

# GUIDE TO COMPLETING STUDENT APPLICATION

NOTE: While sending the application back to us, please remove this front page – this is to ensure that you fill out the form completely & accurately.

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Thank you for applying to the Intersections Media Discipleship Training School! Every question in this application is there for a reason. It is an important step for you to apply for this school and serve in a ministry setting during the outreach phase (which is, part of the course). Share with us as much information that we need to know about you, so that we can help you develop God's call on your life.

- If a question does not apply to you, write N/A in the blank space provided for your answer.
- Husbands and wives both enrolling as students must complete separate applications.

In order for us to process your application, we must receive ALL of the following, so please CHECK (✓), as you complete these, so you don't miss out on any of the required forms:

- 1) **Student Application form** – all sections completed
- 2) **Photographs** – two recent photographs of yourself to be attached with the application.
- 3) **Reference forms** – the three forms need to be given to the following people:
  - i) your pastor (*please give the pastor's reference form*)
  - ii) most recent employer
  - iii) a friend (not a family member), who will give an honest evaluation about you.

*List the names and addresses of your three references in the space provided on the STUDENT APPLICATION FORM – Section: M*

*These completed reference forms must be posted or e-mailed directly to us by the persons providing these confidential references and NOT by yourself. Your application cannot be processed until the Intersections Registrar receives all reference forms.*

- 4) **Specific questions** – Besides this general student application, each training program have their own specific questions – please answer that questionnaire as well, as those questions deal specifically for the school you are applying now.
- 5) **English Test** – this is normally required, if English is not your first language. If you find the 'comprehension test' attached with this application, then YOU MUST fill before your application form can be complete.

## HOW TO SUBMIT APPLICATION FORMS ?

If sending by airmail, please send it to:

Intersections Media DTS  
P. O. Box 1715  
Pago Pago, AS 96799

Alternatively, if you are e-mailing, our e-mail address is

[mediadts@intersectionsweb.com](mailto:mediadts@intersectionsweb.com)

**MEDIA DISCIPLESHIP TRAINING SCHOOL**  
**STUDENT APPLICATION**

**SECTION – A                      PERSONAL INFORMATION**

Name of applicant (*as it appears in your passport*): \_\_\_\_\_  
(Family name / Surname)

\_\_\_\_\_ (First, Middle & Other names)                      \_\_\_\_\_ (Preferred Name)

Date of Birth (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_                      Male / Female (circle one)

Country of Citizenship: \_\_\_\_\_

Address for communication: \_\_\_\_\_  
Street / P.O. Box                      City

\_\_\_\_\_ Phone: \_\_\_\_\_  
State / Prov.                      Zip (Postal) Code                      COUNTRY                      (include Country & Area code)

E-mail: \_\_\_\_\_ Fax : \_\_\_\_\_

Marital status (*circle whatever is appropriate*):    Single / Engaged / Separated / Widowed /  
Married / Divorced / Remarried  
*Give date of most recent change in status, if any:* \_\_\_\_\_

Name of Spouse (if married): \_\_\_\_\_

Age: \_\_\_\_ yrs.                      Birth place & Country of Citizenship: \_\_\_\_\_

List of children (or) dependants (child's teacher or nanny), accompanying the applicant:

i) \_\_\_\_\_  
Name                      Age                      Sex                      Who?                      Class in School (if studying)

ii) \_\_\_\_\_  
Name                      Age                      Sex                      Who?                      Class in School (if studying)

iii) \_\_\_\_\_  
Name                      Age                      Sex                      Who?                      Class in School (if studying)

Language proficiency – List the languages you speak in decreasing order of fluency:

(i) \_\_\_\_\_ (ii) \_\_\_\_\_ (iii) \_\_\_\_\_

**SECTION – B                      EDUCATION**

List all your educational or professional training you have received:

	<u>Name of School</u>	<u>Where</u>	<u>When</u>	<u>Degree Completed?</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

**SECTION – C                      EMPLOYMENT**

List all work experiences you have had, starting from most recent:

	<u>Employer</u>	<u>Address</u>	<u>Position held</u>	<u>Period</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

- \*\*\*NOTE-1: *You may submit your curriculum vitae or resume with this application.*
- \*\*\* NOTE-2: *Please give one of your reference forms to your most recent Supervisor / Leader*
- \*\*\* NOTE-3: *Those pursuing a U of N degree, copies of your school records must be submitted to the Registrar upon arrival in American Samoa.*

List any special talents / skills or work related abilities:

- (i) \_\_\_\_\_ (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_ (iv) \_\_\_\_\_
- (v) \_\_\_\_\_ (vi) \_\_\_\_\_

**SECTION – D HOME CHURCH INFORMATION**

- 1) Name of Church: \_\_\_\_\_
- 2) Affiliation of Church / Denomination: \_\_\_\_\_
- 3) Name of your Pastor: \_\_\_\_\_
- 4) Church contact details (E-mail, phone and/or fax): \_\_\_\_\_  
\_\_\_\_\_
- 5) Are you accountable to someone in this Church? \_\_\_\_\_
- 6) If so, to whom and in what way? \_\_\_\_\_  
\_\_\_\_\_

**SECTION – E FINANCIAL INFORMATION**

- 1) Do you have your complete school fee? YES / NO  
If NO, how do you plan to pay the amount? Please be specific (Answers such as: ‘God will provide’ or ‘family might help’ are not sufficient): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2) Do you have any outstanding debts? YES / NO  
If YES, how much? Explain how you plan to pay this amount? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY:**

I understand that payment of the required school tuition fees must be made prior to or upon my arrival, unless otherwise approved in writing by the School Director / Leader before my arrival. Further, I agree to meet in a timely manner, prior to the completion of School, all personal expenses incurred during my involvement with the Intersections Media DTS in American Samoa. If, I am accepted, I will abide by the Spirit, rules and schedule of the school.

Applicant’s Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_ / \_\_\_\_ /20\_\_\_\_

**SECTION – F HEALTH & EMERGENCY INFORMATION**

1) In case of emergency, please contact:

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

Relationship to you : \_\_\_\_\_

Address : \_\_\_\_\_  
Street / P.O. Box City

State / Prov. Zip (Postal) Code COUNTRY Phone: \_\_\_\_\_  
(include Country & Area code)

E-mail: \_\_\_\_\_ Fax : \_\_\_\_\_

2) Do you have another person whom we could contact, in an emergency?

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

Relationship to you : \_\_\_\_\_

Address : \_\_\_\_\_  
Street / P.O. Box City

State / Prov. Zip (Postal) Code COUNTRY Phone: \_\_\_\_\_  
(include Country & Area code)

E-mail: \_\_\_\_\_ Fax : \_\_\_\_\_

**PERSONAL EMERGENCY INFO:**

Blood Type (O, A, B, AB)? \_\_\_\_\_ Rh factor (+/-): \_\_\_\_\_

Are you allergic to any drugs or medications? YES / NO

If YES, please specify: \_\_\_\_\_

Do you have Medical Insurance? YES / NO

If YES, name of insurer? \_\_\_\_\_ Policy #: \_\_\_\_\_

Describe type and extent of coverage : \_\_\_\_\_

**YOUR DOCTOR'S DETAILS:**

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

Address : \_\_\_\_\_  
Street / P.O. Box City

State / Prov. Zip (Postal) Code COUNTRY Phone : \_\_\_\_\_  
(include Country & Area code)

E-mail: \_\_\_\_\_ Fax : \_\_\_\_\_

**SECTION – G                      PERSONAL MEDICAL HISTORY**

*Please answer all questions.*

1) Are you presently under a doctor’s care for any condition : YES / NO

If YES, please specify : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Are you taking any medication at this time? YES / NO

If YES, please specify : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Have you ever received compensation for disability? YES / NO

If YES, please specify : \_\_\_\_\_  
\_\_\_\_\_

4) Do you have any physical impairments, handicaps or health conditions which require special attention? YES / NO.      If YES, please specify (your response to this question will not effect your admission consideration): \_\_\_\_\_

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

5) Were the results of your last medical check-up normal? YES / NO

If NO, give details. Is your physician aware of you travelling to Jaipur. Does he have any hesitation on your travelling for any reason. If so, WHY? \_\_\_\_\_

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

6) Rate your health condition: EXCELLENT / GOOD / FAIR / POORLY

Have you ever had, or do you have any of the following? For each YES answer, please include an explanation, on a separate piece of paper, giving more details:

TYPE OF DISEASE	YES / NO	TYPE OF DISEASE	YES / NO
Skin Conditions		Venereal Disease	
Heart Trouble		Stomach / Duodenal Ulcer	
Recurrent Diarrhea		Tumor / Cancer	
Eye Trouble		Fainting Spells	
Ear Trouble		Gall Bladder Problems	
Diabetes		Paralysis	
High Blood Pressure		Depression	
Low Blood Pressure		Mental or Nervous Disorder	
Kidney Disease		Insomnia	
Head Injury		HIV / AIDS	
Rheumatism / Arthritis		Hay Fever / Asthma	
Anaemia		Drug Addiction	
Recurrent Headache		Appendectomy	
Back Problems		Jaundice / Hepatitis	
Epilepsy		Any kind of surgery	
Any kind of Allergies		Any other illnesses or conditions	

**NOTE:** The kitchen is NOT equipped to prepare special diets. Food/additive allergies must be documented by a letter from your physician AND a licensed/registered clinical dietician.

**FOR FEMALES ONLY:**

Irregular periods : YES / NO

Severe Cramps : YES / NO

Excessive flow : YES / NO

Are you pregnant? : YES / NO

If YES, expected date of delivery: \_\_\_\_/\_\_\_\_/20\_\_

**SECTION – H COMMUNICABLE DISEASES**

Have you had any of the following? If your answer is YES, for any one of the following, please give details on a separate sheet of paper.

TYPE OF DISEASE	YES / NO	TYPE OF DISEASE	YES / NO
Chicken pox		Measles (Rubeola)	
Scarlet fever		Measles (Rubella or German Measles)	
Mumps		Pertussis (Whooping cough)	
Tuberculosis		Other disease	

## SECTION – I FAMILY HISTORY

*Has any of your family members or near relatives had any of the following? If YES, please name the person by relationship – ie: parent, siblings, uncles, etc.*

TYPE OF DISEASE	YES	NO	RELATIONSHIP TO YOU
Tuberculosis			
Arthritis			
Diabetes			
Stomach Disease			
Kidney Disease			
Asthma / Hay Fever			
Heart Disease			
Epilepsy / Convulsions			
Hypertension			
Cancer			
Other illness (specify: _____)			

## SECTION – J IMMUNIZATIONS

*Applicants are strongly recommended to be up to date on the following immunizations. List which immunizations you have received so far:*

TYPE OF INJECTION / BOOSTER	YES / NO	SERIES COMPLETED	DATE OF LAST INJECTION / BOOSTER
DPT			
Tetanus			
MMR			
Typhoid			
Hepatitis – A			
Hepatitis – B			
Other (specify: _____)			

## SECTION – K CONSENT FOR TREATMENT

*In case of emergency, I hereby agree to the performance of such treatment, including anesthesia and surgery, as the attending doctor or physician may deem necessary, at my cost.*

**NOTE:** (If sending this application by e-mail, then you may write a note, stating that you consent and that you will sign upon arrival here).

Applicant's Name : \_\_\_\_\_

Signature :

Date : / /20

## SECTION – L                      PERSONAL HISTORY

*Prayerfully answer the following questions on a separate sheet of paper (please write down the number so you don't have to re-write the questions again. You must do this without any help from others. Try to be specific while answering.*

1. Describe your spiritual and/or ministry goals, including missionary service goals.
2. Do you have a long-term missions call? If so, how will this particular school help you to reach your goals? If no, give reasons for applying for this course.
3. Describe how you have been involved with your local church. Include details of ministries you were involved in – length of involvement and your role in the ministry. Also include details of any leadership roles.
4. Describe any business professional, mission or other significant experiences.
5. What most influenced your decision to apply for this course?
6. Describe your relationship with your family (please give a detailed response).
7. How does your family feel about your participation with the UofN training program?
8. Have you discussed your calling and application for this school with your Pastor? How does your Pastor feel about it (please give details)
9. Is your church willing to support you with prayer? Is your church willing to support you with finances? If yes, to what extent?
10. Is there any other information that you feel would be helpful in processing your application? Eg. Children's schooling if necessary. How do you feel your children will cope with the move, ie: climate, culture, food, society, and education?

## SECTION – M                      PERSONAL REFERENCES

*Please provide the following information on your three personal references and make sure you pass on the enclosed 'reference forms' to those concerned:*

### REFERENCE – 1

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

Relationship : \_\_\_\_\_

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

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

### REFERENCE - 2

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

Relationship : \_\_\_\_\_

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

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

### REFERENCE – 3

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

Relationship : \_\_\_\_\_

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

\_\_\_\_\_

**SECTION – N**

**DECLARATION & RELEASE OF LIABILITY**

**DECLARATION**

I, \_\_\_\_\_, the applicant, declare the information I have provided on the application forms is correct, and all questions have been answered truthfully. I understand that the Intersections Media DTS reserves the right to take necessary disciplinary action, including my being dismissed from the course / school, if any information(s) provided by me is found to be untrue.

NOTE: *(If sending this application by e-mail, then you may write a note, stating that you consent and that you will sign upon arrival here).*

Applicant's Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/20\_\_\_\_

**RELEASE OF LIABILITY**

I, \_\_\_\_\_, do hereby release Intersections, Inc. / Youth with A Mission / University of the Nations, its staff, agents and volunteer assistants from any liability whatsoever arising out of an injury, damage or loss which may be sustained by said person during the course of involvement with the Intersections Media DTS.

NOTE: *(If sending this application by e-mail, then you may write a note, stating that you consent and that you will sign upon arrival here).*

Applicant's Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/20\_\_\_\_



*End of application form – Congratulations!*

*God willing, we look forward to seeing you here at the Intersections Media DTS!*