

## GUIDELINES TO COMPLETING SOSM APPLICATION FORM

Thank you for applying to one of YWAM Nashville's training programs. In order for us to process your application, we must receive each of the following items:

- **School Application Form:** Please answer every question. If one does not apply to you, write N/A in the blank.
- **Registration Fee:** A non-refundable registration fee of \$35 for singles or \$45 for a married couple is to be sent with the application. There will be a late fee of \$10 for applicants registering after 15 days prior to the beginning date of the school. For non-U.S. students, please see note below.
- **Confidential Health Form:** This form must be signed by a physician.
 

**NOTE: Consent For Treatment & Liability Release Sections** must be signed by each applicant.
- **Supplemental Questions:** Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type.
  - A. Describe your conversion experience and present relationship with the Lord.
  - B. Describe other significant spiritual experiences you have had in your walk with the Lord.
  - C. How would you describe your relationship with your family? Include how they feel about your plans to attend this YWAM program.
  - D. Describe your relationship with your local church; include areas of service and leadership.
  - E. Are you presently employed or in school? Please specify.
  - F. Describe your long-term goals. Has God spoken to you about your life's calling? Specify.
  - G. Describe previous missions and ministry experiences. Where and how did you serve? Is there anything you would do differently?
  - H. Have you ever been involved in a felonious crime, drug or alcohol abuse, occultism or homosexual practices? Explain. (This will not necessarily result in being denied admission into the school.)
  - I. Do you ever use tobacco or alcohol products in any form or manner? If so, please explain.
  - J. What areas of your character are you presently seeking God to further develop and improve?
  - K. How did you hear about the SOSM at YWAM Nashville?
  - L. Do you have any concerns about serving six months overseas to complete the outreach phase of the school? If so, what are they?
  - M. Has God already placed any countries on your heart where you would like to serve? If so, which countries? Please list them by 1st choice, 2nd choice, and 3rd choice.
  - N. Would you be open to being part of a newly-formed foreign team during the school?  
(A) Why or why not? (B) If so, in which continent or general region of the world would you like to serve?
  - O. What are three topics you most anticipate being covered in the school?
  - P. Please list any special circumstances or situations we should know about.
  - Q. Please list the names and addresses of your three references.
- **Three Reference Forms:** Please fill out the top portion of each reference form and give one to your pastor, one to your parents or past YWAM leader, and one to a mature Christian friend. Request that they fill it out and mail it directly to YWAM Nashville.
- Please give each reference a stamped envelope addressed to:  
**Youth With A Mission, Admissions Dept., P.O. Box 58, Adams, TN, 37010**
- **A recent photo** (wallet-size).

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### NOTE FOR ALL NON-U.S. CITIZENS

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All payments of registration and tuition fees should be made in U.S. dollars rather than in the currency of your own country. You may go to your bank and request a U.S. dollars money order or cashier's check to pay those fees. The check must have magnetic numbers at the bottom of it. Otherwise, we have to send the check away and it will take around six weeks for it to be returned - often with a service charge taken out. This will mean that you must make up the balance still needed. If you are unable to get the described checks in your country, we will process your funds anyway, but be prepared to make up the balance of the funds needed.



Please place a recent wallet-size photo of yourself here. This photo may be used for unofficial display purposes.

## SOSM APPLICATION FORM

### Personal Information

Name \_\_\_\_\_ Age \_\_\_\_\_  
 (Last / Family) (First) (Middle)

School Applying For \_\_\_\_\_ Starting Date \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_ Citizenship \_\_\_\_\_  
 (Month/Day/Year) (City/State/Country) (Country)

Present Address \_\_\_\_\_ Until \_\_\_\_\_

Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Permanent Address \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Passport Number \_\_\_\_\_ Expiration \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Type of License \_\_\_\_\_

#### Marital Status:

Single \_\_\_\_\_ Engaged (Date \_\_\_\_\_) Married (Date \_\_\_\_\_) Separated (Date \_\_\_\_\_)

Divorced (Date \_\_\_\_\_) Remarried (Date \_\_\_\_\_) Widowed (Date \_\_\_\_\_)

#### Children Accompanying you:

| Name(First/Middle/Last) | Birth date (Month/Day/Year) | Gender | Grade |
|-------------------------|-----------------------------|--------|-------|
| _____                   | _____                       | _____  | _____ |
| _____                   | _____                       | _____  | _____ |
| _____                   | _____                       | _____  | _____ |
| _____                   | _____                       | _____  | _____ |

Church Background \_\_\_\_\_ Home Church \_\_\_\_\_

How long have you attended there? \_\_\_\_\_ Church Phone (\_\_\_\_) \_\_\_\_\_

Church Address \_\_\_\_\_ Pastor's Name \_\_\_\_\_

#### In Case of Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Medical Insurance Co. \_\_\_\_\_ Ins. # \_\_\_\_\_

Parents' Name \_\_\_\_\_ Address \_\_\_\_\_



## EDUCATION / EMPLOYMENT / SKILLS

Highest level of education completed \_\_\_\_\_ Secondary school(s) attended \_\_\_\_\_

What languages do you speak? (In decreasing order of fluency)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

If English is not your primary language, what is your fluency level in English?

Fluent  Functional and Progressing  Weak

Any military service?  Yes  No Specify \_\_\_\_\_

Are you presently ordained or licensed?  Yes  No Specify \_\_\_\_\_

Present employer \_\_\_\_\_ Occupation \_\_\_\_\_

Other occupational skills \_\_\_\_\_ Years experience \_\_\_\_\_

Musical abilities / other talents \_\_\_\_\_

### PREVIOUS YWAM EXPERIENCE

Have you ever been involved in a YWAM short-term outreach or training program?  Yes  No

If so, please specify \_\_\_\_\_

Any other YWAM function \_\_\_\_\_

How long have you been a "born-again" Christian? \_\_\_\_\_

Why do you desire to attend this school? \_\_\_\_\_

### What are your plans after completing this training?

- Further education
- YWAM staff
- Back to job
- Full time missions
- Work with home church
- Uncertain

### FINANCIAL INFORMATION

Do you have the total school fees?  Yes  No If no, what percentage do you have? \_\_\_\_\_

From what source(s) will you receive the remainder? \_\_\_\_\_

Do you have any outstanding debts? If so, please explain \_\_\_\_\_

**I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE. IF ACCEPTED BY YOUTH WITH A MISSION, I WILL ABIDE BY THE SPIRIT, RULES, AND SCHEDULE OF THE PROGRAM. I CONFIRM THAT I UNDERSTAND THAT PAYMENT OF THE SCHOOL TUITION FEES MUST BE MADE UPON OR BEFORE ARRIVAL. I ALSO CONFIRM THAT I AM FULLY AWARE OF MY FINANCIAL OBLIGATIONS, BOTH TO THE LORD AND TO THE STAFF AT THE SCHOOL. I THEREFORE COMMIT MYSELF TO PAYING ALL PERSONAL EXPENSES INCURRED DURING MY INVOLVEMENT WITH YOUTH WITH A MISSION.**

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



# CONFIDENTIAL HEALTH FORM

Name \_\_\_\_\_ Applying for \_\_\_\_\_

Personal History: Please answer all questions. Explain any "Yes" answers in the space below.

## HAVE YOU EVER HAD, OR DO YOU HAVE, ANY OF THE FOLLOWING?

|                            | YES                   | NO                    |                        | YES                   | NO                    |                          | YES                   | NO                    |
|----------------------------|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|--------------------------|-----------------------|-----------------------|
| Skin conditions            | <input type="radio"/> | <input type="radio"/> | Shortness of breath    | <input type="radio"/> | <input type="radio"/> | Stomach / Duodenal Ulcer | <input type="radio"/> | <input type="radio"/> |
| Eye trouble                | <input type="radio"/> | <input type="radio"/> | Hay Fever, Asthma      | <input type="radio"/> | <input type="radio"/> | Gall bladder problems    | <input type="radio"/> | <input type="radio"/> |
| Ear trouble                | <input type="radio"/> | <input type="radio"/> | Heart trouble          | <input type="radio"/> | <input type="radio"/> | Jaundice                 | <input type="radio"/> | <input type="radio"/> |
| Head injury                | <input type="radio"/> | <input type="radio"/> | High blood pressure    | <input type="radio"/> | <input type="radio"/> | Hepatitis                | <input type="radio"/> | <input type="radio"/> |
| Recurrent headache         | <input type="radio"/> | <input type="radio"/> | Low blood pressure     | <input type="radio"/> | <input type="radio"/> | Intestinal troubles      | <input type="radio"/> | <input type="radio"/> |
| Epilepsy                   | <input type="radio"/> | <input type="radio"/> | Rheumatism / Arthritis | <input type="radio"/> | <input type="radio"/> | Recurrent diarrhea       | <input type="radio"/> | <input type="radio"/> |
| Fainting spells            | <input type="radio"/> | <input type="radio"/> | Back problems          | <input type="radio"/> | <input type="radio"/> | Diabetes                 | <input type="radio"/> | <input type="radio"/> |
| Mental / Nervous disorders | <input type="radio"/> | <input type="radio"/> | Dislocation of joints  | <input type="radio"/> | <input type="radio"/> | Kidney Disease           | <input type="radio"/> | <input type="radio"/> |
| Weakness                   | <input type="radio"/> | <input type="radio"/> | Broken bones           | <input type="radio"/> | <input type="radio"/> | Anemia                   | <input type="radio"/> | <input type="radio"/> |
| Paralysis                  | <input type="radio"/> | <input type="radio"/> | Eating disorders       | <input type="radio"/> | <input type="radio"/> | Venereal Disease         | <input type="radio"/> | <input type="radio"/> |
| Insomnia                   | <input type="radio"/> | <input type="radio"/> | Anorexia Nervosa       | <input type="radio"/> | <input type="radio"/> | Tumor Cancer             | <input type="radio"/> | <input type="radio"/> |
| Allergy                    | <input type="radio"/> | <input type="radio"/> | Bulimia                | <input type="radio"/> | <input type="radio"/> | <b>FEMALES ONLY</b>      |                       |                       |
| Penicillin                 | <input type="radio"/> | <input type="radio"/> | Surgery                | <input type="radio"/> | <input type="radio"/> | Irregular periods        | <input type="radio"/> | <input type="radio"/> |
| Sulfonamides               | <input type="radio"/> | <input type="radio"/> | Appendectomy           | <input type="radio"/> | <input type="radio"/> | Severe cramps            | <input type="radio"/> | <input type="radio"/> |
| Serum                      | <input type="radio"/> | <input type="radio"/> | Hernia repair          | <input type="radio"/> | <input type="radio"/> | Excessive flow           | <input type="radio"/> | <input type="radio"/> |
| Other - specify            | <input type="radio"/> | <input type="radio"/> | Tonsillectomy          | <input type="radio"/> | <input type="radio"/> | Are you pregnant?        | <input type="radio"/> | <input type="radio"/> |
| Foods - specify            | <input type="radio"/> | <input type="radio"/> | Others - specify       | <input type="radio"/> | <input type="radio"/> | Previous pregnancies     | <input type="radio"/> | <input type="radio"/> |

Other explain \_\_\_\_\_

Are you now under a doctor's care for any condition?  No  Yes (specify) \_\_\_\_\_

Are you taking any medication at this time?  No  Yes (specify) \_\_\_\_\_

Any physical handicaps, health conditions, or dietary needs which require special attention?  No  Yes (specify) \_\_\_\_\_

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

Are you overweight?  Underweight?  Pounds over/under \_\_\_\_\_ Blood type \_\_\_\_\_

Would you rate your health condition as:  excellent  good  fair  poor

## FAMILY HISTORY - Have any of your relatives ever had any of the following?

| YES                   | NO                    | Relationship         | YES                   | NO                    | Relationship                |
|-----------------------|-----------------------|----------------------|-----------------------|-----------------------|-----------------------------|
| <input type="radio"/> | <input type="radio"/> | Tuberculosis _____   | <input type="radio"/> | <input type="radio"/> | Arthritis _____             |
| <input type="radio"/> | <input type="radio"/> | Diabetes _____       | <input type="radio"/> | <input type="radio"/> | Stomach Disease _____       |
| <input type="radio"/> | <input type="radio"/> | Kidney Disease _____ | <input type="radio"/> | <input type="radio"/> | Asthma, Hay Fever _____     |
| <input type="radio"/> | <input type="radio"/> | Heart Disease _____  | <input type="radio"/> | <input type="radio"/> | Convulsions, Epilepsy _____ |
| <input type="radio"/> | <input type="radio"/> | Hypertension _____   | <input type="radio"/> | <input type="radio"/> | Cancer _____                |

## Have you ever had any of the following COMMUNICABLE DISEASES?

| YES                   | NO                    | YES                   | NO                    |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Mumps      Chickenpox  
 Measles (Rubella)      Scarlet Fever  
 Measles (Rubeola)      Tuberculosis  
 Other (Specify)      Pertussis



# TO THE PHYSICIAN

Name of applicant \_\_\_\_\_

The above person has applied for service with Youth With A Mission. This program will require good health and endurance. Please review the "Personal History" information on the opposite side, fill out the portion below and make any additional comments.

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Are there any abnormalities of the following systems?

|                    | Yes                   | No                    | Please Describe |
|--------------------|-----------------------|-----------------------|-----------------|
| Ears, Nose, Throat | <input type="radio"/> | <input type="radio"/> | _____           |
| Eyes               | <input type="radio"/> | <input type="radio"/> | _____           |
| Neurological       | <input type="radio"/> | <input type="radio"/> | _____           |
| Cardiovascular     | <input type="radio"/> | <input type="radio"/> | _____           |
| Respiratory        | <input type="radio"/> | <input type="radio"/> | _____           |
| Musculoskeletal    | <input type="radio"/> | <input type="radio"/> | _____           |

Would he/she be able to walk 3-4 miles per day?  Yes  No

Please attach any additional comments to this sheet.

## PHYSICIAN RECOMMENDATION

Acceptable without limitations  Should remain in areas where adequate medical care is provided

Not acceptable

Acceptable with limitations (specify) \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's name (printed) \_\_\_\_\_

Full Address \_\_\_\_\_

## CONSENT FOR TREATMENT

I/WE HEREBY AGREE TO THE PERFORMANCE OF SUCH TREATMENT, ANESTHETICS, AND OPERATIONS AS IN THE OPINION OF THE ATTENDING PHYSICIAN IS DEEMING NECESSARY ON THE ABOVE NAMED PERSON.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent guardian signature (if applicant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

## LIABILITY RELEASE

I/we hereby release Youth With A Mission, Inc., its agent, employees, and or volunteer assistants from any liability whatsoever arising out of injury, damage, or loss which may be sustained by said person during the course of involvement with Youth With A Mission, Inc.

Applicant's signature \_\_\_\_\_ Parent/Guardian signature (if applicant is under 18) \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

## LEGAL CONSENT FOR MINORS TO TRAVEL OUTSIDE OF U.S.

I hereby give my consent for \_\_\_\_\_

(Complete name of minor)

to travel outside the United States with Youth With A Mission.

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Personal Contract and Liability Release

I understand that the staff and leadership of Youth With A Mission of Nashville, Inc. (YWAM Nashville) are committed to

- the growth and maintenance of my personal relationship with Jesus Christ;
- helping me maintain health in my spiritual life, my physical life, my emotions, my thought life, my relationships, and my finances;
- my personal safety, and that they will do all in their power to keep me from injury.

I understand that our premises includes access to steep cliffs, a pond, a river, and rugged terrain, and that any climbing, swimming, off-road motor biking or four-wheeling is not part of our programs, may be dangerous, and is at my own risk, even with the required consent of YWAM Nashville. Should I choose to engage in any of these activities, I will communicate responsibly and add YWAM Nashville as insured through my personal liability coverage.

I HEREBY RELEASE YWAM Nashville and University of the Nations officers, directors, employees or agents from all liability, claims, demands and possible causes of action that may accrue from any property damage, personal injury, death, or other loss I may incur while I am upon, entering or departing from the premises, from any cause whatsoever, including without limitation the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of any other persons, and including injuries, damages or losses that may develop or be discovered in the future.

I understand and agree that the consumption of drugs and/or alcohol as a student, on or off campus property, is grounds for immediate removal from the YWAM Nashville campus and from further participation in YWAM programs;

I understand and agree that tobacco use as a student, on or off campus property, is grounds for immediate removal from the YWAM Nashville campus and from further participation in YWAM programs;

I give permission for my personal belongings to be searched if the suspicion of drugs, alcohol or tobacco is present;

If disciplinary measures result from my disobedience to these policies, I will submit to the staff and leadership of YWAM Nashville without retribution;

If I am removed from the YWAM Nashville campus as a disciplinary measure caused by my inappropriate actions concerning drugs, alcohol or tobacco, I will be remanded to the authority of my parent/ legal guardian if I am under 21 years of age, or to my own authority if I am 21 years or older;

If I am so removed from the YWAM Nashville campus, I release the staff and leadership of Youth With A Mission of Nashville, Inc. from any subsequent legal or financial responsibility concerning me;

If I am so removed from the YWAM Nashville campus, I and/or my family/guardians will assume all financial responsibility for my welfare;

If I am so removed from the YWAM Nashville campus, I will forfeit any unused tuition;

I understand that without this document on file with YWAM Nashville, I may not participate in any of their schools or programs.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



# REFERENCE FORM

TO THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to:

Youth With A Mission- Nashville, Admissions Dept., P.O. Box 58, Adams, TN 37207

Name of Applicant \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 School applying for \_\_\_\_\_ Dates \_\_\_\_\_

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

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

The above applicant has applied for admission to Youth With A Mission. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully. Your early response will be most appreciated, as the applicant's file cannot be considered until all forms have been received by this office. Thank you for taking time to help us in this way. We sincerely appreciate your cooperation.

Please check the following, and comment where necessary:

Your relationship to the applicant?  Pastor  Parent  Past YWAM Leader  Other (specify) \_\_\_\_\_

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

|                            | Superior              | Above Average         | Average               | Below Average         |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Initiative                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social adaptability        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Concern for others         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to follow          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Leadership                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Judgment / Decision making | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emotional stability        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal appearance        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments \_\_\_\_\_

- |                                 |  |                               |   |
|---------------------------------|--|-------------------------------|---|
| <b>Mental ability</b>           | <input type="radio"/> Quick to comprehend    | <input type="radio"/> Average | <input type="radio"/> Slow                  |
| <b>Work Ethic</b>               | <input type="radio"/> Integrity              | <input type="radio"/> Average | <input type="radio"/> Lacks persistence     |
| <b>Reliability</b>              | <input type="radio"/> Meets Obligations      | <input type="radio"/> Average | <input type="radio"/> Neglects obligations  |
| <b>Cooperativeness</b>          | <input type="radio"/> Works well with others | <input type="radio"/> Average | <input type="radio"/> Avoids group activity |
| <b>Flexibility</b>              | <input type="radio"/> Open to change         | <input type="radio"/> Average | <input type="radio"/> Unyielding            |
| <b>Christian character</b>      | <input type="radio"/> Well balanced          | <input type="radio"/> Average | <input type="radio"/> Unstable              |
| <b>Disposition</b>              | <input type="radio"/> Cheerful               | <input type="radio"/> Average | <input type="radio"/> Passive               |
| <b>Punctuality</b>              | <input type="radio"/> Punctual               | <input type="radio"/> Average | <input type="radio"/> Often late            |
| <b>Financial responsibility</b> | <input type="radio"/> Responsible            | <input type="radio"/> Average | <input type="radio"/> Neglectful            |



1. In what capacity is the applicant active in church work?  
\_\_\_\_\_
2. Does he/she display high moral standards?  Yes  No (Please explain)  
\_\_\_\_\_
3. Is he/she prejudice against any groups, races or nationalities?  Yes  No (If yes, please explain)  
\_\_\_\_\_
4. With reference to his/her Christian service, do you consider the applicant to be:  
 Dedicated  Average  Casual
5. In your consideration, which of the following would best describe the applicant's Christian experience?  
 Mature  Contagious  Genuine and growing  Over-emotional  Superficial  
Please explain: \_\_\_\_\_
6. Please comment on the applicant's family background (if known):  
\_\_\_\_\_
7. What could YWAM do to aid in the applicant's personal development?  
\_\_\_\_\_
8. Please add any other pertinent remarks (i.e. medical, psychological, drug or alcohol abuse, criminal record, homosexual, or occult practices, etc.)  
\_\_\_\_\_
9. Is the applicant financially responsible? \_\_\_\_\_
10. Would you recommend the applicant for acceptance into Youth With A Mission?  
 Yes  With some reservation  No (If No, please explain) \_\_\_\_\_

I have known \_\_\_\_\_ for \_\_\_\_\_ years, and believe that he / she possesses the qualities above.

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Would you like to receive further information about YWAM?  Yes  No

Please direct all forms to:

**Youth With A Mission - Nashville**  
**Admissions Department**  
**Post Office Box 58**  
**Adams, TN U.S.A. 37010**  
**(615) 696-3096 Fax (615) 696-2419**

