



**STUDENT APPLICATION FORM
SCHOOL OF COMMUNICATION FOUNDATIONS
YWAM HURLACH, GERMANY**

(Please write legibly. Married couples should fill in separate application forms, including the additional section on page 5. Please enclose the application fee when returning form.)

SCF / YWAM
Schlossgasse 1
86857 Hurlach,
Germany

Tel.: 08248-12260
Fax: 08248-12241
E-Mail: scf@jmem-hurlach.de

Please
include
picture

1. You first have to come to a decision. Is God leading you to this school, at this time? Take time for prayer and consult with friends and other people whose counsel you value.
2. If you think that the SCF is the right thing, download and print the application forms (one copy for the application form and two copies for the reference form)
3. Ask your pastor or church leader to fill in one of the two references and send it to us. Ask your DTS leader or the leader of your most recent YWAM school to fill in the other one and send it to us.
4. Complete the application form and send it to us. Send it as email attachment to scf@jmem-hurlach.de together with: -
A recent passport photograph
-The data page of your international travel document (if applicable).
5. At the same time you send in your application, please pay the application fee of 50 Euros. You can make a transfer directly to our bank account.

I am applying for the 20__ SCF in Hurlach, Germany.

Are you pursuing a U of N degree? __ Yes __ No __ Uncertain

1. Personal Information

Family Name: _____ First and Middle Name: _____

Preferred Name: _____

Street: _____ City/State _____

Postal Code: _____ Country: _____

Phone.: _____

E-Mail Address: _____

Date of Birth: _____ City and Country of Birth: _____

Sex: __ Male __ Female

Nationality: _____ Profession: _____

Marital Status: __ Single __ Engaged __ Married __ Divorced

If married, Name of Spouse: _____

Name Address and Tel. for emergencies: _____

What is your relationship to this person (e.g. parent, pastor)?

Please give the Name, Address and Phone Number of the people who fill in your reference forms:

1. _____

2. _____

2. Church Information

Church Name and Denomination: _____

Attended Since: _____

Name, Address and Phone Number of Pastor/Leader: _____

Do you regularly attend the service in your church? _____

If not, why not? _____

In what areas have you carried responsibility in your church? _____

Does your pastor know that you are applying for this school and does he support you? _____

3. Education and Work Experience

Completed schools, including college/university (outside of YWAM):

Name	Location	Years Attended	Degree/Major

Work experience (outside of YWAM):

Work Position	Organisation/Company	Location, Duration

YWAM programs (schools, outreaches and staff positions):

Program	Location/Base	Years	Leader

Which languages do you speak well? _____

Which languages do you speak with limited proficiency?

Which special skills do you have (technical, manual, musical etc.)?

Please rate your ability in the following skills:

	Excellent	Above Average	Average	Below Average	Remarks
Building Maintenance					
Vehicle Maintenance					
Gardening Work					
Housekeeping					
Cooking & Baking					
Childcare					
Musical Worship					

4. Health Information

How would you describe your present health condition? _____

Please state the name and contact information of your general practitioner: _____

Are you at present receiving medical or psychiatric treatment? Yes No

If yes, please specify: _____

Are you or have you been depressive? Yes No

Are you taking any medication at this time? Yes No. If yes, please specify: _____

Have you ever struggled with any form of addiction (e.g. alcoholism, nicotine, drugs, pornography)?

Are you currently struggling with an addiction? Yes No. If yes, what steps are you taking?

Are you allergic to anything? If so, to what? _____

Do you follow any special diet (lactose-free, vegetarian, gluten, vegan)? If so, for what reason? Please give us all relevant information, so that our kitchen team can try to work out a suitable alternative.

Do you have any physical impairments, handicaps, or health conditions which require special attention? _____

Will you have medical insurance for the duration of the school? YES NO

Medical insurance is required for all students during the school. Youth With A Mission does not accept any liability in case of injuries or illnesses.

5. Financial Information

Do you have your complete school fees? __ Yes __ No

If no, explain on a separate piece of paper from what source they will come.

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

Account details:

Name of the bank: Evangelische Bank Kassel

Recipient: Jugend Mit Einer Mission Hurlach e.V.

Swiftcode: GENODEF1EK1

Town: 34117 Kassel, GERMANY, Street : Seidlerstr. 6

IBAN: DE 22 520 604 10 000 5330050

Account Nr. 5330050

Via PayPal: buchhaltung@jmem-hurlach.de

Purpose: SCF

6. Passport / Visa Information

Citizens of many western nations do not need a visa for Germany. Please enquire at the German embassy in your country about requirements and procedure. If you need an invitation letter from us, please let us know.

Country of Citizenship: _____ Passport Number: _____

Name as listed on passport: _____

Place of Birth: _____

Expiry date of passport: _____

Issuing authority: _____

7. Christian Life

Please take a *separate piece of paper* and describe your conversion experience and your present relationship to Christ. Describe also what you see as your gifts and your ministry; what do you want to do with your life?

8. Expectations

How did you hear about SCF? _____

What are your reasons to apply for this school? _____

What are your expectations for the school? _____

How do you think you will use what you learn in the school? _____

9. Additional Questions for Those Who Are in a Relationship or Married, or Have Children

If you are in a relationship: How are you planning to live out your relationship during the SCF?

If you are engaged: What does your fiancé(-e) think about your plans to attend the SCF?

If you are married: How would you describe your relationship with your partner? How does the SCF fit into your mutual plans as a couple? _____

If you have children: Please give us their names and birth dates: _____

Does your spouse or children have a health condition? If so, what (e.g. special diet, physical impairment, psychiatric needs that require special attention)? _____

10. At this point we would like to point out some more aspects of student life at the castle:

Work Duties

Work duties are part of all YWAM schools. It is only because of the help of students in areas like the kitchen that we can even run our training centers. The standard work duty for SCF students is 6 hours a week. In addition there are further kitchen duties on some weekends.

Accommodation

For those who don't know the castle, it is also necessary to point out the nature of the accommodation. Our students stay in large dorm rooms with a capacity of up to ten people. This means you may end up living with nine other students in a room.

I have read this information attentively and do want to attend the SCF.

Date: _____ Signature: _____

I take full responsibility for my actions during my time with Youth With A Mission.

If I come without health insurance, I release YWAM from any liability in case of medical expenses. I have answered all questions and affirm that all statements are in accordance with truth.

Date: _____ Signature: _____

I hereby declare that I consent to the usage of photos and footage that depict myself for the presentation and advertisement of the School Of Communication Foundations. This includes recorded audio and video material, pictures and photographs on the Internet, on local storage devices and/or in printed form. I am aware that I can revoke this consent anytime by written declaration – by letter, note or email.

Date: _____ Signature: _____

By completing this form, you agree to the storage and processing of your data by Jugend mit einer Mission Hurlach e.V..

The responsible controller processes and stores the personal data of the data subject only for the period necessary to achieve the purpose of the storage. If the storage purpose is omitted or if a storage period prescribed by the European directives and regulations or any other relevant legislator expires, the personal data will be routinely blocked or deleted in accordance with the statutory provisions.

Date: _____ Signature: _____

Please send these form to the following address:

Email: scf@jmem-hurlach.de

Or mail to:

Youth With A Mission- SCF

Schlossgasse 1,

86857 Hurlach Germany.

Phone: +49 (0)8248122360