



**STUDENT APPLICATION FORM  
DISCIPLESHIP BIBLE SCHOOL  
YWAM DALARNA, SWEDEN**

For best results - save this form and open it in Adobe Acrobat reader to fill in the form. When completed, save or print it out for info. You can email the PDF plus your additional comments to **dbb@ywamdalarina.se**  
(Married couples should fill in separate application forms, including the additional section on page 5.)

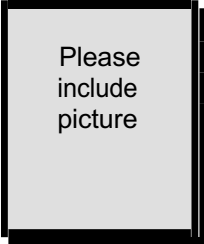
Please enclose the **50€ / 500kr application fee** confirmation when returning the form.

YWAM Dalarna  
Lugna Gatan 1  
784 67 Borlänge, Sweden

Tel.: 0243-215553  
Tel: 073-3244495  
E-Mail: [dbb@ywamdalarina.se](mailto:dbb@ywamdalarina.se)

I am applying for the DBS in Dalarna, Sweden.

Are you pursuing a U of N degree? \_\_\_ Yes \_\_\_ No \_\_\_ Uncertain



**1. Personal Information**

Family Name: \_\_\_\_\_ First and Middle Name: \_\_\_\_\_

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

Street: \_\_\_\_\_ City/State/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ City and Country of Birth: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Nationality: \_\_\_\_\_ Profession: \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Divorced

If married, Name of Spouse: \_\_\_\_\_

Contact name, address and tel. for emergencies: \_\_\_\_\_

What is your relationship to this person (e.g. parent, pastor)? \_\_\_\_\_

Please give the Name, Address and Phone of two people (eg Base leader / pastor) as references:

1. \_\_\_\_\_

2. \_\_\_\_\_

**2. Church Information**

Church Name and Denomination: \_\_\_\_\_ Attended Since: \_\_\_\_\_

Name, E-mail/WhatsApp and Phone Number of Pastor/Leader: \_\_\_\_\_

Do you regularly attend the service in your church? \_\_\_\_\_

If not, why not? \_\_\_\_\_

In what areas have you carried responsibility in your church? \_\_\_\_\_

Does your pastor know that you are applying for this school and does he support you? \_\_\_\_\_

### 3. Education and Work Experience

*Completed schools, including college/university (outside of YWAM):*

Name	Location	Years Attended	Degree/Major

*Work experience (outside of YWAM):*

Work Position	Organisation/Company	Location, Duration

*YWAM experience (schools, outreaches, staff positions):*

Role	Location/Base	Years	Your Leader

Which languages do you speak well? \_\_\_\_\_

Which languages do you speak with limited proficiency?  
\_\_\_\_\_

Which special skills do you have (technical, manual, musical etc.)?  
\_\_\_\_\_  
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Please note some of your hobbies /interests

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#### 4. Health Information

How would you describe your present health? \_\_\_\_\_

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Are you at present receiving medical or psychiatric treatment?  Yes  No

If yes, please specify: \_\_\_\_\_

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Do you have or have you had a history of clinical depression?  Yes  No

Are you taking any medication at this time?  Yes  No. If yes, please specify: \_\_\_\_\_

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Have you ever struggled with any form of addiction (e.g. alcoholism, nicotine, drugs, pornography)?

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Are you currently struggling with an addiction?  Yes  No. If yes, what steps are you taking?

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Are you allergic to anything? If so, to what? \_\_\_\_\_

Do you follow any special diet (lactose-free, vegetarian, vegan)? If so, for what reason?

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Do you have any physical impairments, handicaps, or health conditions which require special attention? \_\_\_\_\_

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Will you have medical insurance for the duration of the school?  YES  NO

**Medical insurance is required for all students during the school.** Youth With A Mission does not accept any liability in case of injuries or illnesses.

**5. Financial Information**

Do you have your complete school fees? \_\_\_Yes\_\_\_No

If no, explain on a separate piece of paper from what source they will come.

Do you have any outstanding debts? \_\_\_Yes\_\_\_No. If yes, please explain: \_\_\_\_\_

**6. Passport / Visa Information**

Citizens of many western nations do not need a visa for Sweden. Please inquire at the Swedish embassy in your country about requirements and procedure. If you need an invitation letter from us, please let us know.

Country of Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Name as listed on passport: \_\_\_\_\_

**7. Christian Life**

Please make a *separate page* and describe your conversion experience and your present relationship to Christ. Describe also what you see as your current gifts and your ministry and what do you want to do with your life?

**8. Expectations**

How did you hear about DBS? \_\_\_\_\_

What are your reasons to apply for this school? \_\_\_\_\_

What are your expectations for the school? \_\_\_\_\_

How do you think you will use what you learn in the school? \_\_\_\_\_

I take full responsibility for my actions during my time with Youth With A Mission.

If I come without health insurance, I release YWAM from any liability in case of medical expenses. I have answered all questions and affirm that all statements are in accordance with truth.

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

I hereby declare that I consent to the usage of photos and footage that depict myself for the presentation and advertisement of the Discipleship Bible School. This includes recorded audio and video material, pictures and photographs on the internet, on local storage devices and/or in printed form.

I am aware that I can revoke this consent anytime by written declaration – by letter, note or email.

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



**9. Additional Questions for Those Who Are in a Relationship or Married, or Have Children**

*If you are currently in a relationship:* How do you think this intense time at the DBS will affect this?

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*If you are engaged:* What does your fiancé think about your plans to attend the DBS?

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*If you are married:* We do not recommend a long period of separation for couples and prefer you are both together. What is your plan?

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*If you have children:* Please give us their names and birthdates: \_\_\_\_\_

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Does your spouse or children have any health conditions? If so, what (e.g. special diet, physical impairment, psychiatric needs that require special attention)? \_\_\_\_\_

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**10. At this point we would like to point out some more aspects of student life at the centre:**

**Work Duties**

Work duties are a part of YWAM schools. We serve each other in practical areas such as cleaning, cooking, maintenance etc. This is built into our daily schedule and will be approximately 10 hours per week.

**Accommodation**

Our students will be staying in rooms with a capacity of up to six people. This means you may end up living with three to five other students in a room as we have limited accommodation at the YWAM facility.

I have read this information and wish to attend the DBS.

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

Return this form via email to [dbs@ywamdalarna.se](mailto:dbs@ywamdalarna.se) and send your application fee to BankGiro 5365-3184 or by Euro currency transfer to IBAN: SE92 8000 0811 4133 7675 4242 BIC SWEDSESS