



Owensboro Sister Cities/Regions

SUMMER STUDY ABROAD APPLICATION

1. **APPLYING FOR:** 2009 Czech Republic and Central Europe

2. **NAME** _____ 3. **SOC. SEC. #** _____

4. **ADDRESS:** _____
(street)
_____ (city) _____ (state) _____ (zip)

5. **PHONE** _____ **E-Mail Address** _____

6. **PERMANENT ADDRESS** *if different from above* _____
(street)
_____ (city) _____ (state) _____ (zip)

7. **PERMANENT PHONE** *if different from above* _____ 8. **BIRTH DATE** __/__/__

9. **EDUCATION** (high school & institutions attended since)

Institution	From / To	Graduation
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. **ACADEMIC STATUS DURING STUDY ABROAD**

Fr. () Soph. () Jr. () Sr. () Grad School () Other ()

11. **GPA** _____ 12. **MAJOR** _____ 13. **Advisor** _____

14. **LANGUAGE STUDY**

language	high school	college
_____	_____ years	_____ years
_____	_____ years	_____ years

15. SCHOLARSHIPS, HONORS, AWARDS, ELECTED OFFICES, ACHIEVEMENTS:

16. EMPLOYMENT (current and / recent jobs)

17. INTERNATIONAL EXPERIENCE (country, length of stay, purpose [e.g. study, travel, armed forces])

18. INTERESTS AND RECREATIONAL ACTIVITIES

19. REFERENCES (List two persons who would provide letters of reference. At least one should be a college or university faculty member). **CRIMINAL BACKGROUND CHECKS WILL BE RUN.**

Name _____ Phone _____
Address _____
(street) (city) (state) (zip)
How long and in what capacity have you known this reference? _____

Name _____ Phone _____
Address _____
(street) (city) (state) (zip)
How long and in what capacity have you known this reference? _____

20. Person or Persons in the United States to notify in case of emergency

Name _____ Phone _____
Address _____
(street) (city) (state) (zip)
Relationship _____

Name _____ Phone _____
Address _____
(street) (city) (state) (zip)
Relationship _____

Student Signature _____ Date _____

Owensboro Sister Cities
SUMMER STUDY PROGRAM 2009

a cooperative effort of

Brescia University
Owensboro Community & Technical College
Kentucky Wesleyan College
Western Kentucky University

RELEASE

I, _____, being over the age of eighteen (18) desire to participate in the Owensboro Sister Cities sponsored Study Program in Olomouc, Czech Republic with instruction provided through one of the cooperating institutions for the summer 2009 session. I understand that I will travel via commercial airlines, commercial, institution and personal transportation vehicles.

I understand that Owensboro Sister Cities and Regions and the cooperating institutions provide support for the program through the screening of candidates, orientation of participants and pre-travel communications with both Czech and U.S. affiliations making the study program feasible. However, many aspects of the program in the United States and the Czech Republic are the responsibility of our domestic and Czech partners over which we have no control. Any Owensboro support services that are needed by program participants while abroad will attempt to be provided by the credit registering institution and/or Owensboro Sister Cities and Regions.

I understand that as an American citizen in a foreign country I will be subject to the laws of that country. Further, I understand that I am a representative of the City of Owensboro, the Commonwealth of Kentucky and the United States due to the formal Sister Cities relationship existing between Owensboro and Olomouc. I agree to conduct myself in accordance with my representative status. Those breaking this agreement will be sent home at their own expense, without any refund. Damages will be assessed and charges may be filed for damage or infractions of the law.

I further understand that I am solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal from the program prior to its completion. I also certify that I have health and hospitalization insurance which is applicable abroad and have taken steps to follow such recommendations as to having liability, trip cancellation and evacuation insurance coverage. I understand that I will have to secure my passport and an international student identification card.

In consideration of being afforded the opportunity to participate in this student study program abroad, I, for myself, my heirs, successors or assigns, hereby release and hold harmless Owensboro Sister Cities, Inc., each and all of the sponsoring institutions, their agents, servants and employees, from any and all claims, demands, causes of action or damages which may accrue on account of bodily or personal injury, property damage or death arising from the negligence of the aforesaid parties. I am knowledgeable of the possible dangers of domestic and foreign travel in exchange programs, such as: international terrorism, hijacking, kidnapping, or accidental death. I, for myself, my heirs, successors or assigns, hereby assume any and all risks attendant to the student exchange program described herein.

Signature _____

Date _____

Responsible guardian _____

Date _____



Owensboro Sister Cities, Inc.

OWENSBORO - OLOMOUC SISTER CITIES STUDY ABROAD CHECKLIST

HAVE YOU..... ?

(Check when you have completed.)

- _____ Made any necessary return flight arrangement if separate from the main group?
(Flight schedule variations will be at an additional fee if charged by the airline.)
- _____ Turned in General Liability Release
- _____ Turned in Medical Assistance Release
- _____ Turned in Medical Form
- _____ Turned in a photocopy of passport front, signed page?
(Should you misplace your Passport this will help you get a replacement.)
- _____ Turned in international student ID forms and photo?
(Your I.D. includes a medical cost reimbursement policy.)
- _____ Secured health insurance coverage for overseas? Packed claim form if necessary?
(You might want to check with your insurer if they will cover you overseas.)
- _____ Registered for your college course credit and paid your tuition?
(We abide by OCTC registration regulations and costs for in-state or out-of-state costs.)
- _____ Left the Olomouc emergency contact list with person listed on study abroad application as
person to be notified in case of emergency while you are abroad?

(These contact numbers will be provided to you before departure.)
- _____ Have all necessary prescriptions, copy of glasses prescription?
(Medicines need to be in their proper packaging.)
- _____ Checked your packing to see that airline luggage limits are observed?

The professors are not trained health professionals and have no responsibility for dealing with individual health concerns. However, it is important that our program is aware of any medications you are taking or existing health concerns. No individual should infringe on the well being of the group due to not being able to fully participate in the program.

Should a mishap occur, knowing the following information would facilitate our requesting aid be rendered.

Please answer the following questions:

Name: _____ Blood type: _____

Allergies (food, medicines, insect stings, etc.)

Current medications you are taking:

Medical conditions, health or dietary restrictions:

I affirm that I am aware of no physical or mental condition that would hinder my full participation in the Owensboro Sister Cities and Regions Summer Study Program. I have been informed of the amount of walking, step climbing, touring required and am prepared to meet the necessary requirements so as to not infringe on the group as a whole.

Student Signature _____

Date _____

Responsible guardian _____

Date _____