# **Newlife International School of Midwifery** Updated 11/2019

##### APPLICATION FOR ADMISSION

**DEADLINE FOR SUBMISSION**:

**We are currently accepting applications for our next program starting September 2020.** *There is no deadline for submission. We will continue to accept applications until enrollment is full.*

Completed application must include:

* This completed application form inclusive of essay answers.
* 1 clear, close-up photograph of you (taken within the last 6 months)
* Copy of high school transcript and diploma (college diploma and transcript where applicable- not required)
* **Application Fee: $75 nonrefundable (US$ funds only)**

Mail to the Application Fee only (not the application) to;

**NEWLIFE INTERNATIONAL**

**PO Box 20683**

**Portland, Oregon  97294 U.S.A.**

**Applications must be submitted via email as an attachment.**

Email completed application to:director@midwifeschool.org

Note: You need to cc a copy to newlifemidwifery05@gmail.com due to DMARC protocols which affects people emailing from third parties to private domains such as ours.

Note: Please scan your diploma (and transcripts where applicable) and include with your application as an attachment. You can also send your picture as an attachment.

**Do NOT send any portion of your application to our stateside address other than the $75 Application Fee.**

**GENERAL INFORMATION:**

Date of your application:

Which start date are you applying for:

Applicant’s full legal name (first, middle, last):

Permanent address:

Temporary address (if different from address above):

Email address:

Home phone number:

Alternate phone numbers and email address:

Date of birth: Place of birth:

Social Security Number:

Passport number:

Date of issue:

Date of expiration:

Languages spoken:

**Marital Status:**

* Single
* Engaged (intended date of wedding \_\_\_\_\_\_\_\_\_\_\_)
* Married (date \_\_\_\_\_\_\_\_\_\_\_)
* Divorced (date \_\_\_\_\_\_\_\_\_\_\_)
* Separated (date \_\_\_\_\_\_\_\_\_\_\_)
* Widowed (date \_\_\_\_\_\_\_\_\_\_\_)

**If married, please list;**

Husband’s name:

Husband’s age and birth date:

Children’s names, ages, birthdates and current school grade:

**Health Questionnaire:**

Height:

Weight:

Blood type:

Allergies? Yes / No

If yes, please list:

Are you currently taking any medication? Yes / No

If yes, please list:

Have you (and your husband, if married, and your children) suffered any significant sickness or illness, or been hospitalized within the past two years?

If yes, please explain:

Have you (and your husband, if married, and your children) been in counselling during the past two years. Yes / No

If yes, please know that we wish to honor your privacy so just provide a general reason for the counselling.

**Name of church you are presently attending:**

Address:

Phone number:

Pastor’s name:

Pastor’s email address:

Are you presently involved in any area of ministry? Yes / No

If yes, please list and explain:

Have you previously been involved in any areas of church ministry? Yes / No

If yes, please list and explain:

**Mission Sending Agency Information**

Are you a member of another mission organization? Or, are you planning to join a mission sending agency before enrolling in Newlife School. Yes / No

If yes, please provide all pertinent details.

Also – if yes, have you advised your mission organization of your plans to attend Newlife?

Yes / No

If you are a member of another mission organization we will require that you be seconded or ‘loaned’ to Newlife School for the duration of your enrollment. You will need to advise your mission of this and have them contact us.

**High School Education:**

Name of High School Attended:

Location:

Date of Graduation:

Degree Awarded:

* Diploma
* GED
* Equivalent

**Other Higher Education:**

(Please list: Name of Institution, Dates Attended, Degree(s) Awarded)

**Occupational History:**

(Please list your employment history starting with the most recent. List name of employer, dates employed, job description.)

**Emergency Contact:**

In case of emergency please contact (please list two):

Name:

Relationship:

Address:

Phone number(s):

Email address:

Name:

Relationship:

Address:

Phone number(s):

Email address:

**Church Notification:**

Have you discussed with your pastor, church leadership, or mission agency regarding your interest to attend Newlife School?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

Attendance at Newlife requires the involvement of your home church as it relates to providing a Letter of Recommendation from your pastor and a Letter of Commissioning which is detailed in our website [http://www.midwifeschool.org/prospective-students/church-letter/](http://www.midwifeschool.org/prospective-students/church-letter/%20) (please advise us if link is broken)

Have you discussed with your pastor or mission department regarding the requirement for them to provide the letters referenced above and in our website? Specifically, have you advised your pastor that you will need a Letter of Commissioning?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

**Please note – The Letter of Commissioning relates to applying for a missionary visa after you arrive in the Philippines. You do NOT need to include the letter with this application.**

**ESSAY QUESTIONS:**

**Please answer the following questions as clearly and *completely* as possible.** **It is important to give thorough answers to these questions as this will be the primary basis for accepting or declining your application.**

[This is a MS Word formatted document so it will automatically add pages as needed for lengthy answers.]

1. How did you hear about *Newlife International School of Midwifery?*

2. What are your goals and expectations for your midwifery training course at Newlife?

3. What do you feel would be your personal strengths as a midwife? As a missionary midwife?

4. Why are you specifically interested in attending *Newlife International School of Midwifery*?

5. What do you hope to do after you have completed the program at *Newlife International School of Midwifery*?

6. Please describe your present relationship with the Lord. Include your testimony as well as how long you have been a Christian.

7. Please list and describe any previous mission experiences you’ve gone on (both overseas or at home).

8. Please list and describe any previous medical training you have had, as well as any medical missionary work you have been involved in.

9. Please describe your present relationship with your local church.

10. Please describe your immediate family and your present relationship with your family members.

11. Understanding that Newlife School is an intensive midwifery study and clinical program located in a developing country, please explain how you will cope with all aspects of life that could potentially induce stress (dorm living, demanding academics, heavy clinical load, cultural fatigue, etc.)

12. Please describe other options, schools, training you are looking into in addition to Newlife School.

13. Please give us any additional information about yourself you feel would be helpful for us to know.

14. Please *detail* how you plan to finance the tuition and schooling fees.

Note regarding this question; We recognize that paying for tuition is a walk of faith for many who are trusting God to meet their financial needs. We are committed to stand in faith with you. However, answering that you are going to just trust God and believe by faith the funds will be available doesn’t adequately answer this question.

It is important that you qualify your ability to finance your education at Newlife School. We need more specific details regarding how you will pay for tuition and fees involved, whether it is sourced from your personal savings, financial assistance from relatives, bank loans, assistance from your home church, donor support, selling your house, etc. Sadly, we’ve had to deny some applicants for not providing specifics so please discuss this issue in-depth with your parents as you prepare this application form.

15. Please list the names and email addresses of the three people you have requested reference forms from.

**REFERENCES:**

Please request the following people to submit a character reference on your behalf.

(A) Current Pastor, Church leader, or Mission director

(B) Teacher or Employer

(C) Friend or Family Member

Reference forms are provided separately. References should be submitted via **email directly** to: director@midwifeschool.org (cc): newlifemidwifery05@gmail.com

The reference should include information about you, your character, whether or not they feel you would be qualified to serve in an overseas maternity training program and any other information that would be beneficial to us. Please inform each reference they will probably be contacted directly for follow-up. Therefore, it is important that they provide their email address and phone number. There is a sample form for the reference letter which you may use if you would like.

**IMPORTANT ADVISORY: Please view our ‘Prerequisites’ link on our website under the ‘Prospective Students’ tab.**

\*If you are unable to obtain these prerequisites from a local community college or online source, please contact us and we can discuss alternative options.

PLEASE NOTE: Applicants will NOT be denied enrollment due to their inability to meet these prerequisites prior to enrollment. These birth experiences and classes are viewed as beneficial for incoming students, but NOT completely mandatory. We are willing to discuss and explore alternative options with you.

**HEALTH INSURANCE:**

We require all newly enrolled students to carry health insurance. Two companies we endorse are; Samaritan Ministry <http://samaritanministries.org/> and Azimuth Insurance <https://www.azimuthrisk.com/>

**Legal Notification:**

Newlife School requires each student to sign a **Waiver of Liability, Assumption of Risk, Indemnity and Release** upon arrival in Davao City. This document serves to protect the interests of Newlife School and fully releases the school from any liability or claim that may arise while a student is enrolled.

\_\_\_\_\_\_\_ Please initial here that you understand if accepted for enrollment a *Waiver of Liability* will be presented to you and will be discussed during your orientation upon arrival at our clinical facility in the Philippines.

**AFFIRMATION:**

By submitting this application you are hereby affirming that you have read the **Honor Code** and **School Policies** of *Newlife International School of Midwifery* as outlined in the school’s website and you are in agreement with them, and that you are not involved in a lifestyle contradictory to Biblically-based morals.

Please sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_