

Eagle Discipleship Training School

Application

CONTENTS

- Enrollment Information
- Guidelines for Completion of Application
- EDTS Application
- Survey
- EDTS Agreements
- Privacy Act
- EDTS Letter of Recommendation

Enrollment Information

When Jesus called, his disciples immediately left their nets and followed Jesus. Their worldview changed. Empowered by Holy Spirit, they became men of God, experiencing God intimately through discipleship training with Jesus. We, YWAM-AIIM OC, are committed to equip those who desire to lead dynamic life of a disciple by providing discipleship training school.

1. School Address

700 N. Valley St., Anaheim, CA 92801
(c/o Faith Chapel, 조은교회)

2. Terms of Training

- 1) Period: 9/11/23 ~ 4/13/24 (7months)
- 2) Days: Monday, Tuesday, and Wednesday*
- 3) Time: 7:00 PM - 10:00 PM
 - * In Bilingual (Korean and English)
 - * Lecture dates are subject to change without prior notice.
- 4) Total 30 students

3. Application Acceptance: June 1-August 30

4. Contact Point

- 1) YWAM-AIIM OC office Address
16030 Ridgeview Ln., La Mirada, CA 90638
 - 2) Tel: (714) 609-1175
 - 3) E-mail: janice.eagleschools@gmail.com
 - 4) Website: www.ocedts.org
 - 5) Facebook: ocbetds
- * May download application from website or request a copy by mail or email.

5. Fee

- 1) Tuition: \$1,750 (May make payment of \$250 per month for 7 months)
- 2) Outreach fee is additional and varies depending on outreach destination.

6. Required Documents

Refer to "Guideline for Completion of Application"

- 1) Application 1 copy
- 2) Survey 1 copy
- 3) Letter of Recommendation 2 copies
- 4) Agreement 1 copy
- 5) First month tuition of \$250
(Pay to the order of "YWAM-AIIM OC")

7. Announcement

- 1) We will contact individual applicant for an interview.
- 2) Candidate will be notified of acceptance after an interview and confirmed after receipt of all required documents.

8. Inquiry

Please contact office with any questions.

Guidelines for Completion of Application

Please read following instruction thoroughly before filling out the application. All required documents must be submitted for final confirmation of acceptance. All questions must be answered honestly with detail explanation if needed. If any particular question is not applicable, please mark "N/A".

If both husband and wife are applying, each person needs to submit application individually.

Completed application may be submitted via mail or e-mail below.

1. E-Mail Address: janice.eagleschools@gmail.com
2. YWAM-AIIM OC: 16030 Ridgeview Ln., La Mirada, CA 90638

Required Documents

1. Application 1 copy
2. Survey 1 copy
3. Letter of Recommendation 2 copies
 - 1 Copy by Spouse if married or Acquaintance of at least 5 years if single
 - 1 Copy by Pastor of home church or employerPlease provide pre-addressed and stamped envelope to recommender.
4. Agreement 1 copy
5. First month tuition of \$250
(Pay to the order of "YWAM-AIIM OC" or Venmo @Eangle-Schools)

- All submitted documents will not be returned.
- Contact office with any questions.

Eagle Discipleship Training School Application

Name _____ Date of Birth _____

Cell _____ E-mail _____

Address _____

Referred by _____ Sex Male ☐ Female ☐

Church _____ Years(s) of Attendance _____

Pastor _____ Baptism Yes ☐ No ☐

Profession _____ Length of Profession _____

Marriage Status Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐

Visa Status U.S. Citizen ☐ Permanent Resident ☐ Student ☐ Visiting ☐ Other ☐

Age at immigration Born in USA ☐ Under 5 years ☐ 6-10 years ☐ Over 10 years ☐

Korean Fluency Fluent ☐ Good ☐ Average ☐ Poor ☐

Family:

Name	DOB	Relationship	Occupation

Signature _____ Date _____

Survey

1. Do you have conviction that you are a redeemed child of God?

Yes ☐ No ☐ Not Sure ☐

2. Do you have personal relationship with Jesus?

Yes ☐ No ☐ Sometimes ☐ Not Sure What Intimacy Is

3. How do you see God?

4. How do you think God sees you?

5. What is your expectation of this school?

Agreements

1. I certify all information submitted for admission for Eagle DTS are true to the best of my knowledge.
2. I certify I am responsible for any damage or loss incurred due to my error and if found responsible, I will retribute the loss.
School is indemnified from any liability on loss of health or death regardless cause of loss (accident or diseases) during the training school.
3. I certify I will abide by all regulations set by the school.
If I violate any rule or regulation, I am subject to consequence set by school.
4. I certify I have no limitation in following whole course of DTS (lecture and outreach) whether physically or emotionally.
5. I certify I am liable for all expenses including tuition and outreach expense. If I am accepted to Eagle DTS, I certify I will pay all payables within due dates.
6. I certify I will submit to authority of school leadership.

Name of Applicant _____

Signature _____ Date _____

Privacy Act

In order to abide by law regarding privacy act, we, YWAM-AIIM OC, need each applicant's approval in collecting and record keeping personal information.

Please verify each category and approve/disapprove for YWAM-AIIM OC to collect and use your personal information.

1. Personal Information from Application

Information	Reason	Approve/Disapprove
Name, Sex, DOB, Address Cell, E-mail Address	To process applicant's application	Approve <input type="checkbox"/> Disapprove <input type="checkbox"/>

Reason for Disapproval:

2. Individual/Group Pictures and Videos

Information	Reason	Approve/Disapprove
Individual or Group Picture and/or video	YWAM-AIIM OC advertisement, Use in training	Approve <input type="checkbox"/> Disapprove <input type="checkbox"/>

Reason for Disapproval:

3. Record Keeping

Information	Reason	Approve/Disapprove
Name, Sex, DOB, Address Cell, E-mail address	Applicants' record keeping Utilize as intranet data	Approve <input type="checkbox"/> Disapprove <input type="checkbox"/>

Reason for Disapproval:

Signature _____ Date _____

** YWAM-AIIM OC collects and keeps above-mentioned information for the purpose of school operation. If applicant disapprove, please provide reason such as missionary work in Islamic or Communist nations.

Letter of Recommendation

Please fill this out with integrity with reverence before God.

(Do not give this back to the applicant. Please mail directly to below address)

YWAM-AIIM OC 16030 Ridgeview Ln., La Mirada, CA 90630 or Janice.eagleschools@gmail.com

- Name of Applicant _____
- Applying for: Eagle Discipleship Training School
- Relationship: Spouse ☐ Pastor ☐ Employer/Supervisor ☐ Other ☐
- How well do you know the applicant? Very Well ☐ Well ☐ Average ☐
- Check the column that best describes the applicant.

In the area of	Very Good	Good	Average	Below Average	Bad
Takes initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Societal Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considerate of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decisiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness/Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance/Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character as a Christian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If you don't know the applicant well enough to answer any category, please mark N/A.

Letter of Recommendation (Con'd)

1. Does the applicant volunteer for any church activity? Yes ☐ No ☐ Don't Know ☐
2. Is the applicant a role model ethically? Yes ☐ No ☐ Don't Know ☐

Please explain if "no".

3. Does the applicant have prejudice against any race, ethnic group or nation?
Yes ☐ No ☐ Don't Know ☐

Please explain if 'yes'.

4. How committed is the applicant in Christ? Very ☐ Average ☐ Below Avg ☐

Any Comments

5. How would you describe character of the applicant as a Christian?

Mature ☐ Continues to Grow ☐ Emotional ☐ No Depth ☐

Additional Comments

I have been known (Name of Applicant) _____ for _____ years.

And I certify this applicant is eligible to take this course by submitting this letter of recommendation.

Name of Recommender _____

Cell _____ E-mail _____

Signature _____ Date _____

Letter of Recommendation

Please fill this out with integrity with reverence before God.

(Do not give this back to the applicant. Please mail directly to below address)

YWAM-AIIM OC 16030 Ridgeview Ln., La Mirada, CA 90630 or Janice.eagleschools@gmail.com

- Name of Applicant _____
- Applying for: Eagle Discipleship Training School
- Relationship: Spouse ☐ Pastor ☐ Employer/Supervisor ☐ Other ☐
- How well do you know the applicant? Very Well ☐ Well ☐ Average ☐
- Check the column that best describes the applicant.

In the area of	Very Good	Good	Average	Below Average	Bad
Takes initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Societal Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considerate of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decisiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness/Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance/Diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character as a Christian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If you don't know the applicant well enough to answer any category, please mark N/A.

Letter of Recommendation (Con'd)

1. Does the applicant volunteer for any church activity? Yes ☐ No ☐ Don't Know ☐
2. Is the applicant a role model ethically? Yes ☐ No ☐ Don't Know ☐

Please explain if "no".

3. Does the applicant have prejudice against any race, ethnic group or nation?
Yes ☐ No ☐ Don't Know ☐

Please explain if 'yes'.

4. How committed is the applicant in Christ? Very ☐ Average ☐ Below Avg ☐

Any Comments

5. How would you describe character of the applicant as a Christian?

Mature ☐ Continues to Grow ☐ Emotional ☐ No Depth ☐

Additional Comments

I have been known (Name of Applicant) _____ for _____ years.

And I certify this applicant is eligible to take this course by submitting this letter of recommendation.

Name of Recommender _____

Cell _____ E-mail _____

Signature _____ Date _____