



Youth with a Mission

School of Biblical Studies Budapest

Instructions for completing the application forms for the School of Biblical Studies (CHR 213, 315, 316) with YWAM Budapest

1. Please answer all questions in legible letters. Your information will be treated confidentially. If a question does not apply to you, write N/A (not applicable). We ask husbands and wives enrolling as students to complete separate forms.
2. Please pass the reference forms to three different people who you know well. One reference should be completed by your Pastor, house group leader, or an elder of your church and one by your former YWAM / DTS leader.

Please ask them to complete the forms and send them directly to YWAM Budapest. We must receive a paper copy signed by them. We cannot accept reference forms sent to us by the applicant.

3. Please send us:
 - a) The registration fee: A check of 100 Euro made out to:

Youth with a Mission Budapest, SBS Registrar's Office, Paulay Ede u 15, 1061 Budapest, Hungary

Please note that the registration fee is **nonrefundable** if you withdraw your application, but does represent a deposit toward the remaining school fees.
 - b) your application with your signature,
 - c) two recent passport-type photograph of you. If you submit the application by email, please include a digital photo (jpg) in a separate file with your name as the filename
 - d) your signed consent to the guidelines,
 - e) and a copy of your health insurance policy and your liability insurance policy.
4. As soon as we have received all the items listed in 2) and 3), we will let you know as soon as possible whether you are accepted to the school. The remaining school fees should then be paid immediately or at the latest at the beginning of the school.

Please direct all forms to:
Youth With A Mission Budapest
SBS Registrar's Office
Paulay Ede u 15
1061 Budapest
HUNGARY

Phone: 0036 70 608 6763
Phone: 01136 70 608 6763 (from USA)
Email: sbs@ywambudapest.org
Fax: 0036 1 483 0767

We hope that these instructions help you to find your way around in all these papers. If there is any unclarity don't hesitate to contact us. For more clarity we only use the male terms on our forms, but it's always meant to include both genders. Thanks for your understanding.



Youth with a Mission Budapest

PERSONAL INFORMATION

(Please fill in in block letters)

School name: _____

School dates: _____

Today's date: _____

Mr./Mrs./Miss

(Circle one)

(Last Name/Family Name)

(First Name)

(Middle Name)

(Prefer to be called)

PRESENT ADDRESS

PERMANENT ADDRESS

PO Box / Street	PO Box/ Street
Zip & City	Zip & City
State / Province	State / Province
Country	Country
Email	Email
Phone	Phone

To which address should we send an information packet?

PRESENT ADDRESS

PERMANENT ADDRESS

GENERAL INFORMATION

Date of birth	Civil Status: (Please circle one) Single - Engaged - Married - Separated - Divorced
Country of Birth	Spouse's name
Nationality	Spouse attending this school? (2)
Passport number (1)	Mother's maiden name
Expiration Date	Languages spoken

(1) If you do not have a passport you should apply for one immediately

(2) If "No": What are his / her intentions plans during the school?

STUDENT'S CHILDREN

Name	Birth Date	Gender

WHICH CHURCH DO YOU ATTEND?

Church	Country
Pastor	Phone and/or Fax
PO Box / Street	Email
ZIP / City	Length of Attendance

GENERAL STATE OF HEALTH

How would you rate your health: Excellent – Good – Average – Fair - Poor	Are you on any kind of special diet? If yes, please describe:
Are you presently taking any medication or are you under a doctor's treatment? If yes, please explain:	Are you HIV+?
Are you allergic to any medicines? If yes, please specify:	Do you smoke?
Do you have any other allergies? If yes, please describe:	Do you have any other addiction?
Do you have any physical disabilities? If yes, please describe:	Do you suffer from seizures?
Were or are you under psychiatric treatment? When?	Height / Weight
	Blood Type

WHOM TO INFORM IN CASE OF EMERGENCY

Family name	Phone
First name	Fax
Address	Email
ZIP & City	Relationship
Country	

Please remember to send us a copy of your health insurance policy



QUESTIONS ABOUT EDUCATION

(Please fill in in block letters)

SCHOOLS

Primary school	where	How many years
Secondary school	where	How many years
Others		

FURTHER TRAINING

Length and sort of Training:	

CERTIFICATES / DIPLOMAS

What and date:	

SKILLS

Musical skills:
Language skills:
Professional skills:
Other skills:
Giftings / Talents: (cooking, drawing, etc.)

YWAM AND UOFN INFORMATION

DTS (Lecture and outreach phase)	Where	When
Name and address of the DTS leader		

Have you done other YWAM schools or UofN schools? If yes, which ones? (Lecture and outreach phase)	Date from /to (month and year)	Location

Are you pursuing a **degree with the UofN?** If “Yes” **which faculty?**

What’s your **registration number?**

Have you previously attended **another Christian training course?** If “Yes”:

School	Place	Date	Address

I certify that all the information in this application is completed and accurate.

Place: _____ **Date:** _____

Signature: _____

Signature of parent or Guardian if applicant is under 18 years of age:

 (Parent’s or Guardian’s Signature) (Date) (Relationship)



Youth with a Mission Budapest

School of Biblical Studies

Please send us the following information in the indicated order on a separate sheet of paper. If possible, please use a computer/type writer or else write legibly. Thanks.

General questions for every participant

- a) How did you hear about the school?
- b) Why do you want to attend the school?
- c) What are your expectations for the school?
- d) Describe what you have been doing since your DTS (education, job, missions, etc.)
- e) Describe events that have been influential in your spiritual growth.
- f) What books/magazines have influenced your spiritual life essentially?
- g) What activities are you involved with as an active church member?
- h) What are your most burning questions to God at the moment?
- i) How is your relationship with Jesus/God currently?
- j) What goals, plans do you have for your life? Where do you see your calling?
- k) Do you have a boy-/girlfriend? Are you engaged? Is your partner planning to do the school too? Would you also attend if your partner wouldn't be accepted?
- l) How are you planning to pay for the school fees?
- m) Do you have any debts? When and how are you planning to pay them back?
- n) Did you inform your pastor/church leader about your participation in the school? What do they think about it?
- o) Give us the addresses of three people who fill in a reference form for you.
- p) Is there anything else we should know about you?
- q) Do you have any questions?

Extra questions for YWAM Newcomers

- r) Give in a few words a brief résumé of your life and your conversion experience.

Special questions for the "School of Biblical Studies" (SBS)

- s) Are you aware of the fact, that the school is very intense and that it's mainly independent studies? Our experience is that it takes at least about 50 working hours a week. That includes lecture, work duties and independent studies. If you work slowly or you want to do more than necessary, the time increases. Are you ready to make this time/energy commitment?
- t) Are you planning to do your work on a personal Computer? If yes, do you have your own printer?



Youth with a Mission Budapest

School of Biblical Studies

Guidelines

For participants in our training schools

1) Personal liability

We prefer that the individuals in our community take responsibility for themselves as much as possible. Therefore, damages in and around the house should be fixed by the people causing them (dishes, lamps, etc.)

Sometimes we lack means of transportation for outreaches or outings which are part of the training program. In these cases, we are glad if participants who have brought their own car volunteer to drive it and take other students along. YWAM provides a small compensation towards the cost of the gas/petrol but is not reliable for any damages that might occur. The owner of the car is responsible for his/her car. Therefore, we also encourage not to lend your car to others. If car owners decide otherwise, it is their own responsibility to do so.

Every staff and student is also responsible to have enough insurance coverage for health or accidents. There is no general insurance coverage for people in YWAM. We are willing to send you a confirmation about your staying with us for the given time. We also strongly recommend that you have or establish personal liability insurance for yourself.

2) Community life

Every student contributes to the community life by participating at meal times, in worship, work duties and in other events on base. The schedule of the school is mandatory.

3) School fees/registration fee

Please see the separate paper about our financial policy

4) Pets

It is not allowed to bring any pets (cats, dogs, birds, etc.) to the base.



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School of Biblical Studies

Financial policy sheet

1. Two different prices have been established for the SBS. One for students from Eastern Europe or from other less economically developed countries (**Category B**), and one for students from more economically developed countries (**Category A**):

Category A: 4800 Euro for nine months

Category B: 3000 Euro for nine months

Due to the depressed economic situation in Eastern Europe, the Balkan and certain other countries, it is difficult for students to raise all the finances needed for the school. This is a challenge for us because at the very heart of our ministry is the desire to see everyone trained and sent out as missionaries from their home country. The best solution that YWAM has found is to have a Category system dependent on a countries economically situation.

Therefore we are charging more for those students from more economically developed countries so that we can charge the others less in order for it to be feasible for them to attend. If you are unsure which category you fit into, please ask us.

(The definite budget for the coming SBS Budapest is still in process, but these numbers will serve you as a good guideline.)

2. The school fees are set in Euro. Payments can be done in Euro, USD or Hungarian Forints. You may wire or make a bank transfer directly to our Euro or USD account. (Please contact us for further information). There is also the possibility to make out a check. Please be aware that processing checks and bank transfers involve a bank fee. You will be responsible to pay this fee **in addition** to the fees due. Each transaction will cost 25 USD or equivalent in other hard currency. Should you choose to pay by check, please be aware that there is a 30 days processing period before clearing and making your funds available. Please contact us before doing so. Thank you! You can also withdraw Hungarian Forint from ATMs at a favorable rate of exchange.
3. Before coming to the school, we expect you to have earned or raised the entire amount needed for the SBS, unless otherwise approved by the School Director before your departure to YWAM Budapest. **The school fees must be paid before the school starts or on the first days of classes.**
All personal expenses incurred during the involvement with the Youth With A Mission training program must be met in a timely manner, prior to the completion of the school.
4. The **Registration fee** is **nonrefundable** if you withdraw your application, but does represent a deposit toward the remaining school fees.
5. The school fee **include housing, food, registration fee, VAT** and all costs associated with the school for the entire 9 month. They **do not include** transportation to and from Budapest, school supplies nor any personal expenses such as visas, postage, vaccinations, personal travel etc.



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School of Biblical Studies

Consent to the Guidelines

I hereby declare that I have read through the guidelines, and I'm willing to submit to them for the time of my training with YWAM Budapest.

I release Youth with a Mission, its respective staff and volunteers of any responsibility in the case of accidents, health problems, damage or loss during my stay in YWAM (except that one can prove, that one of the people mentioned above has caused the accident or problem).

If according to a medical doctor's opinion, some treatment, surgery, or anesthesia is needed, I hereby consent to it.

I also enclose a copy of my insurance policy of personal liability. In case that I don't have any such insurance I hereby consent to take responsibility for any damages caused by me.

Place / Date

Signature

Signature of parent or Guardian if applicant is under 18 years of age:

(Parent's or Guardian's Signature)

(Date)

(Relationship)



Youth with a Mission Budapest

School of Biblical Studies

CONFIDENTIAL REFERENCE FORM

Name of applicant:

The person mentioned above has applied for the School of Biblical Studies with YWAM Budapest, Hungary. It is our desire to get an extensive understanding of the applicant. Therefore we ask for a reference of 3 different people. Those references help us – together with the information of the applicant – to get to know his / her characteristics, attitudes and skills in order to recognize and meet the needs and / or wishes of the applicant. Your answers help us to come to a conclusion of accepting the applicant or not. Essentially we make that decision in prayer. If you prefer to send us a letter instead of this form you may do so. All evaluation forms will be kept in strict confidence. Thank you very much for your co-operation and attention.

Please send this form to the following address:

Youth With A Mission Budapest
SBS Registrar's Office
Paulay Ede u 15
1061 Budapest

Email: sbs@ywambudapest.org
Phone: 0036 70 608 6763
Phone: 01136 70 608 6763 (from USA)
Fax: 0036 1 483 0767

HUNGARY

1. How long do you know the applicant? _____

2. What relationship do you have to the applicant?

Pastor DTS-Leader Teacher Parent Friend

Other: _____

3. During what time was the applicant under your leadership, and in what capacity?

4. Please indicate with an “x” how you rate the applicant in the following areas

1= very good 2= good 3= average 4= rather weak 5=not existent / big difficulty

Relating to people	1	2	3	4	5	Comment
Commitment in church / parish						
Interest in evangelism / mission						
Interest in daily news						
Political / social engagement						
Willingness to serve						
Teamwork						
Sensitivity to the needs of others						

Personal maturity	1	2	3	4	5	Comment
Judgment / discernment						
Sense of responsibility						
Teachability						
Handling conflicts / stress						
Perseverance						
Motivation						
Self esteem						
Self-Discipline						
Emotional stability						
Flexibility						
Handling finances						
Intellectual abilities						
Reliability						
Stewardship						

Leadership Qualities	1	2	3	4	5	Comment
Planning / setting goals						
Motivate and teach others						
Communication / efficiency in passing on ideas						
Taking initiative						
Organize						
Concern for others						
Ability to follow						

5. In your opinion, in which areas of ministry is the applicant gifted?

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Preaching | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Secretarial work | <input type="checkbox"/> One –on –one | <input type="checkbox"/> Music |
| <input type="checkbox"/> Children’s Work | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Pastoring |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Counseling | <input type="checkbox"/> Prayer |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Youth Work | <input type="checkbox"/> Worship |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Encourager |
| <input type="checkbox"/> Servant hearted | <input type="checkbox"/> Art | <input type="checkbox"/> Evangelism |

Others: _____

Comments: _____

6. In which areas have you seen growth in the applicant?

7. In your consideration, which of the following would best describe the applicant’s Christian experience?

- | | | |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Mature | <input type="checkbox"/> Over-emotional | <input type="checkbox"/> Contagious |
| <input type="checkbox"/> Superficial | <input type="checkbox"/> Genuine and Growing | |

8. FUTURE PROSPECTS

What plans and goals does the applicant have for the future?

What goals should he / she pursue according to your opinion?

In what area could this training be profitable to the applicant to your opinion?

What skills should the applicant develop more (where we could help him / her)?

Would you like to work together with him / her? Yes No

Do you recommend to accept the applicant? Yes No

Your recommendation is strong average hesitant

Reasons:

Is there any other comment you would like to make?

If there is anything else you would like to tell us, please don't hesitate to contact us (also via Phone or Email).

SENDER:

First name / Family name _____

Address _____ ZIP / City _____

Phone number _____ Email _____

Fax number _____

Place / Date _____ Signature _____
