



NYMA Fallon Campus  
Office Of Admissions  
PO Box 485  
Fallon, NV 89407  
Telephone: (707) 290-0233

## Nazarene Youth Missions Academy (NYMA) Student Application for Admission

### Program Overview

The Nazarene Youth Missions Academy (NYMA) is a **four-year formation pathway**, not a one-time event.

• **Years 1–3:** Academic and formational modules (seasonal intensives) • **Year 3:** Students design, plan, and prepare a **student-led Mission Project** • **Year 4 (July):** The Mission Project is **executed and led by the Year 3 cohort**, under NYMA oversight. NYMA exists to form students spiritually, theologically, relationally, and practically for lifelong mission. Admission is selective. Participation is a **privilege**, not an entitlement.

### Application & Admissions Process

1. **Submit completed application and Pastoral Recommendation** together via email: **NYMA-Admissions@fallonnaz.faih**
2. Upon receipt, **NYMA Admissions Staff will assign a required reading** based on the applicant’s year group.
3. After the reading is completed, **NYMA will coordinate with the applicant’s local church** to administer a **proctored entrance exam**.
4. Following successful completion of the exam, **NYMA Admissions will schedule a Zoom interview** with the applicant.
5. Final acceptance is issued after review of all materials.

For questions or information requests, contact: **NYMA-info@fallonnaz.faih**

### **Section 1: Student Information**

**Legal First Name:** \_\_\_\_\_ **Legal Last Name:** \_\_\_\_\_

**Preferred Name (if different):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Gender:**  Male  Female **Current Grade (at time of application):** \_\_\_\_\_

**Home Address: Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Student Email:** \_\_\_\_\_



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## Section 2: Church & Spiritual Oversight

Local Church Name: \_\_\_\_\_

Church Address: Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lead/Senior Pastor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that a **written Pastoral Recommendation** is required and must be submitted with this application. Initials: \_\_\_\_\_

## Section 3: Legal Guardian Information (Required for Minors)

Parent / Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Section 4: Medical Information

Primary Care Provider: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number (if applicable): \_\_\_\_\_

### **Medical History (Check all that apply):**

Asthma  Diabetes  Seizures  Heart Condition  Mental Health Considerations  Other: \_\_\_\_\_

### **Current Medications (include dosage):**

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**Allergies (food, medication, environmental):**

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I understand NYMA staff are **not medical providers** and may seek emergency treatment if necessary.

**Initials:** \_\_\_\_\_

**Section 5: Emergency Medical Authorization  
Parent / Guardian Permission for Care & Treatment of Minor or Dependent Adult**

As the parent(s) or legal guardian(s) of the student named in this application, I/we hereby grant permission and authorize the staff of the Nazarene Youth Missions Academy (NYMA), Fallon Church of the Nazarene, its pastors, directors, instructors, staff members, volunteers, chaperones, and/or agents to make any and all necessary decisions regarding emergency medical care for the above-named student in the event that I/we cannot be reached.

This authorization includes, but is not limited to, first aid, emergency medical treatment, administration of medication as prescribed, hospital admission, anesthesia, surgical procedures, and other medical services deemed necessary by licensed medical professionals.

I/we understand and agree that every reasonable effort will be made to contact the parent(s)/guardian(s) prior to the administration of medical care, except in cases where delay could jeopardize the health or safety of the student.

I/we agree to assume full financial responsibility for all medical expenses incurred as a result of any medical treatment provided pursuant to this authorization.

Copies of this authorization, including electronic or scanned copies, shall be considered as valid and effective as the original.

I authorize emergency medical care as outlined above. **Initials:** \_\_\_\_\_

**Section 6: Assumption of Risk & Release of Liability**

By signing this application, I acknowledge and affirm that participation in the Nazarene Youth Missions Academy (NYMA) involves physical activity, travel, service work, agricultural labor, urban and rural ministry settings, overnight lodging, and other activities that may carry inherent risks.

I expressly warrant that the student named in this application (or I, if the applicant is an adult) is physically, mentally, and emotionally capable of participating in all NYMA activities.



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I knowingly and voluntarily assume all risks, whether known or unknown, foreseeable or unforeseeable, associated with participation in NYMA programs.

In consideration of participation, I hereby release, waive, discharge, and covenant not to sue the Nazarene Youth Missions Academy (NYMA), Fallon Church of the Nazarene, the Sacramento District Church of the Nazarene, the Church of the Nazarene, and all of their respective pastors, directors, officers, employees, volunteers, instructors, agents, and affiliates from any and all claims, demands, actions, or causes of action arising out of or related to injury, illness, loss, or damage incurred during participation, including claims arising from negligence, except in cases of gross negligence or willful misconduct.

This release shall be binding upon the student, parent(s)/guardian(s), heirs, representatives, executors, administrators, and assigns.

I further understand and agree that failure to comply with NYMA policies, behavioral standards, or instructions may result in dismissal from the program, and that any costs associated with early dismissal, including transportation home, shall be the responsibility of the parent(s)/guardian(s). Fees paid may be forfeited.

I have read, understand, and agree to this Assumption of Risk and Release of Liability. **Initials:** \_\_\_\_\_

## Section 7: Photo, Video & Media Release

I understand that photographs, video recordings, and audio recordings may be taken during NYMA activities.

I grant permission for the image, likeness, voice, and/or participation of the student named in this application (or myself, if an adult applicant) to be recorded and used by NYMA and its agents for ministry, educational, promotional, reporting, and archival purposes, including but not limited to print publications, websites, social media platforms, and presentations.

It is the policy of NYMA not to publish the full names of minors in connection with images.

I consent to the use of photo, video, and audio recordings. **Initials:** \_\_\_\_\_

I do NOT consent to the use of photo, video, and audio recordings. **Initials:** \_\_\_\_\_

## Section 8: Code of Conduct Acknowledgment

I understand NYMA maintains standards of conduct, discipline, participation, and accountability. Failure to comply may result in dismissal.

I agree to abide by NYMA policies and expectations. **Initials:** \_\_\_\_\_



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## Signatures

### Student Applicant

I affirm that all information provided is accurate and complete.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parent / Legal Guardian (Required for Minors)

I consent to my student's participation in NYMA and affirm all information provided.

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Submission Checklist

- Completed Application
- Pastoral Recommendation
- Medical Information Complete
- Signed Releases

Submit all materials together to: **NYMA-Admissions@fallonnaz.faith**