## Application Form

Part 1

Personal Information:	Education/Partnerships:
Title: Dr. Mr. Mrs. Miss Ms.	When you join <b>Projects Abroad</b> , you expect to be (please tick):  High School Student Current/Most recent high school
First Name:	Current/Wost recent high school
Middle Name:	
Last Name:	Undergraduate Student
Date of Birth: MM DD YY  Nationality of Passport:	Anticipated/Current/Most recent university  YY
Email*:	Post-Graduate Student Anticipated/Current/Most recent university
*If under 18, please include parent or guardian's email address as wel	On a Gap Year Career Breaker Other
Country of Birth:	Have you applied to use your Projects Abroad placement for credit through your school or university?
Passport No.:	Yes No
Exact Name on Passport:	
on Passport:	Have you applied for a scholarship or grant from a third party to fund your trip with us?
on Passport:	
on Passport:  Home / Permanent Address:  Phone no:	fund your trip with us?  Yes No *If you answered yes to either of the above questions,
on Passport:  Home / Permanent Address:  Phone no: Cellphone no:	fund your trip with us?  Yes No  *If you answered yes to either of the above questions, please provide us with further details.
on Passport:  Home / Permanent Address:  Phone no: Cellphone no:	fund your trip with us?  Yes No *If you answered yes to either of the above questions,
on Passport:  Home / Permanent Address:  Phone no:	fund your trip with us?  Yes No  *If you answered yes to either of the above questions, please provide us with further details.  Reference  Please provide the full name and contact information for a
on Passport:  Home / Permanent Address:  Phone no: Cellphone no:	Yes No  *If you answered yes to either of the above questions, please provide us with further details.  *Reference*  Please provide the full name and contact information for a personal or academic reference:
on Passport:  Home / Permanent Address:  Phone no: Cellphone no:	rund your trip with us?  Yes No  *If you answered yes to either of the above questions, please provide us with further details.  **Reference**  Please provide the full name and contact information for a personal or academic reference:  Title: Dr. Mr. Mrs. Miss Ms.
On Passport:  Home / Permanent Address:  Phone no: Cellphone no:  Temporary Address (if different from above):	Fund your trip with us?  Yes No  *If you answered yes to either of the above questions, please provide us with further details.  **Reference**  Please provide the full name and contact information for a personal or academic reference:  Title: Dr. Mr. Mrs. Miss Ms.  Name:
On Passport:  Home / Permanent Address:  Phone no: Cellphone no: Temporary Address (if different from above):  Phone no:	Fund your trip with us?  Yes No  *If you answered yes to either of the above questions, please provide us with further details.  **Reference**  Please provide the full name and contact information for a personal or academic reference:  Title: Dr. Mr. Mrs. Miss Ms.  Name:

## > Application Form

Part 2

<b>Your Trip Details:</b> First Destination:	Do you plan to do any independent traveling?  Yes  No
Project(s):	If so, how long?
· · · · · · · · · · · · · · · · · · ·	I plan to do my independent travel: Before placement After place
Duration:  1 week 2 weeks 3 weeks 4 weeks 5 weeks 0THER  Second Destination: *To be completed only if you wish to travel to more than one country:	Would you like Projects Abroad to arrange your flightour Yes No  Do you have any travel companions*?  Yes No  Any special diet or medication*?
Project(s):	Any current or past disabilities or infirmities, physical or mental*?
Duration:  1 week 2 weeks 3 weeks 4 weeks 5 weeks 0THER  *If you wish to travel to more than 2 countries, please provide further details of your trip.	Yes No  Any special work or accommodation preferences*?  Yes No  *If you answered yes to one of these questions, please provide details below or on an attached piece of paper.
Special Options: Please check the corresponding box if you have chosen one of the following:  High School Specials  Global Gap Alternative Spring Break  Do you want to do a language add-on?	Your signature:
5 hrs. 14 hrs. 30 hrs. 60 hrs.  Which language?	Date: MM DD YYYY  Emergency Contact:
Preferred start date: This is the day that you leave home	Name: Phone No.:
MM DD YYYY	E-mail:
Please send your \$295 deposit with this applicate (see back of brochure for our contact address)  Your deposit will be applied towards your total program fee. Che pay by credit or debit card (see below) or bank transfer (contact Card Number:	ecks should be made payable to <b>Projects Abroad</b> . You can also
Expiration Date:  MM YYYY  Type of Card:	Billing Address:
*Projects Abroad accepts Visa, Mastercard, American Express and Discover Security Code: (3 or 4 digits on signature	Cardholder's Signature:

