



# STUDENT APPLICATION FORM

Thank you for applying to YOUTH WITH A MISSION, Media Village  
It is our prayer that you use the skills in media as tools for nation building.

In order for us to process your application, we must receive **all** the following completed forms.  
If a question does not apply to you, please write N/A in the space.  
Husbands and wives enrolling as students must complete separate applications.

1. **Application fee.** A non-refundable **Application fee** of N 2000 (\$17) is to be forwarded with the application. Cheques and Bank Drafts made out to "MV DIGITALPRODUCTIONS" Bank details:  
**Bank: Access Bank PLC, Account Name: MV DIGITAL PRODUCTIONS LIMITED, AccountNumber: 0021527078**  
**Your application cannot be processed without it.**
2. **Application form / Health form / Physicians Evaluation.** These forms must be completed by you / your doctor for any *initial* school you wish to do at YWAM.
3. **Life questions.** Please prayerfully answer the life questions on a separate sheet of paper and attach it to your application form. The reason for these personal questions is to help us to more accurately assess your application and, once accepted, to help us understand you as a person. Please be assured that your application will be treated with the strictest confidence. These only have to be completed for every initial school you do at Media Village.
4. **Financial agreement** Please read carefully, complete and sign the **Financial Policy** and **Indemnity Form**. Please note that signing this form commits you to payment of the fees as set out in the **Financial Policy**.
5. **Reference forms.** On each of the **three Confidential Reference Forms** fill in your name, the school you are applying for and the starting date. Then hand one to your pastor/minister and one each to two other people who know you well e.g. employer, teacher, friend. ***If you have taken a YWAM course previously or been on YWAM staff, one of your references must be from your most recent school leader or supervisor.*** Ask them to complete the form and post it directly to Media Village Nigeria.
6. **Photographs.** Please submit a recent **passport-size** photograph with your application.

Please send all forms or address inquiries to:

**The Registrar  
Media Village  
P O Box 231  
Jos, Nigeria**

**Tel:** (+234) 8036214868  
**E-Mail:** [mediavillagenigeria2005@gmail.com](mailto:mediavillagenigeria2005@gmail.com)  
[mediavillagenigeria@yahoo.org](mailto:mediavillagenigeria@yahoo.org)  
**Web:** [www.mediavillagenigeria.org](http://www.mediavillagenigeria.org)

**Foreign Students:** To study in Nigeria you have to apply for a study permit visa, which may take some time. Therefore we may not be able to accept you if your forms arrive **less than one month** before the school. Should the time you have to return your forms be limited, we suggest you email the forms and post the originals, plus photograph and application fee

These applications are only available in English. As we are an international mission, we have found it necessary to restrict all our lectures, information and correspondence to English as it is the most universally understood language.

**NB** All of our schools are full-time residential training courses. It is not possible for students to pursue other courses of study or part-time employment while taking a U of N course.

# STUDENT APPLICATION FORM

School being applied for: \_\_\_\_\_ Starting month: \_\_\_\_\_

## PERSONAL INFORMATION

Mr/Mrs/Miss \_\_\_\_\_  
Surname First name Middle name Preferred name

Current address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country \_\_\_\_\_ Valid until: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Permanent address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_ Valid until: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth:     /     /     Age:     Birthplace: \_\_\_\_\_ Sex: ! Male ! Female  
dd mm yy

## CHURCH DETAILS:

Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## MARITAL STATUS

! Single ! Engaged ! Married ! Separated  
! Divorced ! Remarried ! Widowed

Spouse's name: \_\_\_\_\_

Date of Birth:     /     /     Age:      
dd mm yy

## DEPENDENTS

Names of children accompanying you:

Surname First name Birth date Sex

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY INFORMATION

In case of an emergency, contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## PASSPORT INFORMATION

Name as listed on passport:  
\_\_\_\_\_

Country of citizenship: \_\_\_\_\_

Passport No.: \_\_\_\_\_

City & country where passport issued:  
\_\_\_\_\_

Date passport issued: \_\_\_\_\_

Expiry date: \_\_\_\_\_

**NB:** If your spouse is accompanying you, and **not** also applying for a YWAM school please give the above details concerning his/her passport on a separate piece of paper and attach it to your application.

# FINANCIAL POLICY

Media Village, YOUTHWITHA MISSION is an international, non-profit, faith ministry and is not underwritten by any group, church or denomination. The school programmes are not subsidized from outside sources and the costs are met largely by the students' fees although reliance is placed on God to provide the equipment and property needed to back such a programme. You will be expected to provide your fees as listed below.

As you do the possible - use savings, earn money, sell things you do not need - God will do the impossible as you trust and have faith in Him. Where God guides, He also provides.

*Students are advised that they are required to vacate Media Village accommodation on the day the school ends.*

## THE COSTS

We have a category system in operation on this base which aims to enable all students regardless of social or economic backgrounds to attend our training programs.

School fees (Please note this is subject to change)

A	USD 500	All non-African applicants
B	NGN 100 000 (USD 300)	All applicants who are holders of African passports and who currently reside in Africa
C	NGN 85 000 (USD 250)	Reserved for Nigerians

We believe that this fee scale reflects an understanding of a loving God who is fully committed to justice and meeting people within the reality of their circumstances. The reality in the world is that not all currencies have equal value, yet our desire is to see people from all over the world receive quality training. In order to do this, we have scaled the fees so that category B is the average fee required to train students in Media Village Nigeria. Category A is still cheaper than anywhere in the first world, yet it affords us the ability to subsidize third world students, thereby empowering them to participate in a high standard school without any compromising necessary. We believe that this financial scale is an attempt to act justly according to an internationally recognized non-arbitrary standard.

### **Please note:**

The school fees are for a **three-month semester** and include **accommodation, meals and tuition**.

*(Costs for the outreach/internship, after the lecture phase, are in addition to the school fees. This will be determined during the lecture phase and will be each student's responsibility,*

### **Other costs:**

**Cost per spouse not attending school**

**Costs for children per 3 month semester**

**Under 2 years**

**A**

**B & C**

**2 - 12 years**

**N 30, 000**

**N 15 000**

**13 years & over**

**N 50, 000**

**N 20 000**

**An airport/station collection fee from Abuja: N25, 000**

**From Jos: N5, 000**

## PAYMENT

**Fees** must be paid **in full** on the **registration day** for each school, *unless a prior written arrangement has been made with the Training Director.*

**(In line with the policy of the University of the Nations, students who are unable to meet their financial obligations will not be allowed on any school. Please contact us before you arrive.)**

## PROCEDURE FOR NON-COMPLETION OF A SCHOOL

Should a student not complete a school a proportionate refund per uncompleted week of that school for board and lodging may be made. The student will still be responsible to pay the total tuition fees for the school. If a refund is made, it will only be for the non-tuition portion which covers administration costs, board and lodging and other expenses incurred directly as a result of that student's attendance.

# FINANCE AGREEMENT & INDEMNITY FORM

Please complete this form and return it with the application form

## FINANCIAL INFORMATION (If you need more space, please use a separate sheet)

1. Do you have any outstanding debt?    ! NO            ! YES    If yes,
  - a. How much does it total? \_\_\_\_\_
  - b. How and by when will it be repaid? \_\_\_\_\_
  
2. Do you have sufficient finance to pay for your training?    ! YES        ! NO  
If no, how do you intend raising it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I/We have read and understand the Financial Policy of Media Village Nigeria. I/We understand that the payment of the required school fees must be made prior to or at registration, unless otherwise approved in writing by the Training Director, before my departure for Media Village Nigeria. Further, I agree to meet in a timely manner, prior to the completion of the school, all personal expenses incurred during my involvement with Media Village.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Parent/Guardian required if applicant is under 18 years of age

## INDEMNITY

I/We do hereby agree that I will not hold Media Village Nigeria, its staff, agents and volunteer assistants responsible for any illness, injury, damage or loss incurred by said person(s) during the course of involvement with Media Village Nigeria.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Parent/Guardian required if applicant is under 18 years of age

# CONFIDENTIAL HEALTH FORM

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

School: \_\_\_\_\_

**PERSONAL HISTORY**

Please answer **ALL** questions. Explain any 'YES' answers in the space below or on a separate sheet of paper.

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

	YES	NO		YES	NO		YES	NO
Skin conditions	!	!	Shortness of breath	!	!	Stomach/Duodenal Ulcer	!	!
Eye trouble	!	!	Hay Fever/Asthma	!	!	Gall bladder problems	!	!
Ear trouble	!	!	Heart trouble	!	!	Jaundice	!	!
Head injury	!	!	High blood pressure	!	!	Hepatitis	!	!
Recurrent headache	!	!	Low blood pressure	!	!	Intestine troubles	!	!
Epilepsy	!	!	Rheumatism/Arthritis	!	!	Recurrent diarrhoea	!	!
Fainting spells	!	!	Back problems	!	!	Diabetes	!	!
Kidney Disease	!	!	Dislocation of joints	!	!	Mental/Nervous Disorders	!	!
Weakness	!	!	Broken bones	!	!	Anaemia	!	!
Paralysis	!	!	Eating disorders	!	!	Venereal disease	!	!
Insomnia	!	!	Anorexia Nervosa	!	!	Tumour; Cancer	!	!
Allergy	!	!	Bulimia	!	!	<b>FEMALES ONLY</b>		
" Penicillin	!	!	Surgery	!	!	" Irregular Periods	!	!
" Sulfonamides	!	!	" Appendectomy	!	!	" Severe cramps	!	!
" Serum	!	!	" Hernia repair	!	!	" Excessive flow	!	!
" Other - specify	!	!	" Tonsillectomy	!	!	" Are you pregnant?	!	!
" Food - specify	!	!	" Other - specify	!	!	" Previous pregnancies	!	!

Have you ever had any of the following COMMUNICABLE DISEASES?

	YES	NO		YES	NO
Chickenpox	!	!	Whooping Cough	!	!
German Measles (Rubella)	!	!	Scarlet Fever	!	!
Measles (Rubeola)	!	!	Tuberculosis	!	!
Mumps	!	!	Other - Specify: _____		

OTHER / If you answered YES to any of the above questions, please explain:

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Are you now under doctor's care for any condition? ! NO ! YES - Specify \_\_\_\_\_

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Are you taking any medication at this time? ! NO ! YES - Specify: \_\_\_\_\_

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Do you have any physical handicaps or health conditions, which require special attention? ! NO ! YES - Specify: \_\_\_\_\_

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Do you have a history of emotional instability or psychiatric treatment? ! NO ! YES -Specify: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Do you wear glasses or contact lenses? ! NO ! YES -Specify: \_\_\_\_\_

How would you rate your health condition? ! Excellent ! Good ! Fair ! Poor

Do you now have or have you ever received any compensation for disability from any sources? ! NO ! YES  
-Specify: \_\_\_\_\_

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## FAMILY HISTORY

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

YES	NO	RELATIONSHIP	YES	NO	RELATIONSHIP
!	!	Tuberculosis	!	!	Arthritis
!	!	Diabetes	!	!	Stomach Disease
!	!	Kidney Disease	!	!	Asthma/Hay Fever
!	!	Heart Disease	!	!	Convulsions/Epilepsy
!	!	Hypertension	!	!	Cancer

Is there anything that you think we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

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## IMMUNIZATIONS

Because of the nature of mission work, there is a high risk of exposure to communicable diseases.

**YOUTH WITH A MISSION DOES NOT TAKE RESPONSIBILITY FOR ANYONE WHO GETS THE BLOOD OR BODY FLUIDS OF ANOTHER PERSON AND THEREBY CONTRACTS HIV, ANY OTHER COMMUNICABLE DISEASE.**

**Media Village** strongly advises each prospective student to ensure that the following received BEFORE coming to the school.

**CONTAMINATED BY  
HEPATITIS OR**

- Injectable or oral **Polio vaccine**
- **Tetanus toxoid** injection if last injection was 5 years ago
- **Typhoid** vaccine
- **Hepatitis A** vaccine x 3 injections
- **Hepatitis B** vaccine x 3 injections
- **Meningitis** vaccine

IMMUNIZATIONS are

## MALARIA

You will not need malaria prophylaxis during your time in Muizenberg.

You will need it if you go to a malaria area during your outreach.

These drugs are readily available in Cape Town.

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## CONSENT FOR TREATMENT

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

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Parent/Guardian required if applicant is under 18 years of age

# PHYSICIAN'S EVALUATION

Name of Applicant: \_\_\_\_\_ School: \_\_\_\_\_

**TO THE PHYSICIAN:**

The above-named person has applied for service with Media Village Nigeria. This programme will require good health and endurance. Please fill out the portion below and make any additional comments. Thank you.

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ ECG (Over 40) \_\_\_\_\_

Visual acuity: (Without glasses) R \_\_\_\_\_ L \_\_\_\_\_ (With glasses) R \_\_\_\_\_ L \_\_\_\_\_

Hearing: R \_\_\_\_\_ L \_\_\_\_\_

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

	NO	YES	Please describe
Ears/Nose/Throat	!	!	_____
Eyes	!	!	_____
Neurological	!	!	_____
Cardiovascular	!	!	_____
Respiratory	!	!	_____
Musculoskeletal	!	!	_____
Endocrine	!	!	_____
Lymphatic	!	!	_____
Dermatological	!	!	_____
Hernial Orifices	!	!	_____
Gynaecological	!	!	_____
Urological	!	!	_____
Psychiatric	!	!	_____

Would he/she be able to walk 5 - 10 kilometers per day?     YES             NO

Additional comments: \_\_\_\_\_

**PHYSICIAN'S RECOMMENDATION:**

- ! Acceptable without limitations                      ! Acceptable with limitations -Specify: \_\_\_\_\_
- ! Not acceptable    ! Should remain in areas where adequate medical care is provided

Physician's name: (Print) \_\_\_\_\_

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

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Physician's signature/stamp: \_\_\_\_\_

# LIFE QUESTIONS

Please answer the following questions on a separate sheet of paper.

## A. SPIRITUAL LIFE

1. Describe your conversion experience, stating how long you have been a Christian.
2. What subsequent spiritual highlights have you had?
3. Describe your sense of call and goals that would be served by this course. What are the circumstances that have also played a part in you believing this is the place to be at this time in your journey?

## B. CHURCH LIFE

1. Of which church are you presently a member?
2. Describe how you have been involved in the local church in the last 5 years.
3. In what ways are your home church supportive or not supportive of your participating in this YWAM school? Do you know if your church will be participating in your financial support?
4. If you have had roles of leadership in ministry, counselling or other church work, would you briefly describe it?

## C. PERSONAL LIFE

1. If you are under the age of 18, what are your parent's feelings about you attending a YWAM school?
2. Did both your parents raise you? If not, please give details.
3. Describe your present relationship with your parents and the rest of your family.
4. If you have ever been involved in the following, would you please describe to what degree you were involved, and what steps you have taken for repentance and restoration. How long has it been since you have been free of any of the following:  
A. drug abuse      B. alcohol abuse      C. occult practice      D. sexual immorality      E. smoking
5. What are your interests and hobbies? List also your skills, abilities and talents (music, computers, carpentry, sewing, first aid, etc.)
6. Youth With a Mission is an international, multicultural mission that is called to mobilise all of God's people in a spirit of unity to accomplish the Great Commission. Are there any races that you find difficult to accept as fellow sisters and brothers in the Lord? Please Describe.
7. Have you ever been convicted of a crime? If so, please describe.

## D. YWAM BACKGROUND INFORMATION– For students attending second level schools only

1. Please list all YWAM schools that you have done, as well as outreaches, complete with dates and locations.
2. If you have held any staff positions in the past, please list work position, location, dates and supervisor.

**(Please arrange for your most recent school leader or supervisor to send one of your Reference Forms)**

## E. OTHER

1. For DTS students: How and from whom did you hear about YWAM?
2. Give your educational qualifications, and where you obtained them, both high school and post high school.
3. Please identify and indicate your proficiency in the languages that you speak: On a scale of 1 – 10: 1 - elementary speaking; 10 – mother tongue.
4. List the names, addresses, telephone & fax numbers and e-mail address (if applicable) of the **three** people you have handed the confidential reference forms to.
5. You will likely be living under pioneering conditions with different races, cultures, foods and lifestyles. Living quarters will be dormitory style and quarters will be small for families, often with children housed in the room with their parents. Are you prepared to adjust to the changes and to accept the conditions with grace from the father?
6. If applicable: a. List your previous employers and the positions you have held for the last five years.  
b. Should you be accepted, by when will you have to notify your company?
7. Is there **anything else** that you would like to tell us about yourself that would help us to know you better?

*I am willing to commit myself to the YWAM leadership and cooperate with them at all times.*

*I declare that the contents of this application form and the additional answers to the Life Questions are correct.*

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# CONFIDENTIAL REFERENCE FORM

Name of applicant: \_\_\_\_\_

School: \_\_\_\_\_ Starting Month: \_\_\_\_\_

The above named applicant has applied for admission to the above-named school aMedia Village Nigeria. In order to adequately evaluate the applicant for admission, we would appreciate your supplying the information requested on this form. Your comments will help us to make a wise decision in accepting the applicant and to effectively meet his/her need should he/she be accepted into the programme applied for

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity?

<b>CHURCH</b>	Pastor	Home group leader	Other	_____
<b>BUSINESS</b>	Employer	Supervisor	Co-worker	Subordinate
<b>SCHOOL</b>	Principal	Teacher	Other	_____
<b>SOCIAL</b>	Family friend	Personal friend	Other	_____
<b>YWAM</b>	School leader	Flock group leader	Other	_____

3. On a scale of 1-10, how well do you feel you know the applicant? (1=very little; 10=intimately)  
(Circle one) 1    2    3    4    5    6    7    8    9    10

4. For how long has the applicant attended your church or been involved in your programme?  
(if applicable) \_\_\_\_\_

5. In what ways has the applicant been involved in the church or your programme?  
\_\_\_\_\_  
\_\_\_\_\_

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

!      Faithful      !      Inconsistent      !      Other: \_\_\_\_\_

7. Please describe in your own word how you would rate the applicant in the following areas:

Initiative	_____	Industriousness	_____
Social adaptability	_____	Reliability	_____
Personal appearance	_____	Cooperation	_____
Concern for others	_____	Self discipline	_____
Leadership	_____	Christian character	_____
Emotional stability	_____	Temperament	_____
Ability to follow	_____	Punctuality	_____
Flexibility	_____	Perseverance	_____
Stewardship	_____	Ability to cope with stress	_____

8. Please circle words or descriptions which pertain to the applicant:  
*impatient, intolerant, argumentative, domineering, critical of others, easily embarrassed, offended, discouraged, frequently worried, anxious, nervous or tense, given to moods, prejudiced towards groups/races/nationalities, addictive behaviour, unable to cope with stress, erratic in attitudes or actions.* (If you have noticed any of these or similar limitations in the applicant's life, please elaborate on a separate sheet of paper.)

9. Has the applicant proven on any occasion to be unreliable, dishonest or of questionable character?  
 ! Yes ! No If YES, please explain. \_\_\_\_\_
10. In your consideration, which of the following would best describe the applicant's Christian experience?  
 ! Mature ! Contagious ! Genuine & growing  
 ! Over-emotional ! Superficial
11. Please comment briefly on the applicant's family background (if known): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Does the applicant display prejudice towards other races or nationalities?  
 ! Yes ! Unaware ! No  
 Comments: \_\_\_\_\_
13. Has the applicant ever been involved in the occult, drug or alcohol abuse or sexual immorality? Does the applicant smoke?  
 ! Yes ! Unaware ! No  
 Comments: \_\_\_\_\_
14. Is the applicant financially responsible?  
 ! Yes ! Unaware ! No  
 Comments: \_\_\_\_\_
15. Does the applicant respond well to authority?  
 ! Yes ! Unaware ! No  
 Comments: \_\_\_\_\_
16. Would you please make any comments regarding the applicant which you feel could be helpful (use a separate sheet of paper, if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Do you recommend the applicant?  
 ! Wholeheartedly ! With reservation ! Not at all  
 Comments: \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_