



Dear Applicant,

Thank you for your interest in the YWAM Tampa Discipleship Training School (DTS). We have been training pastors, missionary candidates, musicians and Christian performers for over thirty years.

The school is divided into 2 phases: The lecture phase and the outreach. The 12-week lecture phase will include all of your tuition, housing and food. You will be involved in worship and intercession and receive teaching from seasoned missionaries and teachers on subjects like Hearing the Voice of God, Guidance, Spiritual Warfare, Intercession, Cross-Cultural Evangelism, Character of God and Father Heart of God.

Our outreach will be 8 weeks long. The outreach is an exciting time of using the gifts and talents God has given you to reach out to a hurting and lost world. We will be ministering in a wide variety of venues: villages, schools, orphanages, churches and university campuses.

Upon completion of your DTS, you will receive 20 college credits through the University of the Nations (U of N). DTS graduates are eligible to apply for staff positions in YWAM International, YWAM Tampa Bay or attend other U of N courses.

We look forward to hearing from you!

In His amazing grace,
Art & Ellen Sanborn
YWAM Tampa Bay Directors



GUIDE TO COMPLETING THE DTS APPLICATION

Thank you for applying to YWAM Tampa! May you know the Lord's grace as you seek His direction in order for us to process your application, we must receive all the following completed forms. If a question does not apply to you, write N/A in the blank. Husbands and wives enrolling as students must complete separate applications.

- 1. Checklist:** Include a photograph.
- 2. Application Form**
- 3. Application Fee.** A nonrefundable Application Fee of \$20US for an individual and \$30US for a couple is to be forwarded with the application.
- 4. Reference Form.** We request 3 leaders fill out the reference form and send it directly to YWAM Tampa
- 5. Health Form.** Please complete this form and return it directly to YWAM Tampa. These forms must also be submitted for your children.

IMPORTANT: All students are encouraged to apply early, and generally no later than two weeks prior to the start of school for U.S. students; and, for non-U.S. citizens, three weeks prior to the start of school. Enrollment in some courses is full many months in advance.

- **You must obtain or apply for a passport BEFORE COMING!**

Please direct all forms to: **YWAM Tampa Bay**
34077 Eiler Blvd.,
Webster, FL 33597
Or to our email address:
E-mail : ywamtampabay@gmail.com



PLEASE INCLUDE THIS PAGE WITH YOUR COMPLETED APPLICATION CHECKLIST:

YES, I have enclosed the following...

____ **Recent passport size photograph of myself** (*may be used for display so make sure that you like this picture*)

____ **Application Fee** (\$20 single/ \$30 couple)

____ **Student Application Form**

____ **Health Form**

REFERENCES

** Please send out all reference forms to the appropriate persons immediately as we cannot process your application until we receive them. These forms are confidential!*

Names & Addresses of those you sent your reference forms to:

PASTOR / CHRISTIAN LEADER

NAME: _____ EMAIL: _____

CHURCH NAME: _____

FRIEND / PARENT / YWAM SCHOOL LEADER

NAME: _____ EMAIL: _____

FRIEND / PARENT / YWAM SCHOOL LEADER

NAME: _____ EMAIL: _____

PLEASE SEND ALL ABOVE INFORMATION TO:

ywamtampabay@gmail.com or mail to:

*Attn: Registrar
YWAM Tampa Bay
34077 Eiler Blvd.
Webster, FL 33597*



Application Form

School applying for: Performing Arts Discipleship Training School (PA DTS)

Name: _____

Address: _____

Age: _____ Birth date: _____ Place of Birth: _____

Sex: (please circle one) Male Female

E-mail: _____ Phone: _____

Date of application: _____ Ethnic background: _____

Marital status: (Please circle one) Single Engaged Married Divorced Separated Widowed

Do you speak English well enough to understand lectures in English? Y / N

Languages spoken: _____

PASSPORT INFORMATION

*You must obtain or apply for a passport **BEFORE COMING!***

Your passport needs to have a minimum at least 6 months
remaining before the expiration date.

Name as listed on passport: _____

Passport Number: _____

Country of Citizenship: _____

Place where passport was issued: _____

Passport expiration date: _____



MINISTRY QUESTIONS

(Attach a separate piece of paper if you need more space.)

1) What church do you attend? _____

2) In what ways do you serve you church? (example: lead worship, teach Sunday School)

3) Do you hope to use the Performing Arts in full time Christian ministry?

4) Check all the areas that you believe you have a fairly good level of skill:

- | | |
|------------------------------|-----------------------|
| _____ Theater: | _____ Dancing: |
| _____ Directing | _____ Choreography |
| _____ Acting | _____ Tap |
| _____ Stage Management | _____ Jazz |
| _____ Set Design or Building | _____ Ballet |
| _____ Makeup | _____ Acrobatics |
| _____ Costumes | |
| _____ Scriptwriting | |
| _____ Music: | |
| _____ Singing | _____ Worship |
| _____ Instruments | _____ Composing |
| _____ Worship | _____ Song writing |
| _____ Musical Theater | _____ Other |

Explain:

_____ Musical Instruments: _____



5) Which of the areas mentioned above do you have training in?

6) What other areas of ministry do you feel you have giftings in? (i.e teaching)

7) What do you hope to learn and achieve while attending this course?

8) What are some of your hopes and dreams? Your reply can be just a few paragraphs below or attach a separate page.



9) Do you have a call to full time missions or church work?

- Yes
- No

10) Please describe your conversion experience and present relationship with the Lord.

11) How would you describe your relationship with your family?

12) How does your family feel about your plans to attend this DTS?



IN CASE OF EMERGENCY CONTACT:

Name: _____

Address: _____

Phone: _____ E-mail: _____

Your Emergency information:

Blood type: _____

Allergies to drugs (please list) _____

CONSENT FOR TREATMENT:

In case of emergency, I give my consent for medical attention and treatment, including anesthesia and surgery, as the attending physician deems necessary.

Applicant's signature: _____ Date: _____



FINANCIAL INFORMATION:

Will you have your complete school tuition at the time of enrollment? _____

If not, from what source will it come? _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I understand that payment of tuition fees for the lecture phase must be made on or before the first day of class unless otherwise approved by the school leader before my departure for Florida. If I am accepted by YWAM Tampa and the University of the Nations, I promise to abide by the spirit, rules and schedule of the school.

Signature: _____ Date: _____

RELEASE OF LIABILITY

I hereby release University of the Nations and Youth With A Mission, Inc., it's staff, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss.

Signature: _____ Date: _____

Please send your application to : **YWAM Tampa Bay School Registrar**
34077 Eiler Blvd.
Webster, FL 33597

Or send it as an attachment via E-mail to: ywamtampabay@gmail.com