

YWAM

Antigua, Guatemala

Summer Spanish School & Outreach

**U.S.A Mailing address:**

YWAM A-810/CENAM/ANTIGUA

P.O BOX 669004

MIAMI SPRINGS, FL 33266-9004

YWAM Antigua/ A-810 Caniz

PO Box 669004,

Miami Springs, FL 33266, USA

 011-502-5400-0293

email: ywamantigua@gmail.com

Application instructions

Thank you for applying to the bilingual Summer Spanish School & Outreach with Youth With A Mission-, Antigua, Guatemala! **In order for us to process your application, we must receive all of the following completed forms and the application fee.**

**\_\_\_ 1. Application Form**

Please answer all questions. For questions that do not apply to you, answer with: N/A

**\_\_\_ 2. Application Fee**

Non-refundable $25 USD per individual. Make all checks/ money orders payable to *Asociacion CEMAS*

Please mail the check or money order to:

YWAM A-810 /CENAM/Antigua

PO Box 669004,
Miami Springs, FL 33266, USA

**\_\_\_ 3. Personal History**

**\_\_\_ 4. Health Form and Physician’s Evaluation**

Please complete and have signed by a physician.

**\_\_\_ 5. Release Form**

Please read and sign all portions.

**\_\_\_ 6. Reference Forms**

Give one form to your pastor, one to an employer or teacher, and one to a friend. Please ask them to email the form to ywamantigua@gmail.com

**\_\_\_ 7. Photos**

Please include two recent photos of yourself:

 - at least one that is passport size

**Please email all forms to:** **ywamantigua@gmail.com**

 **For more information:**

Phone: (011)502-5400-0293

More about SSSO…

**What is Summer Spanish School & Outreach?**

SSS&O is a 4 week program for students who want to learn Spanish and put it into practice during our final week of outreach. Each day we will be spending 3-4 hours learning Spanish. We will also set aside time for teaching on specific discipleship topics, times of worship, prayer and ministry preparation.

**Format for Summer Spanish School & Outreach**

1. **Spanish Language learning**

We have an experienced Spanish language teacher who will be instructing students who are at the beginner or intermediate level. Each day we will provide 3-4 hours of instruction and practice.

 **B. Discipleship Training**

Each day we will have a teaching on different aspects of being a disciple of Christ.

 **C. Worship and Prayer**

 Each day we will meet for a time of worship and prayer at the start of our day.

1. **Personal Devotions**

A “God Time” is set aside each day for you to develop your personal relationship with God through spending one on one time with Him.

1. **Ministry Preparation**

We will be preparing ministry materials to present to children, youth and adults. We will be teaching dramas and preparing lessons that we can share with the people.

1. **Ministry Outreach**

We will spend time during the week helping with ministries we conduct at the YWAM Base. The last week will be completely dedicated to an outreach to different communities in Guatemala. It will be an opportunity to share the gospel and work alongside of other believers.

**Costs**

 Lodging, food, in-country transportation & instructional time $800

Additional costs paid by the participants will include transportation to and from Guatemala, personal expenses in country, passport fees

**Payment of SSSO**

Payment must be received 30 days prior to the first day of the school.

**Refund of Tuition**

Each student is accepted with the understanding that he/she has registered for the entire length of training. Certain expenses involved in securing teaching faculty, support services, housing, and transportation do not diminish when students are absent, withdraw, or are dismissed. Therefore, when a student enters the training and then discontinues for any reason, our refund policy is as follows:

1. Withdrawal within one week or before- all but $400 USD will be refunded
2. After the first week up to 15 days- $200
3. Withdrawal after 15 days will result in no tuition refunds

**Other Important Information**

1. **Personal Finances**

It is difficult to cash checks in Guatemala, however ATM cards work fairly well and can be used to withdraw the money you need. (Money for tuition can be received by check in USD). You can also exchange US dollars at a bank.

1. **Weekends**

Students will be able to take advantage of optional group activities available on the weekends.

1. **Insurance**

**All participants must have a health insurance policy.** We recommend that you obtain an international insurance plan that covers you while in your training. If you are already insured, please check with your insurance company to ensure that you are also covered in Guatemala. Note that in the case of an accident, you may need to pay with cash or a credit card, and your insurance company will reimburse you later. If you need insurance, feel free to check into the following companies:

 Insurance Services of America-[www.missionaryhealth.net](http://www.missionaryhealth.net)

 STM Services Int’l-[www.stmservices.com](http://www.stmservices.com)

1. **Relationships**

Good relationships among all staff and students are encouraged; however we highly recommend that students do not begin any exclusive, romantic, or dating relationships during the SSSO to allow for maximum personal growth. This is very important for you to receive the most that you can from the school and not to be distracted from what God may want to do in your life during this time.

1. **Passport**

It is required that you have a passport before you arrive for training. Once you’ve applied, it can take up to 3 months to receive, so please begin this process early.

1. **Immunizations**

For your own protection, please be sure that you have had the following immunizations before arriving to the school:

 Tetanus, Hepatitis A and B, and Typhoid

Covid vaccinations and negative covid test must be taken to enter Guatemala. This is constantly changing so keep informed through your countries embassy in Guatemala and the Public health agency in Guatemala.

 YWAM SSSO application

**Personal Information**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of School Applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Street/P.O. Box

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

City State/Prov. Country Phone

Permanent Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street/P.O. Box

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

City State/Prov. Country Phone

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

Sex: M \_\_\_\_ F \_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status:

Single \_\_\_\_ Engaged \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_

Separated \_\_\_\_ Remarried \_\_\_\_ Widowed \_\_\_\_

Will your spouse be accompanying you? Yes \_\_\_\_ No \_\_\_\_

Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your children be accompanying you? Yes \_\_\_\_ No \_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_ School Grade: \_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_ School Grade: \_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_ School Grade: \_\_\_\_\_

**Passport Information (Your passport must have at least 6 months of validation before the expiration date to enter Guatemala.)**

Name as listed on Passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Country where Passport was issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date: \_\_\_\_\_\_\_\_\_

Have you ever been refused a visa for any country? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Talents and Skills**

Help us to get to know you better by telling us what some your interests and skills are:

(Example: working on cars, singing on a worship team, photography, etc.)

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

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Please tell us what languages you speak, other than English, and your level of proficiency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Speaking: \_\_ Basic \_\_ Conversational \_\_ Fluent

Writing: \_\_ Basic \_\_ Conversational \_\_ Fluent

**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 \_\_\_\_ (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, will these be paid off before you attend the school? Yes \_\_\_\_ No \_\_\_\_

If not, please explain how much is owed and how you plan to make payments.

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

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**Home Church Information**

Church’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you attended? \_\_\_\_\_\_\_\_\_\_

**Educational History**

I have completed: High School \_\_\_\_ College/ University \_\_\_\_

Schools attended (High School and after)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School** | **Location** | **Dates Attended** | **Degree** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**YWAM Involvement and Experience**

Have you previously attended a YWAM school? Yes \_\_\_\_ No \_\_\_\_

Have you done any volunteer work with YWAM? Yes \_\_\_\_ No \_\_\_\_

If answering yes to any of the above questions, please give details below.

Personal history

Please prayerfully answer the following questions on a separate sheet of paper. Include on the paper your name, address, and phone number. Please be as accurate and honest as possible.

1. Describe your conversion experience.
2. Describe your personal relationship with the Lord.
3. What areas of your character are you presently seeking God to further develop and improve?
4. Describe your relationship with your local church and any areas of service or leadership.
5. What missions experience have you had?
6. Explain your purpose for attending SSSO.
7. Describe your relationship with your family and their attitude regarding your interest in attending SSSO.
8. List the names and address of a former employer or school teacher, a close friend, and your pastor to whom you will be giving your confidential reference forms.
9. List anything else that we should know about your situation (special circumstances, work limitations, etc).

Health form: Please email the form to: ywamantigua@gmail.com

Date of School Applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have medical insurance? Yes \_\_\_\_ No \_\_\_\_

Name of Insurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

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

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

**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. I also accept full responsibility for expenses related to medical care.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian is required if applicant is under 18 years of age.

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

**Personal Health History**

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

Please check all that apply and comment in the space below, or on a separate sheet of paper.

\_\_\_ Allergy

\_\_\_ Medicine- specify

\_\_\_ Food- specify

\_\_\_ Other- specify

\_\_\_ Skin conditions

\_\_\_ Eye trouble

\_\_\_ Ear trouble

\_\_\_ Recurrent headache

\_\_\_ Fainting spells

\_\_\_ Insomnia

\_\_\_ Asthma

\_\_\_ Heart trouble

\_\_\_ High blood pressure

\_\_\_ Low blood pressure

\_\_\_ Weakness

\_\_\_ Surgery- specify

\_\_\_ Broken bones

\_\_\_ Dislocation of joints

\_\_\_ Rheumatism/ Arthritis

\_\_\_ Back Problems

\_\_\_ Paralysis

\_\_\_ Head injury

\_\_\_ Epilepsy

\_\_\_ Anemia

\_\_\_ Diabetes

\_\_\_ Tumor: Cancer

\_\_\_ Venereal Disease

\_\_\_ HIV+

\_\_\_ Jaundice

\_\_\_ Hepatitis

\_\_\_ Kidney Disease

\_\_\_ Gall bladder problems

\_\_\_ Intestinal troubles

\_\_\_ Recurrent diarrhea

\_\_\_ Shortness of breath

\_\_\_ Ulcer

\_\_\_ Mental or

 nervous disorders

\_\_\_ Depression

Specifics/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you presently taking any medication? Yes \_\_\_\_ No \_\_\_\_ If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any physical disabilities? Yes \_\_\_\_ No \_\_\_\_ If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you been under psychiatric care? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain history:

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

Physician’s evaluation:

Please email the form to ywamantigua@gmail.com

**To the Applicant:** Please have a physician complete and sign this form.

**To the Physician:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied to be admitted into the Summer Spanish School & Outreach with Youth With A Mission in Antigua, Guatemala. Please answer the following questions regarding the applicant’s health.

1. Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Blood Type: \_\_\_\_\_\_\_\_\_\_\_\_

2. Is he/ she underweight or overweight? Yes \_\_\_\_ No \_\_\_\_

How much? \_\_\_\_\_\_\_\_\_\_\_

3.Is he/ she taking medication or under medical attention at this time?

Yes \_\_\_ No \_\_

 If yes, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Does the applicant have any contagious illness? Yes \_\_\_\_ No \_\_\_\_

5. Is the applicant on a special diet? Yes \_\_\_\_ No \_\_\_\_

 If yes, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Would he/ she be able to walk 3-4 miles a day? Yes \_\_\_\_ No \_\_\_\_

7. Is the applicant in general good health? Yes \_\_\_\_ No \_\_\_\_

Note: Please use the following space to make additional comments regarding the applicant’s health or special limitations affecting physical, mental, or emotional capabilities.

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

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

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Physician’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release forms:

Please email the form to: ywamantigua@gmail.com

**Release of Liability**

I do hereby release Asociacion CEMAS and Youth With A Mission- Antigua, Inc., its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained during the course of involvement with Youth With A Mission.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian is required if applicant is under 18 years of age.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Burial Statement**

Although it is very rare that any YWAM staff or student pass away during his/her time on the field, it is important to consider this possibility prior to traveling abroad. YWAM does everything possible to protect its staff and students, but in many countries where disease is more prevalent burial may have to take place within 24 hours, or arrangements will be made to ship the remains home. In addition, all burial costs and transportation expenses are not the responsibility of Youth With A Mission- Antigua, its staff or associates.

**Therefore, in the event of my death, I give my permission to be buried in the country of service if need be, and absolve Youth With A Mission, its staff and associates from any financial responsibility for burial cost or transportation expenses.**

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian is required if applicant is under 18 years of age.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement of Financial Responsibility**

I understand that payment of the required school tuition fees must be made on or before arrival, unless otherwise approved in writing by the school leader. Further, I agree to meet in a timely manner, prior to the completion of school, all expenses incurred during my involvement with Youth With A Mission.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian is required if applicant is under 18 years of age.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration of Commitment**

I understand that this school is voluntary. I choose to commit to participate fully and develop the abilities God has invested in me.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify that all information in this application is complete and accurate and if accepted, I will abide by the spirit, rules, and schedule of the program.**

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s reference

**To the Applicant:**

Please write your name and the dates of the SSSO and ask your pastor to complete the reference form and send it to: ywamantigua@gmail.com

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSSO Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Pastor:**

The above applicant has applied for participation in Youth With A Mission (YWAM), an international, interdenominational, Christian missionary organization. YWAM, founded in 1960, now has centers in over 1200 locations on all 7 continents. Its purposes include training, challenging, and channeling Christians to fulfill Christ’s command: “Go therefore and make disciples of all nations.” (Matt. 28:18)

We would appreciate if you supplied the information requested on this form, in order to aid us in evaluating the applicant’s suitability for admission. Serious consideration will be given to your comments therefore, we ask that you complete this form carefully. **The applicant cannot be considered for admission until all references are received. Your speedy completion of this form would be very much appreciated.**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation to Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

How well do you know the applicant? \_\_\_ Very well \_\_\_ Well \_\_\_ Casually

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Superior** | **Above Average** | **Average** | **Below Average** | **Inferior** |
| Initiative |  |  |  |  |  |
| Social adaptability |  |  |  |  |  |
| Teachable attitude |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Judgment/Decision making |  |  |  |  |  |
| Emotional stability |  |  |  |  |  |
| Health |  |  |  |  |  |
| Personal appearance |  |  |  |  |  |
| Ability to receive correction |  |  |  |  |  |
| Self-confidence |  |  |  |  |  |
| Ability to make decisions |  |  |  |  |  |
| Concern for others |  |  |  |  |  |
| Willingness to serve |  |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental ability \_\_\_ quick to comprehend \_\_\_ average \_\_\_ slow

Work Ethic \_\_\_ hard worker \_\_\_ average \_\_\_ lacks persistence

Reliability \_\_\_ Meets obligations \_\_\_ average \_\_\_ neglects obligations

Cooperativeness\_\_\_ works well with others \_\_\_ average \_\_\_ avoids group activities

Flexibility \_\_\_ open to change \_\_\_ average \_\_\_ unyielding

Christian Character \_\_\_ well-balanced \_\_\_ average \_\_\_ unstable

Disposition \_\_\_ cheerful \_\_\_ average \_\_\_ passive

Punctuality \_\_\_ punctual \_\_\_ average \_\_\_ often late

Financial responsibility \_\_\_ honors obligations \_\_\_ average \_\_\_ neglectful

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please choose 4 or 5 of the following words that best describe the applicant.

\_\_\_ Teachable

\_\_\_ Tolerant

\_\_\_ Enthusiastic

\_\_\_ Committed

\_\_\_ Good Listener

\_\_\_ Understanding

\_\_\_ Disciplined

\_\_\_ Easily Discouraged

\_\_\_ Perfectionist

\_\_\_ Nervous

\_\_\_ Lacking Humor

\_\_\_ Prejudiced

\_\_\_ Anxious

\_\_\_ Stable

\_\_\_ Humorous

\_\_\_ Moody

\_\_\_ Fearful

\_\_\_ Domineering

\_\_\_ Flexible

\_\_\_ Critical

\_\_\_ Peaceful

\_\_\_ Easily Embarrassed

\_\_\_ Easily Offended

\_\_\_ Dependable

\_\_\_ Self motivated

\_\_\_ Patient

\_\_\_ Wise

\_\_\_ Apathy

Which of the following would best describe the applicant’s Christian experience?

\_\_\_ Mature \_\_\_ Contagious \_\_\_ Genuine and Growing \_\_\_ Over-emotional \_\_\_ Superficial

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does the applicant respond well to authority? \_\_\_\_ Yes \_\_\_\_ No If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To what extent is the applicant active in Christian service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

With reference to his/her Christian service, do you consider the applicant to be:

 \_\_\_ dedicated \_\_\_ average \_\_\_ casual Please explain:

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

Please check any of the following that you feel are motivating the applicant to become a student in this training program:

\_\_ Personal growth

\_\_ Receive discipleship

\_\_ Travel

\_\_ Christian service

\_\_ To spread the Gospel

\_\_ Adventure

\_\_ Desire to help others

\_\_ Receive help

\_\_ Get away from unpleasant circumstances

Please comment on the applicant’s family situation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas we should know more about). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you recommend the applicant for acceptance into the Summer Spanish School & Outreach?

 \_\_\_ Yes \_\_\_ With some reservation (please comment) \_\_\_ No (please comment)

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

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email this form to: ywamantigua@gmail.com**

Employer or teacher’s reference

**To the Applicant:**

Please write your name and the dates of the SSSO and ask your employer or teacher to complete the reference form and send it to: ywamantigua@gmail.com

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSSO Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Employer or Teacher:**

The above applicant has applied for participation in Youth With A Mission (YWAM), an international, interdenominational, Christian missionary organization. YWAM, founded in 1960, now has centers in all 7 continents. Its purposes include training, challenging, and channeling Christians to fulfill Christ’s command: “Go therefore and make disciples of all nations.” (Matt. 28:18)

We would appreciate if you supplied the information requested on this form, in order to aid us in evaluating the applicant’s suitability for admission. Serious consideration will be given to your comments therefore, we ask that you complete this form carefully. **The applicant cannot be considered for admission until all references are received. Your speedy completion of this form would be very much appreciated.**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Business or School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

How well do you know the applicant? \_\_\_ Very well \_\_\_ Well \_\_\_ Casually

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Superior** | **Above Average** | **Average** | **Below Average** | **Inferior** |
| Initiative |  |  |  |  |  |
| Social adaptability |  |  |  |  |  |
| Teachable attitude |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Judgment/Decision making |  |  |  |  |  |
| Emotional stability |  |  |  |  |  |
| Health |  |  |  |  |  |
| Personal appearance |  |  |  |  |  |
| Ability to receive correction |  |  |  |  |  |
| Self-confidence |  |  |  |  |  |
| Ability to make decisions |  |  |  |  |  |
| Concern for others |  |  |  |  |  |
| Willingness to serve |  |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental ability \_\_\_ quick to comprehend \_\_\_ average \_\_\_ slow

Work Ethic \_\_\_ hard worker \_\_\_ average \_\_\_ lacks persistence

Reliability \_\_\_ Meets obligations \_\_\_ average \_\_\_ neglects obligations

Cooperativeness \_\_\_ works well with others \_\_\_ average \_\_\_ avoids group activity

Flexibility \_\_\_ open to change \_\_\_ average \_\_\_ unyielding

Christian Character \_\_\_ well-balanced \_\_\_ average \_\_\_ unstable

Disposition \_\_\_ cheerful \_\_\_ average \_\_\_ passive

Punctuality \_\_\_ punctual \_\_\_ average \_\_\_ often late

Financial responsibility \_\_\_ honors obligations \_\_\_ average \_\_\_ neglectful

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please choose 4 or 5 of the following words that best describe the applicant.

\_\_\_ Teachable

\_\_\_ Tolerant

\_\_\_ Enthusiastic

\_\_\_ Committed

\_\_\_ Good Listener

\_\_\_ Understanding

\_\_\_ Disciplined

\_\_\_ Easily Discouraged

\_\_\_ Perfectionist

\_\_\_ Nervous

\_\_\_ Lacking Humor

\_\_\_ Prejudiced

\_\_\_ Anxious

\_\_\_ Stable

\_\_\_ Humorous

\_\_\_ Moody

\_\_\_ Fearful

\_\_\_ Domineering

\_\_\_ Flexible

\_\_\_ Critical

\_\_\_ Peaceful

\_\_\_ Easily Embarrassed

\_\_\_ Easily Offended

\_\_\_ Dependable

\_\_\_ Self motivated

\_\_\_ Patient

\_\_\_ Wise

\_\_\_ Apathetic

Which of the following would best describe the applicant’s Christian experience?

\_\_\_ Mature \_\_\_ Contagious \_\_\_ Genuine and Growing \_\_\_ Over-emotional \_\_\_ Superficial

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does the applicant respond well to authority? \_\_\_\_ Yes \_\_\_\_ No If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To what extent is the applicant active in Christian service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

With reference to his/her Christian service, do you consider the applicant to be:

 \_\_\_ dedicated \_\_\_ average \_\_\_ casual Please explain:

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

Please check any of the following that you feel are motivating the applicant to become a student in this training program:

\_\_ Personal growth

\_\_ Receive discipleship

\_\_ Travel

\_\_ Christian service

\_\_ To spread the Gospel

\_\_ Adventure

\_\_ Desire to help others

\_\_ Receive help

\_\_ Get away from unpleasant circumstances

Please comment on the applicant’s family situation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas we should know more about). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you recommend the applicant for acceptance into the Summer Spanish School & Outreach?

 \_\_\_ Yes \_\_\_ With some reservation (please comment)\_\_\_ No (please comment)

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

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email this form to: ywamantigua@gmail.com**

Friend’s reference

**To the Applicant:**

Please write your name and the dates of the SSSO and ask your friend to complete the reference form and send it to: ywamantigua@gmail.com

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSSO Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Close Friend:**

The above applicant has applied for participation in Youth With A Mission (YWAM), an international, interdenominational, Christian missionary organization. YWAM, founded in 1960, now has centers in over 500 locations on all 7 continents. Its purposes include training, challenging, and channeling Christians to fulfill Christ’s command: “Go therefore and make disciples of all nations.” (Matt. 28:18)

We would appreciate if you supplied the information requested on this form, in order to aid us in evaluating the applicant’s suitability for admission. Serious consideration will be given to your comments therefore, we ask that you complete this form carefully. **The applicant cannot be considered for admission until all references are received. Your speedy completion of this form would be very much appreciated.**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

How well do you know the applicant? \_\_\_ Very well \_\_\_ Well \_\_\_ Casually

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Superior** | **Above Average** | **Average** | **Below Average** | **Inferior** |
| Initiative |  |  |  |  |  |
| Social adaptability |  |  |  |  |  |
| Teachable attitude |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Judgment/Decision making |  |  |  |  |  |
| Emotional stability |  |  |  |  |  |
| Health |  |  |  |  |  |
| Personal appearance |  |  |  |  |  |
| Ability to receive correction |  |  |  |  |  |
| Self-confidence |  |  |  |  |  |
| Ability to make decisions |  |  |  |  |  |
| Concern for others |  |  |  |  |  |
| Willingness to serve |  |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental ability \_\_\_ quick to comprehend \_\_\_ average \_\_\_ slow

Work Ethic \_\_\_ hard worker \_\_\_ average \_\_\_ lacks persistence

Reliability \_\_\_ Meets obligations \_\_\_ average \_\_\_ neglects obligations

Cooperativeness \_\_\_ works well with others \_\_\_ average \_\_\_ avoids group activity

Flexibility \_\_\_ open to change \_\_\_ average \_\_\_ unyielding

Christian Character \_\_\_ well-balanced \_\_\_ average \_\_\_ unstable

Disposition \_\_\_ cheerful \_\_\_ average \_\_\_ passive

Punctuality \_\_\_ punctual \_\_\_ average \_\_\_ often late

Financial responsibility \_\_\_ honors obligations \_\_\_ average \_\_\_ neglectful

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please choose 4 or 5 of the following words that best describe the applicant.

\_\_\_ Teachable

\_\_\_ Tolerant

\_\_\_ Enthusiastic

\_\_\_ Committed

\_\_\_ Good Listener

\_\_\_ Understanding

\_\_\_ Disciplined

\_\_\_ Easily Discouraged

\_\_\_ Perfectionist

\_\_\_ Nervous

\_\_\_ Lacking Humor

\_\_\_ Prejudiced

\_\_\_ Anxious

\_\_\_ Stable

\_\_\_ Humorous

\_\_\_ Moody

\_\_\_ Fearful

\_\_\_ Domineering

\_\_\_ Flexible

\_\_\_ Critical

\_\_\_ Peaceful

\_\_\_ Easily Embarrassed

\_\_\_ Easily Offended

\_\_\_ Dependable

\_\_\_ Self motivated

\_\_\_ Patient

\_\_\_ Wise

\_\_\_ Apathetic

Which of the following would best describe the applicant’s Christian experience?

\_\_\_ Mature \_\_\_ Contagious \_\_\_ Genuine and Growing\_\_\_ Over-emotional\_\_\_ Superficial

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does the applicant respond well to authority? \_\_\_\_ Yes \_\_\_\_ No If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To what extent is the applicant active in Christian service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

With reference to his/her Christian service, do you consider the applicant to be:

 \_\_\_ dedicated \_\_\_ average \_\_\_ casual Please explain:

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

Please check any of the following that you feel are motivating the applicant to become a student in this training program:

\_\_ Personal growth

\_\_ Receive discipleship

\_\_ Travel

\_\_ Christian service

\_\_ To spread the Gospel

\_\_ Adventure

\_\_ Desire to help others

\_\_ Receive help

\_\_ Get away from unpleasant circumstances

Please comment on the applicant’s family situation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please add any other relevant remarks (i.e. medical, psychological, drugs, alcohol, or other areas we should know more about). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you recommend the applicant for acceptance into the Summer Spanish School & Outreach?

 \_\_\_ Yes \_\_\_ With some reservation (please comment)\_\_\_ No (please comment)

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

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email this form to: ywamantigua@gmail.com**