



## student application form

Thank you for your interest in LifeStyleTV's Media Missionary training program. Please read the student brochure carefully before filling out this application. Your application form will be treated with confidentiality.

### CONTACT DETAILS

**NAME** \_\_\_\_\_ (Last / First / Middle)

Home phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Mobile phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**ADDRESS** Street & house number: \_\_\_\_\_

Postal/zip code & postal district/city: \_\_\_\_\_ Country: \_\_\_\_\_

### PERSONAL DETAILS

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_ Native language: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed

Spouses' name if married: \_\_\_\_\_ Birth date: \_\_\_\_\_

Do you have any children?  Yes  No (If yes, how many? \_\_\_\_\_ ages \_\_\_\_\_)



### PASSPORT INFORMATION

Please supply a copy of the information page of your passport in addition to this information.

Your passport must be valid for at least 2 years at the time you arrive at LifeStyleTV.

Passport number: \_\_\_\_\_ Which country is the passport from? \_\_\_\_\_

Where was the passport issued: \_\_\_\_\_

Date of issue: (yy/mm/dd) \_\_\_\_\_ Passport valid until: \_\_\_\_\_

**Please note that you cannot apply for a visa until your application is approved by LifeStyleTV.**

### SWEDISH RESIDENCE / VISA STATUS (for non-EU citizens only)

If you are a foreign national now residing in Sweden, please indicate your visa status:

Student  Exchange Student  Permanent Resident (card no.) \_\_\_\_\_

Other (please specify) \_\_\_\_\_ Expiration date of visa \_\_\_\_\_

### EDUCATION AND WORK EXPERIENCE

List the schools you have attended previously (starting with the most recent):

Name of School	City and Country	Dates attended	Grade / study completed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

List your most recent work experience you have had:

Company name	Length of work	Position held / experience gained
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Have you ever been dismissed from any educational institution?  Yes  No (If so, please attach an explanation.)

Rate how well you understand the following languages (1=poorly, 10=fluently):

English: listening \_\_\_\_\_ speaking \_\_\_\_\_ reading \_\_\_\_\_ writing \_\_\_\_\_

Swedish: listening \_\_\_\_\_ speaking \_\_\_\_\_ reading \_\_\_\_\_ writing \_\_\_\_\_

Other \_\_\_\_\_: listening \_\_\_\_\_ speaking \_\_\_\_\_ reading \_\_\_\_\_ writing \_\_\_\_\_

## MEDICAL

Do you have any allergies (food, environmental, medicine etc)?  Yes  No (If yes, please specify \_\_\_\_\_)

Do you have any special dietary needs?  Yes  No (If yes, please specify \_\_\_\_\_)

Do you have any physical, mental or medical impairment or disability that would limit your performance at LifeStyleTV?  
 Yes  No (If yes, please describe: \_\_\_\_\_)

Have you used any alcohol, tobacco, or any mind altering drugs during the past two years?  Yes  No (If yes, please attach an explanation.)

I understand and accept that all medical and dental costs or insurances are to be arranged and covered by myself prior to starting the Media Missionary program at LifeStyleTV.

### PERSON(S) TO NOTIFY IN CASE OF EMERGENCY

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## CHURCH AFFILIATION

Please describe in your own words your Christian experience, your own background, your conversion, your growth in Christ and your personal relationship with God. (Use a separate page as needed)

Do you understand the fundamental beliefs and practices of the Seventh-day Adventist Church?  Yes  No  
Are you in agreement with them?  Yes  No (If not, please attach an explanation.)

Church affiliation: \_\_\_\_\_ Years of membership: \_\_\_\_\_

Local Church name: \_\_\_\_\_ Church phone: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Pastor's phone: \_\_\_\_\_

## REFERENCES

Please give the Reference Forms to the persons you have written below. These persons should know you well, but at the same time they need to be able to communicate sufficiently in English, Swedish, Norwegian or Danish. Please give one reference from each category. References should be sent directly to LifeStyleTV.

	Name	Contact phone / email
Personal Acquaintance	_____	_____
Local Pastor / Elder	_____	_____
Teacher / Employer	_____	_____

## PROGRAM GOALS

What is your main objective in joining the Media Missionary program? \_\_\_\_\_

What do you believe you can contribute within a media ministry? (Please continue on additional paper if needed.)

## FINANCES

I understand that the Media Missionary training program will cost me 21 500 SEK, covering tuition, which will be payable upon arrival. Room, board and production-related travel and events are covered by a scholarship. Students are expected to finance their own travel to and from LifeStyleTV and pocket money for the year.

## COMMITMENT

I have read the Media Missionary training program brochure and agree to abide by the principles of Christian conduct contained therein.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

### Return to:

LifeStyleTV Box 75, 242 21 Hörby, Sweden

Tel: +46 415 425 10 | E-Mail: mm@lifestyletv.se | www.lifestyletv.se  
www.mediamissionary.se | www.lifestyleAmbassadors.se

