preclude acceptance. Part B must be completed by your physician, or physician's assistant. **Less inclusive medicals done for other YWAM bases are not acceptable.**

**SCHOOL YOU ARE APPLYING FOR:** \_\_\_\_\_ **(DTS, SBSCC, SOME) DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo) (yr)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (MI) (mo) (day) (yr)

<p><b>Present Address</b></p> <p>P.O. Box/Street _____</p> <p>_____</p> <p>City _____</p> <p>State/Province _____</p> <p>Postal Code _____ Country _____</p> <p>Phone _____</p>	<p><b>Emergency Contact</b></p> <p>Name _____</p> <p>Relationship _____</p> <p>P.O. Box/Street _____</p> <p>City, State/Province _____</p> <p>Postal Code _____ Country _____</p> <p>Home Phone _____</p>
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**Part A: Personal History**

Please answer all questions and take both Part A and Part B to your physician. Comment on all positive answers in the space below, or on a separate sheet of paper. **The omission of health history problems or incomplete explanation of the same can lead to removal of acceptance status.**

Have you ever had, or do you now have, any of the following:

**Females Only:**

	No	Yes
Skin Condition		
Eye Trouble		
Ear Trouble		
Head Injury		
Recurrent Headaches		
Epilepsy		
Fainting Spells		
Mental/Nervous		
Weakness		
Paralysis		
Insomnia		
Shortness of breath		
Hay fever		
Asthma		
Hepatitis		
Recurrent Diarrhea		
Kidney Disease		
Venereal Disease		

	No	Yes
Low blood pressure		
Allergy: Bee Stings*		
Allergy: Penicillin		
Allergy: Sulfonamides		
Allergy: Serum		
Allergy: Food (specify)		
Tumor/Cancer		
Heart Trouble		
Rheumatism/Arthritis		
Back Problems		
Dislocation of Joints		
Broken Bones		
Stomach/Duodenal Ulcer		
Gall Bladder Problems		
Jaundice		
Intestinal Troubles		
Diabetes		
Anemia		

	No	Yes
Chicken Pox		
Measles (Rubella)		
Measles		
Mumps		
Pertussis		
Scarlet Fever		
Tuberculosis		
Other (specify)		

	No	Yes
Irregular Periods		
Severe Cramps		
Excessive Flow		
Are you Pregnant		
Previous Pregnancies		

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If you are allergic to bee stings, you must bring your own up – to – date reaction kit

I have specific need for counseling in the following area(s): \_\_\_\_\_  
\_\_\_\_\_

Do you wear contact lenses or glasses?    \_\_\_No                    \_\_\_Yes                    Specify: \_\_\_\_\_

Have you been tested for HIV?                    \_\_\_No                    \_\_\_Yes                    If "yes", were the results    \_\_\_Neg                    \_\_\_Pos?

**SURGERIES PERFORMED:**

Date (month/year)                    Type of Surgery                    Outcome and long-term effects

Date (month/year)	Type of Surgery	Outcome and long-term effects

**X-RAYS PERFORMED:**

Date (month/year)                    Type of X-Ray                    Result

Date (month/year)	Type of X-Ray	Result

Are you at present under a doctor's care for any condition?    \_\_\_No    \_\_\_Yes                    If "yes", please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you taking any medication at this time?    \_\_\_No    \_\_\_Yes                    If "yes", please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ARRANGE TO BRING ALL NECESSARY LONG-TERM MEDICATIONS WITH YOU**

Do you now have, or have you ever received, any compensation for disability from any sources?    \_\_\_No    \_\_\_Yes  
If "yes", please specify: \_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY:**

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

	No	Yes	Relationship
Tuberculosis			
Diabetes			
Kidney Disease			
Heart Disease			
Arthritis			
Asthma, Hay Fever			
Stomach Disease			
Epilepsy, Convulsions			



**TUBERCULOSIS CONTROL** (within one year of the school)

One of the following:	Date	Result	Examination Facility
Chest X-ray			
Skin Test*			

\*If your skin test is positive you MUST have a chest X-ray.

Date of last DT (Diphtheria/Tetanus) booster: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_ (must be within the last 5 years)

Height: \_\_\_\_\_ / \_\_\_\_\_ Weight: \_\_\_\_\_ Overweight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Visual Acuity (without glasses): R \_\_\_\_\_ L \_\_\_\_\_ (with corrective lenses) R \_\_\_\_\_ L \_\_\_\_\_

Urinalysis: \_\_\_\_\_ Last Pap Smear (not compulsory): \_\_\_\_\_

Are there any abnormalities of the following systems? Please describe fully.

E. N. T. \_\_\_\_\_

Ophthalmological \_\_\_\_\_

Teeth \_\_\_\_\_

Neurological \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Respiratory \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Endocrine \_\_\_\_\_

Lymphatic \_\_\_\_\_

Dermatological \_\_\_\_\_

Hernial Orifices \_\_\_\_\_

Urological \_\_\_\_\_

Psychiatric \_\_\_\_\_

Recommendations For Follow-up Tests / Treatment: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

How long has this patient attended your office? Yrs. \_\_\_\_\_ Mo. \_\_\_\_\_ Wks. \_\_\_\_\_

PHYSICIAN'S RECOMMENDATION: \_\_\_\_\_ Acceptable Without Limitations \_\_\_\_\_ Not Acceptable

\_\_\_\_\_ Acceptable With Limitations (specify) \_\_\_\_\_

\_\_\_\_\_ Should Remain In Areas Where Adequate Medical Care Is Provided



**Youth With A Mission  
Honolulu, Hawaii  
Campus**

## Commitment to Moral Conduct

**Please return this form to:**

Registrar  
YWAM Honolulu  
2707 Hipawai Pl  
Honolulu, HI 96822 USA

Fax: (808) 988-5618  
Phone: (808) 988-7015

Youth With A Mission Honolulu is for Christians who are committed to the Great commission (Matthew 28:18-19) which includes living a godly life worthy of example. Your time here will be enjoyable, rewarding and challenging. We are committed to helping you grow as a disciple of Jesus and we look forward to your being here. However, being a disciple of Jesus includes taking responsibility for your life and conduct. Please read the following carefully:

As we read the Bible, there are guidelines for conduct that are “absolute” such as the Ten Commandments. But then, there are areas that are not so clearly defined, and this is where we run into “cultural sins” such as Paul describes in Romans 14. These are situations relative to the way we were taught, which may or may not be considered as a sin to others. We know that only God can judge the heart. But depending on how we were raised and what our parents, pastors, and other authority figures taught us, these issues can often be quite sensitive.

Approximately 90% of the evangelical community of the world (Africa, Asia, and the Americas) consider alcoholic drinks and tobacco products totally off limits. Often in these contexts, alcohol and tobacco use is viewed as a sign that someone does not know God or is turning away from Him. God has blessed YWAM with training bases that draw in and send out “internationals”, so it is important that as a family we understand and honor one another in our conversation and actions.

While you are here in Honolulu and on outreach, we ask you to take the most conservative view in order not to stumble the largest percent of believers internationally. What ever your personal conviction may be we ask that you refrain from drinking alcohol and using tobacco products during your school. This is not meant to be legalistic, but to live by the law of love.

Therefore if you do have a dependency on alcohol or tobacco products we would ask that you would use the remainder of your time before your time with YWAM Honolulu to quit. The use of these products during your school can be grounds for dismissal. The use of illegal drugs is strictly prohibited. If you have any dependency on these we ask that you would seek professional help and apply for your school at a later time. The use of illegal drugs is grounds for immediate dismissal. If you are able to refrain from the use of tobacco and alcohol while during your school please sign and return this form with your application.

*During the period while attending a YWAM Honolulu School, I will maintain the highest moral standards and maintain a clear personal witness through proper conduct. I will not drink alcoholic beverages or use any type of tobacco product or illegal drugs.*

*I have read and agree with all of the above. I understand that if I do not abide by these conditions of the signed covenant, I may be asked to leave.*

Student name (please print) \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

# Statement of Burial/Mediation

## Youth With A Mission

### Honolulu Campus

We at Youth With a Honolulu, encourage each YWAM staff, prospective student, and volunteer to seriously consider some possible consequences of missions work and training. Although death is extremely rare in service with Youth with A Mission internationally, it is nevertheless an experience that awaits each one of us eventually. It is important that we all prepare for such possibilities and have a clear plan of action if such instances arise during our time of study or service within Youth With A Mission.

In extensive travel in less developed countries, diseases are more prevalent, fatal accidents, sickness and mishaps can occur. Youth With a Mission Honolulu does everything possible to protect staff and students while on the field, but death is something that can occur. In these countries, burial is often a real problem. We would strongly encourage burial on the field, as decay can start very quickly. Shipping a body home could cost several thousand dollars. Often a special expensive coffin is required by law in some countries as well as having someone accompany the coffin on the return journey.

We endeavor to maintain a Christian view of death, it is not the final step but just a passage; the person is not in the coffin, just his/her earthly shell. Therefore the priority for limited resources on outreach must be for living.

In case of death, Youth With a Mission Honolulu cannot commit to cover the expenses of burial or transport home from the country of death (developed or non-developed countries alike.) If the family desires to see a body transported back home, the family must incur the entire cost. Any burial costs incurred while on outreach (in the country that the death and burial occurs) are the responsibility of the deceased's family as well.

Note: It is the responsibility of every individual or family (staff or volunteer) to have the Field Burial or Death Related Remains Transport Insurance, not Youth With a Mission Honolulu.

I agree that in case of my death while on outreach in conjunction with Youth With a Mission Honolulu, that they may carry out the burial in the location of the deceased. If my family desires to see the body shipped home, they will agree to cover all expenses incurred. I hereby absolve Youth With a Mission Honolulu, its staff and associates, from any responsibility for burial costs.

**Applicants Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*-If applicant is under 18 years of age, the signature of parent or legal guardian is required-*

**Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Children:**