



Dear Applicant,

Greetings from YWAM Shan Project. Thank you for your interest in our training programs. We are excited that you are thinking of joining us. If you have any questions regarding completing your application form or the application process we will be happy to answer them. All applicants are encouraged to apply early, as spaces are limited.

A Guide to Completing the Application:

The following forms must be all completed and submitted in order for your application to be processed. If a question does not apply to you, write "N/A" (not applicable) in the space provided. Husbands and wives are requested to submit separate applications.

Application Checklist: Please check that you have included the following before sending in your application.

- ☐ Basic Application (Pages 2-4).
- ☐ Application Fee (For further details see page 9).
- ☐ Personal History (Questions Page 5).
- ☐ Health Form (Pages 5-6).
- ☐ 2x Confidential References (Pages 7-8).
- ☐ Medical Certificate Included (For further details see page 5).
- ☐ Read and signed all 4 sections of the application agreement (Page 4).
 - ☐ Financial Declaration.
 - ☐ Release of Liability.
 - ☐ Consent for Treatment.
 - ☐ Burial Information and Consent.
 - ☐ Statement of Commitment.

Completed applications can be either posted or emailed to Shan Project. Alternatively, local applications can be delivered in person. For further information on hand delivering applications contact Shan Project by email or phone us at:

Shan Project

Po Box 78
Bandu Post
Chiang Rai, 57100
Thailand

Phone: Thailand: +66 932208994 - **Myanmar:** +95 936638678

Email: shanproject@gmx.com

Important Information for International Applicants:

International applications generally need to be submitted no later than five weeks prior to the start of the program. International applicants may require more time to obtain a visa for entrance into Thailand or Myanmar. Passport information may be submitted at a later date.

Once you receive notification of your acceptance into the program, we will advise you further on your visa application process. You will also receive a special letter with a formal application for a visa that can be made at the Thailand or Myanmar Consulate or Embassy in your country.

Further details will be given once you have been accepted to help with planning and arrival times. Please do not make any visa applications or purchase plane tickets prior to receiving an acceptance letter from Shan Project and other visa documents.

YWAM Shan Project is called to the Golden Triangle, specifically the Shan of Eastern Shan State, to see transformational development take place through the power of the gospel, making disciples who live out of a Biblical worldview amongst the nations



Youth With A Mission Shan Project

A Ministry of YWAM Thailand & YWAM Myanmar

Application Form

Please attach
a recent passport
size photo here

Date of Application _____ Date of Course applying for _____

Course applying for: ☐ Discipleship Training School. ☐ School of Biblical Studies. ☐ Other. _____

Are you pursuing a degree with the UofN? ☐ No ☐ Yes. (Note: Typically DTS is a pre-request for all other UofN Courses).

Personal Information

* Please Note: fill in name and birth date as appears on your passport, birth certificate or official documents.

Mr. Mrs. Miss _____
First Name Middle Names Last Name

Gender ☐ Male ☐ Female Age _____ Date of Birth _____

Place of Birth: City _____ State/Province _____ Country _____

Country of Citizenship _____ Do you have a current Passport? ☐ Yes ☐ No ☐ In process

If you have a current passport what is the expiry date of you passport? _____

Contact Details

Current Address

Street / P.O. Box _____ City _____ Prov./State _____

Postal (Zip) Code _____ Country _____ Phone _____

Permanent Address

Street / P.O. Box _____ City _____ Prov./State _____

Postal (Zip) Code _____ Country _____ Phone _____ Emails _____

Family Details

Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Remarried ☐ Widowed

Spouse Details (if applicable): Anniversary Date _____ Is your spouse planning on accompanying? ☐ Yes ☐ No

Name of Spouse _____
First Name Middle Names Last Name

Age _____ Date of Birth _____ Place of Birth: City _____ State/Province _____

Country _____ Country of Citizenship _____ Do they have a current Passport? ☐ Yes ☐ No ☐ In process

Dependents: Names of dependents (Children) accompanying you.

1. Name _____ Date of Birth _____ Gender ☐ Male ☐ Female. Passport? ☐ Yes ☐ No ☐ In process

2. Name _____ Date of Birth _____ Gender ☐ Male ☐ Female. Passport? ☐ Yes ☐ No ☐ In process

3. Name _____ Date of Birth _____ Gender ☐ Male ☐ Female. Passport? ☐ Yes ☐ No ☐ In process

Emergency Contact Details

In case of emergency, contact _____ Relationship _____

Street / P.O. Box _____ City _____ Prov./State _____

Postal (Zip) Code _____ Country _____ Phone _____ Emails _____



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Education Details

Please provide the following information: your high school diploma or highest level of secondary school completed, as well as university or vocational college information. **(High School / College / University / Seminary attended).**

1. Name _____ Location _____ Course _____ Graduation Date _____
2. Name _____ Location _____ Course _____ Graduation Date _____
3. Name _____ Location _____ Course _____ Graduation Date _____

Previous YWAM Information

I have previously attended YWAM or U of N Schools (Including DTS) ☐ Yes ☐ No (If yes please provide the following information below.)

1. Course _____ Location _____ Graduation Date _____
2. Course _____ Location _____ Graduation Date _____

Occupational Experience

1. Work Experience _____ Time Period _____
2. Work Experience _____ Time Period _____
2. Work Experience _____ Time Period _____

Gifts & Talents

Please list further gifts, talent or abilities _____

Languages

Languages spoken in decreasing order of fluency:

1. _____ ☐ elementary speaking ☐ limited word proficiency ☐ minimum professional ☐ native speaking proficiency ☐ mother tongue
2. _____ ☐ elementary speaking ☐ limited word proficiency ☐ minimum professional ☐ native speaking proficiency ☐ mother tongue
3. _____ ☐ elementary speaking ☐ limited word proficiency ☐ minimum professional ☐ native speaking proficiency ☐ mother tongue
4. _____ ☐ elementary speaking ☐ limited word proficiency ☐ minimum professional ☐ native speaking proficiency ☐ mother tongue

Criminal Record

Since children are part of our community please provide the following information: Do you have a criminal record? ☐ Yes ☐ No

If yes, please explain: _____

Expectations

How did you first hear of Youth With A Mission, Shan Project? _____

What expectations do you have of the program you are applying for? _____

Are you facing any difficult situations or issues with regards to your desire to join this training program? ☐ Yes ☐ No

If yes, how can we effectively pray for you? _____

Are you intending to complete all phases of the training program? ☐ Yes ☐ No ☐ If no, please explain _____

If you are not accepted into this training program, what are your alternative plans? _____



Youth With A Mission Shan Project

A Ministry of YWAM Thailand & YWAM Myanmar

References

Please submit two references. Chose who to give the references to from one of the options listed below. Ask your referee to mail, email or deliver your reference forms directly to YWAM Shan Project. Your application will not be processed until both of your reference forms have been returned to YWAM Shan Project. Please list the names of your references below.

No family members may give a references. A YWAM Leader is required for all post-DTS applicants.

1. **Reference:** ☐ Pastor or Small Group Leader or Elder ☐ Employer, Teacher or Friend ☐ YWAM Leader (Post-DTS only)

Name: _____
First Name Middle Names Last Name

Church - Company - School - YWAM Location _____

Street / P.O. Box _____ City _____ Prov./State _____

Postal (Zip) Code _____ Country _____ Phone _____ Emails _____

2. **Reference:** ☐ Pastor or Small Group Leader or Elder ☐ Employer, Teacher or Friend ☐ YWAM Leader (Post-DTS only)

Name: _____
First Name Middle Names Last Name

Church - Company - School - YWAM Location _____

Street / P.O. Box _____ City _____ Prov./State _____

Postal (Zip) Code _____ Country _____ Phone _____ Emails _____

Financial Information

Do you have your complete school fees? ☐ Yes ☐ No If No, from what source will they come? _____

Do you have any outstanding debts? ☐ Yes ☐ No If Yes, how will you cover them during your absence? _____

Please read and check each section below before signing and dating this agreement.

☐ **Financial Declaration** - Acknowledgment of Financial Responsibility: I understand that payment of the required program tuition fees must be made in Thai Bath upon arrival, unless otherwise approved in writing by YWAM Shan Project before my arrival in Thailand. Furthermore, I agree to meet in a timely matter, prior to the completion of the program, all personal expenses incurred during my involvement with Youth With A Mission Shan Project.

☐ **Release of Liability** - I/We do hereby release Youth With A Mission Thailand and Youth With A Mission Myanmar, its staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during the course of involvement with Youth With A Mission Shan Project.

☐ **Consent for Treatment** - In case of emergency, I/we hereby agree to the performance of such treatment, including anesthesia and surgery, that the attending doctor or physician may deem necessary.

☐ **Burial Information** - In normal situations, your healthcare insurance scheme will cover the costs related to the shipment of your body to your home country or alternative burial costs at the place of death. However, in exceptional situations this may not be the case. Please read the policy exclusions. Every possibility will be sought out to contact the family and fulfill their desires. However, in the event that they cannot be reached within a reasonable time frame, we need you to sign the following agreement:

• **Consent of Burial:** I agree that in the case of my death while in Youth With A Mission Thailand or Youth With A Mission Myanmar that Youth With A Mission Thailand or Youth With A Mission Myanmar may have to carry out the burial in the location of death. If my family desires to see the body shipped home, I understand that my family would need to pay all expenses incurred in the event that my insurance does not cover the costs. I HEREBY ABSOLVE YOUTH WITH A MISSION THAILAND AND YWAM MYANMAR AND ITS ENTIRE STAFF AND ASSOCIATES FROM ANY RESPONSIBILITY FOR REPATRIATION COSTS.

☐ **Statement of Commitment** - I have read the above terms and conditions and have completed all portions of this application accurately. If I am accepted, I will abide by the spirit, guidelines and schedules of Youth With A Mission Shan Project.

Applicant's Signature _____ Date _____

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

Parent's / Guardian's Signature _____ Relationship _____ Date _____



Youth With A Mission Shan Project

A Ministry of YWAM Thailand & YWAM Myanmar

Personal History Questions

Please prayerfully and concisely answer the following questions on a separate sheet of paper (print or type) and attach them to your application form. Your answers will be significant in the application process.

1. Please describe how you became a Christian and your present spiritual walk with the Lord? Your pre-conversion, conversion experience and present relationship with the Lord. (Not to exceed one page).
2. Please share 2 short personal testimonies of how you have presently experienced God in your life.
3. What areas of your character are you presently seeking God to further develop and improve?
4. Please describe your spiritual and/or ministry goals, including missionary service goals.
5. Please describe your relationship with your local church, i.e. areas of ministry, service etc.
6. Please describe your relationship to your family. Is your family in favor of your decision to enroll in this course?
7. Having considered the daily commitment, are you willing to invest the necessary time and study to complete this intensive course?
8. Have you ever lived cross-culturally before? How do you feel about living and adapting to live in a diverse cross-cultural community with different, peoples, foods, cultures and customs during your time with YWAM Shan Project?
9. Does your local church support you in your application to join this training? Would they help support you in prayer and financially for future involvement in Christian work?

Confidential Health Form

Mr. Mrs. Miss _____
First Name Middle Names Last Name
Street / P.O. Box _____ City _____ Prov./State _____
Postal (Zip) Code _____ Country _____ Phone _____ Emails _____

**Youth With A Mission, Thailand & Myanmar requires all foreign applicants to have medical coverage during your time with us.
Please provide your medical insurance details below.**

Name of Insurer _____ Medical insurance contact number _____
Type of Medical Insurance Coverage (briefly) _____ Blood Type _____

Vaccination Information (Foreign applicants only)

Listed below are the vaccinations that are recommended for foreign applicants. Since the threat of disease is very real in a developing nation, we ask that you seriously consider being properly vaccinated. All of these vaccinations are available locally at a much lower cost compared to foreign nations. There is an option of obtaining these vaccinations locally within the first 2-4 weeks following your arrival; however, you must face the risk of not having the appropriate immunity during that time.

- **We request that you consult your Physician and obtain additional professional recommendations for:** Polio - Tetanus (within the last five years) - Typhoid (within the last seven years) - DP (diphtheria, pertussis) - BCG (If not positive PPD) (Tuberculosis) - Measles - Hepatitis A - Hepatitis B.
- **Optional (but highly recommended):** Japanese Encephalitis (especially for young children) - Rabies (especially for families who like animals and pets). - We also recommend that you consider anti-malarial medication in consultation with your Physician. **Note:** We also recommend that you take a "de-worming" pill every six months. These pills can be purchased locally quite cheaply. (i.e. Benda 500).

Medical Certificate

As part of the application process you are required submit a doctors certificate, as a recommendation of good health or listing any physical limitation or health concerns. Please attach and submit a doctors certificate with your application form for processing.



Youth With A Mission Shan Project

A Ministry of YWAM Thailand & YWAM Myanmar

Confidential Health Form Continued

Personal Health History

Please answer all questions. Comment on all positive answers on a separate paper.

Yes	No		Yes	No		Yes	No	
<input type="radio"/>	<input type="radio"/>	Skin condition	<input type="radio"/>	<input type="radio"/>	Heart Trouble	<input type="radio"/>	<input type="radio"/>	Kidney disease
<input type="radio"/>	<input type="radio"/>	Eye trouble	<input type="radio"/>	<input type="radio"/>	High blood pressure	<input type="radio"/>	<input type="radio"/>	Anemia
<input type="radio"/>	<input type="radio"/>	Ear trouble	<input type="radio"/>	<input type="radio"/>	Low blood pressure	<input type="radio"/>	<input type="radio"/>	Tumors/Cancer (specify)
<input type="radio"/>	<input type="radio"/>	Head injury	<input type="radio"/>	<input type="radio"/>	Rheumatism/Arthritis	<input type="radio"/>	<input type="radio"/>	Eating disorders (specify)
<input type="radio"/>	<input type="radio"/>	Recurrent headaches	<input type="radio"/>	<input type="radio"/>	Back problems	<input type="radio"/>	<input type="radio"/>	Allergies (specify)
<input type="radio"/>	<input type="radio"/>	Appendectomy	<input type="radio"/>	<input type="radio"/>	Mental/Nervous Disorders	<input type="radio"/>	<input type="radio"/>	Tonsillectomy
<input type="radio"/>	<input type="radio"/>	Epilepsy	<input type="radio"/>	<input type="radio"/>	Dislocation of joints	<input type="radio"/>	<input type="radio"/>	Stomach/Duodenal
<input type="radio"/>	<input type="radio"/>	Fainting spells	<input type="radio"/>	<input type="radio"/>	Broken bones	<input type="radio"/>	<input type="radio"/>	Hernia Repair
<input type="radio"/>	<input type="radio"/>	Tuberculosis	<input type="radio"/>	<input type="radio"/>	Intestinal Trouble	<input type="radio"/>	<input type="radio"/>	Recurrent Urinary Infections
<input type="radio"/>	<input type="radio"/>	Depression (specify)	<input type="radio"/>	<input type="radio"/>	Ulcer (specify)	<input type="radio"/>	<input type="radio"/>	Recurrent diarrhea
<input type="radio"/>	<input type="radio"/>	Weakness / Easily Fatigued	<input type="radio"/>	<input type="radio"/>	Gall bladder problems	<input type="radio"/>	<input type="radio"/>	Hepatitis
<input type="radio"/>	<input type="radio"/>	Paralysis	<input type="radio"/>	<input type="radio"/>	Surgery (specify)	Females Only		
<input type="radio"/>	<input type="radio"/>	Insomnia	<input type="radio"/>	<input type="radio"/>	Jaundice	<input type="radio"/>	<input type="radio"/>	Are you pregnant?
<input type="radio"/>	<input type="radio"/>	Shortness of breath	<input type="radio"/>	<input type="radio"/>	Hay fever, Asthma			

Other illness or conditions _____

Are you presently under a doctor's care for any condition? ☐ No ☐ Yes (specify) _____

Are you taking any medication at this time? ☐ No ☐ Yes (specify) _____

Please arrange to bring all necessary long-term medications with you.

Are you allergic to any medication? ☐ No ☐ Yes (specify) _____

Do you have any food allergies? ☐ No ☐ Yes (specify) _____

Do you have a history of emotional instability or psychiatric treatment? ☐ No ☐ Yes (specify) _____

Are you currently receiving or seeking professional counseling? ☐ No ☐ Yes (specify) _____

Do you currently or have you ever received any compensation for disability? ☐ No ☐ Yes (specify) _____

Do you have any physical impairments, handicaps or health conditions that require special attention? ☐ No ☐ Yes (specify) _____

Is there any other health information that you believe we should be aware of? ☐ No ☐ Yes (specify) _____

Communicable Disease: have you ever had any of the following communicable diseases?

Yes	No		Yes	No	
<input type="radio"/>	<input type="radio"/>	Chickenpox	<input type="radio"/>	<input type="radio"/>	Measles (specify)
<input type="radio"/>	<input type="radio"/>	Scarlet Fever	<input type="radio"/>	<input type="radio"/>	Tuberculosis
<input type="radio"/>	<input type="radio"/>	Mumps	<input type="radio"/>	<input type="radio"/>	Other (specify)

How would you describe your health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Would you be capable of walking 5 – 6 kilometers per day? ☐ No ☐ Yes (If no please comment) _____

I declare that the contents of this confidential health form are correct and true to the best of my knowledge.

Signature: _____ Date: _____



Youth With A Mission Shan Project

A Ministry of YWAM Thailand & YWAM Myanmar

Reference Form - No.1

To The Applicant: Please sign the waiver below and give this confidential reference form to your referee. Ask your referee to mail, email or deliver your reference forms directly to YWAM Shan Project. Your application will not be processed until both of your reference forms have been returned to YWAM Shan Project. No family members may give references. A YWAM Leader is required for all post-DTS applicants.

I, _____, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's Signature: _____ Date: _____

The Referee: This applicant has applied to participate in a training program with Youth With A Mission (YWAM) Shan Project. Please fill in this form thoughtfully as serious consideration is given to your comments. Please complete the information below and mail, email or deliver this reference directly to YWAM Shan Project.

Mr. Mrs. Miss _____

First Name

Middle Name

Last Name

Street / P.O. Box _____ City _____ Prov./State _____

Postal (Zip) Code _____ Country _____ Phone _____ Emails _____

What is your relationship to the applicant? ☐ Teacher ☐ Employer ☐ Friend ☐ Pastor ☐ Elder ☐ Home Group Leader ☐ YWAM Leader

How well do you know the applicant? ☐ Very Well ☐ Well ☐ Casually. I have known the applicant for _____ Years/Months

Please check the box you believe most accurately describes the applicant. If an area is unknown leave that line blank.

	Always	Usually	Sometimes	Occasionally	Never
Communicates clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Honors financial obligations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receives and understands instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows concern for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates honestly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handles unexpected situations well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arrives on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relates well to the public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completes tasks well & on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has shown innovation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works well in a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has good relationships with co-workers / peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Further Comments _____

1. Describe the applicant's strengths as a potential participant in this YWAM training program. _____

2. Please describe the applicant's relationships with peers / co-workers. _____

3. How has the applicant handled conflict in the past? _____

4. How has the applicant responded to direction, coaching and/or other feedback from you as their leader? _____

5. We are committed to training and development. Please describe two areas of growth that we can aid the applicant in. _____

6. Is there anything else that you believe we should know about the applicant in considering their application? _____

7. Would you recommend the applicant for this program? ☐ Yes ☐ With some reservation ☐ No Please explain. _____

Would you like a telephone call to talk to us personally regarding the applicant? ☐ Yes ☐ No

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

Signature: _____ Date: _____



Youth With A Mission Shan Project

A Ministry of YWAM Thailand & YWAM Myanmar

Reference Form - No.2

To The Applicant: Please sign the waiver below and give this confidential reference form to your referee. Ask your referee to mail, email or deliver your reference forms directly to YWAM Shan Project. Your application will not be processed until both of your reference forms have been returned to YWAM Shan Project. No family members may give references. A YWAM Leader is required for all post-DTS applicants.

I, _____, WAIVE any right I have to read or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for admission.

Applicant's Signature: _____ Date: _____

The Referee: This applicant has applied to participate in a training program with Youth With A Mission (YWAM) Shan Project. Please fill in this form thoughtfully as serious consideration is given to your comments. Please complete the information below and mail, email or deliver this reference directly to YWAM Shan Project.

Mr. Mrs. Miss _____

First Name

Middle Name

Last Name

Street / P.O. Box _____ City _____ Prov./State _____

Postal (Zip) Code _____ Country _____ Phone _____ Emails _____

What is your relationship to the applicant? ☐ Teacher ☐ Employer ☐ Friend ☐ Pastor ☐ Elder ☐ Home Group Leader ☐ YWAM Leader

How well do you know the applicant? ☐ Very Well ☐ Well ☐ Casually. I have known the applicant for _____ Years/Months

Please check the box you believe most accurately describes the applicant, if an area is unknown leave that line blank:

	Always	Usually	Sometimes	Occasionally	Never
Communicates clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Honors financial obligations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receives and understands instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows concern for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates honestly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handles unexpected situations well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arrives on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relates well to the public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completes tasks well & on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has shown innovation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works well in a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has good relationships with co-workers / peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Further Comments _____

1. Describe the applicant's strengths as a potential participant in this YWAM training program. _____

2. Please describe the applicant's relationships with peers / co-workers. _____

3. How has the applicant handled conflict in the past? _____

4. How has the applicant responded to direction, coaching and/or other feedback from you as their leader? _____

5. We are committed to training and development. Please describe two areas of growth that we can aid the applicant in. _____

6. Is there anything else that you believe we should know about the applicant in considering their application? _____

7. Would you recommend the applicant for this program? ☐ Yes ☐ With some reservation ☐ No Please explain. _____

Would you like a telephone call to talk to us personally regarding the applicant? ☐ Yes ☐ No

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

Signature: _____ Date: _____



Youth With A Mission Shan Project

A Ministry of YWAM Thailand & YWAM Myanmar

Training Costs

Below are the training costs and scholarship options that are available.

Application Fees: Each applicant must forward a non-refundable application fee of 1,000 Thai Baht with each application submitted. The application fee helps with the processing of your application. Your application cannot be processed without this. Application fee payments can be made via cash, bank transfer or PayPal. Please see below for fee payment details.

Training and scholarships costs include; housing, meals, class-room supplies, paper and other costs associated with running the program.

Training and scholarships do not include; travel, visas, stationary, toiletries or other personal costs including, outreach or field trips.

Outreach Costs: Are not included in the cost of the DTS or SBS. Outreach (or field trip) costs will range approximately between 10,000-40,000 THB. Final costs will depend on the location of the outreach or field trip, and the different travel costs related to local and international participants. A final cost for outreach will be given as soon as possible. At the end of the outreach (or field trip), any surplus funds will be re-distributed to the participants, or directed according to the wishes of the team members.

Training Costs & Scholarships

Please check the box, under the program you are applying for to indicate the training costs you are intending to pay. By ticking a scholarship box, you are applying for that scholarship. Scholarship amounts are listed from A to E.

Discipleship Training School

- ☐ Full Training Cost: 74,000 THB
- ☐ Scholarship A: 29,000THB (Amount payable: 45,000THB)
- ☐ Scholarship B: 52,000THB (Amount payable: 22,000THB)
- ☐ Scholarship C: 62,000THB (Amount payable: 12,000THB)
- ☐ Scholarship D: 68,000THB (Amount payable: 6,000THB)
- ☐ Scholarship E: 71,000THB (Amount payable: 3,000THB)

School of Biblical Studies

- ☐ Full Training Cost: 130,000 THB
- ☐ Scholarship A: 52,000THB (Amount payable: 78,000THB)
- ☐ Scholarship B: 91,000THB (Amount payable: 39,000THB)
- ☐ Scholarship C: 116,000THB (Amount payable: 14,000THB)
- ☐ Scholarship D: 124,000THB (Amount payable: 6,000THB)
- ☐ Scholarship E: 127,000THB (Amount payable: 3,000THB)

Other

- ☐ Full Training Cost: _____ THB
- ☐ Scholarship A: _____ THB (Amount payable: _____ THB)
- ☐ Scholarship B: _____ THB (Amount payable: _____ THB)
- ☐ Scholarship C: _____ THB (Amount payable: _____ THB)
- ☐ Scholarship D: _____ THB (Amount payable: _____ THB)
- ☐ Scholarship E: _____ THB (Amount payable: _____ THB)

* Training costs do not include fields trip or outreach costs.

* Training costs are subject to changes - Last Review: 03/7/15

Scholarship Requirements:

- Any participant may apply for a scholarship. Scholarships are subject to the availability of finances in the scholarship fund at the time. The distribution of scholarships during the application process is at the discretion of YWAM Shan Project. Applications for scholarships will be assessed based on the applicants purpose and vision and how these relate to the vision of YWAM Shan Project.
- All participants applying for scholarships are expected make a personal contribution to the training cost. Scholarships do not include travel, visa costs or stationary costs or outreach costs. All recipients of scholarships are expected to contribute 15 kg (1 Can) of rice or the equivalent at the start of each quarter. (DTS = 1x Quarter // SBS = 3 Quarters). For further information or clarification on scholarships please contact YWAM Shan Project.
- All applications for scholarships are subject to the applicant completing the additional information below. Please note that all applicants applying for scholarship E are required to submit a recommendation letter from their pastor, before the scholarship request can be processed.

Scholarship Application Questions

- Please indicate the reason you are applying for this scholarship? (if you need extra room for you answer please attach another piece of paper) _____

- How would receiving this scholarship contribute to the longterm vision of YWAM Shan Project? _____

- Do you have the financial means to contribute to your full tuition? ☐ Yes ☐ No If yes please specify why you feel you need to apply for a scholarship

Only applicable for participants applying for Scholarship E. If you are applying for Scholarship E. Please include the a recommendation letter from you pastor explaining: 1) Why they would recommend you for this training program. 2) Why they would recommend that you receive this scholarship. 3) Verification of your financial situation.

Pastors Name _____ Name of Church _____

Street / P.O. Box _____ City _____ Prov./State _____

Postal (Zip) Code _____ Country _____ Phone _____ Emails _____



Youth With A Mission Shan Project

A Ministry of YWAM Thailand & YWAM Myanmar

Payment Options & Details

All contributions must be made in Thai Baht (THB). Application fees are due when an application is submitted. Contributions are due on registration day, at the start of the program or at the beginning of each term. Contributions should be given to either the program leader or the ministry accountant.

1. **Cash Payments:** Cash payments can be made directly to YWAM Shan Project to the ministry or program accountant. Please do not send any cash in the mail. Cash money is your responsibility until given to the accountant. YWAM is not responsible for any lost or stolen money in your possession.
2. **Contributions can also be made directly through YWAM Thailand, to YWAM Shan Project.**

Youth With A Mission Thailand

PO Box 20 Thungsetthi
Bangkok 10263
Thailand

E-mail: office@ywamthai.org
Phone: (66) 2-752-8180
Fax: (66) 2-752-8014

Shan Project

Po Box 78
Bandu Post, A. Muang
Chiang Rai, 57100
Thailand

Email: Shanproject@gmx.com

- (A) **Online Payments:** We are able to accept online donations through YWAM Thailand. Simply go to: www.shanproject.org, click **give**, then click the online donation option. This will take you to YWAM Thailand's payment page for YWAM Shan Project. Then enter your payment amount and details and fill in any relevant information following the steps outlined on the page. Please make sure your payment is designated to "Shan Project", also include your name and any relevant notes on the purpose of your payment. (eg. DTS Application Fee, DTS lectures Phase payment, SBS first quarter payment etc.)

- **Alternatively** go directly to: <http://www.ywamthai.org/donate/?to=Shan%20Project> This directly links you to YWAM Thailand's online payment page for Shan Project

- (B) **Bank Transfer Payments:** Funds can be transferred directly through YWAM Thailand. Please e-mail them at: office@ywamthai.org to inform them of any donations to this account. Please make sure your payment is designated to "Shan Project", also include your name and any relevant notes on the purpose of your payment. (eg. DTS Application Fee, DTS lectures Phase payment, SBS first quarter payment etc.)

Bangkok Bank Public Company Limited

947/2 Bang Na Complex
Bang Na-Trat Road
Bang Na, Bangkok 10260
Thailand
Ph. 0-2361-8444
Fax. 0-2361-8453

Account Name: Youth With A Mission
Savings Account Number: 130-5-091413
Bank Branch: Bang Na
Swift Code: BKKBTHBK

- (C) **Important:** After sending any transactions for tuition payments or application fees please notify YWAM Shan Project by email at: shanproject@gmx.com
- (D) **Important:** Payments for tuition do not include any transfer or exchange rate costs. All costs incurred because of credit/debit card use, currency exchange, or bank transfers are not the responsibility of Youth With A Mission but that of the person paying and applying.

YWAM Shan Project is called to the Golden Triangle, specifically the Shan of Eastern Shan State, to see transformational development take place through the power of the gospel, making disciples who live out of a Biblical worldview amongst the nations