



Dear Applicant,

Thank you for your interest in the YWAM Tampa Musical Theater Seminar (MTS). We have been training musicians and Christian performers for over thirty years.

The school is divided into 2 phases: The lecture phase and the outreach. The 6-week Rehearsal phase will include all of your tuition, housing and food. You will be involved in crafting performances for outreach.

Our outreach will be 6 weeks long. We will travel to English speaking nations to present our evangelistic performances. It is likely we will be in Singapore and Malaysia and will present our shows to a wide variety of venues including, churches, malls, campuses, schools, etc...

The application-form is 9 pages (includes this cover letter). You will also need to complete the health forms. Please give the 3 reference forms to friends and pastors. Those should be mailed directly to us.

We look forward to hearing from you!

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



GUIDE TO COMPLETING THE MTS APPLICATION

Thank you for applying to this University of the Nations school with 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:** Don't forget to include a photograph.
- ☐ **2. Application Form (P.001).** This form must be filled out for any initial course you wish to apply for. Note: All dates are requested in an international format: day, month, year. (4pgs)
- ☐ **3. Application Fee: A nonrefundable Application Fee of \$20US for an individual and \$30US for a couple is to be forwarded with the application. Your application cannot be processed without it.**
- ☐ **4. Reference Form (P.002).** After you sign and enter your course and date, give one form to your pastor, one to a parent (or friend) and a third to a friend. Ask them to complete the form and mail it directly to YWAM Tampa. Please list their names and addresses on the application checklist. We must receive all three references BEFORE we can process your application. (3 references)
- ☐ **5. Health Form (P.003).** Please complete this form and return it directly to YWAM Tampa. These forms must also be submitted for your children. (4pgs)
TUBERCULOSIS (TB) CLEARANCE. YWAM Tampa requires that all students and children must be tested for TB, to show evidence of a negative skin test or clear chest X-ray. Please fill in this information on the P.003 or on a separate report. Documentation must clearly indicate the test performed, the results, and the examination facility where the test was performed.
- ☐ **6. IF YOU INTEND TO ENROLL IN A U OF N DEGREE PROGRAM, WE NEED THE FOLLOWING:**
 - a. **Transcripts.** You must request that a transcript of your High/Secondary School and/or College/ University/ Seminary record to be sent to U of N. (A transcript or letter of good standing is required even if no credits were earned.)
 - b. **Proficiency/Aptitude Test for International Students** from countries where 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, 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 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: Musical Theater Seminar (MTS)

Name: _____

Address: _____

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

Sex: (please circle one) Male Female

E-mail: _____

Phone: _____ or Mobile phone: _____

Date of application: _____

Ethnic background: _____

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

Languages spoken: _____

PASSPORT INFORMATION

You must obtain or apply for a passport BEFORE COMING!

Your passport must 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

(You can attach a separate piece of paper if this isn't enough space.)

1) Do you have a call to full time ministry?

Yes

No

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

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

3) How does your family feel about your plans to attend this School?

4) What church do you attend? _____

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

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



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

___ Directing	___ Makeup
___ Acting	___ Set Design or Building
___ Stage Management	___ Composing
___ Costumes	___ Song writing
___ Dancing: ___ Tap ___ Worship ___ Jazz ___ Ballet ___ Acro	___ Singing: ___ Musical Theater ___ Worship
___ Choreography	___ Scriptwriting
___ Musical Instruments: _____	

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

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

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



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

Multiple horizontal lines for writing a response to question 7.

Statement of Belief

It is important, if we are going to minister together that we can all agree on foundational Christian understandings. If you agree with the following statements, then it will make our team effective in reaching those who don't know the Good News of Jesus.

- I believe the Bible to be the inspired, the only infallible, authoritative Word of God.
I believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
I believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
I believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
I believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
I believe that God can redeem the arts for His use.

Applicant's signature: _____ Date: _____



IN CASE OF EMERGENCY CONTACT:

Name: _____

Address: _____

Phone: _____ E-mail: _____

Your Emergency information:

Height: _____ Weight: _____ Blood type: _____

Medications (Please explain what the medication is for)

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