



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 _____)

PHOTO

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 5 000 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

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www.mediamissionary.se | www.lifestyleAmbassadors.se