



For Admission to (rank in order of preference) (___ Costa Rica / ___ France)

Personal Information:

Student's Name _____ Student ID # _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Date of Birth _____ Gender: Male Female Other _____

Citizenship _____ Passport # _____

Emergency Contact Information:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Academic Information: Present Class Standing

Full time: Part time:

Major _____ GPA _____

Do you have any special needs which we need to be aware of in order to accommodate your academic program?

Yes: Please specify _____ No:

Student's Signature _____ Date _____

Please return this form to _____

For Official use only:

Country to be visited _____ Duration of visit _____

International/Intercultural Studies Committee Rep. _____ Date _____

Administrator _____ Date _____



For Admission to (rank in order of preference) (___ Costa Rica / ___ France)

Personal Information:

Last Name _____ First Name _____ Middle Init. _____

Permanent Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address _____

Gender: Male Female Other _____

Date of Birth _____ Student ID Number _____

Citizenship _____ Passport # _____

Name of emergency contact _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address _____

Academic Information

Current College _____

Address _____ Date of Attendance _____

Previous College _____

Address _____ Date of Attendance _____

Previous College _____

Address _____ Date of Attendance _____

Present Class Standing: (Please Choose One)

- H.S Graduate
- Freshman
- Sophomore
- Junior
- Senior
- College Graduate

Major _____ Minor _____ GPA _____

Medical Information:

Have you had, or do you currently have any significant medical conditions requiring supervision or treatment? If yes, please explain on a separate sheet.

(Example: motion sickness, respiratory ailments, altitude sickness, heart problem, diabetes mellitus)

- Yes
- No

Have you had, or are you currently receiving counseling for the treatment of emotional disorders, drug addiction, alcohol-related problems, eating disorders, or other psychiatric conditions? If yes, please explain on a separate sheet.

- Yes
- No

	Please Choose	Explain if necessary
Have you been hospitalized in the past year?	Yes <input type="radio"/> No <input type="radio"/>	
Do you have any allergies? (Food, insects, drugs)	Yes <input type="radio"/> No <input type="radio"/>	
Do you have any physical handicaps?	Yes <input type="radio"/> No <input type="radio"/>	
Do you have any dietary restrictions?	Yes <input type="radio"/> No <input type="radio"/>	
Do you smoke?	Yes <input type="radio"/> No <input type="radio"/>	

Please indicate any prescription medication that you must continue to take while overseas. _____

Name of Medical Insurance Co. _____ Policy # _____

Address _____ Claims Phone # _____

It is imperative that you have insurance which covers you abroad.

My insurance covers me abroad:

- Yes
- No

Additional Information:

Have you ever been on disciplinary probation?

- Yes
- No

If Yes, please explain _____

How did you hear about the Study Abroad Program? _____

References

Please list the names of 3 individuals to whom you will give the recommendation forms. They must be professional acquaintances (not relatives) who have known you for at least one year and have observed your relationship with others. (Students must request one recommendation from a recent teacher)

Name _____ Phone # _____

Relationship to you _____ City _____ State ____ Zip _____

Name _____ Phone # _____

Relationship to you _____ City _____ State ____ Zip _____

Name _____ Phone # _____

Relationship to you _____ City _____ State ____ Zip _____

Signature:

To the best of my knowledge the information contained in this application is accurate and complete.

Applicant's signature: _____ Date _____

I have reviewed this application and recommended this student to your program. The student complies with ICISP requirements.

IISC Representative _____ Phone # _____ Date _____

**Study Abroad in Costa Rica / France
To the applicant**

Fill in your name, address, and phone number. Give the form to a professional acquaintance (not a relative) who has known you for at least one year and has observed your relationship with others. All students must request one recommendation from a teacher.

Name: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

To the evaluator

This candidate's application cannot be completed until we receive this form from you. Please return it promptly to the address below. Study Abroad in Costa Rica or Africa is a rigorous program that expects students to learn from academic classes as well as structured and understood experiences. Participants are involved in a challenging cross-cultural program which includes a 4-week period of living as a member of a family.

To succeed, the applicant must be highly motivated and be able to adjust to people of different social, cultural and economic backgrounds – sometimes under difficult emotional and physical conditions.

Therefore, we cannot overemphasize the value of your candid appraisal to enable us to determine whether the applicant is ready for this program.

In comparison with other individuals the same age whom you know, please rate the applicant on the following characteristics:

1. Academic motivation	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown
2. Self-discipline	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown
3. Emotional maturity	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown
4. Initiative	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown
5. Independence	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown
6. Open-mindedness	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown
7. Sense of humor	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown
8. Physical stamina	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown
9. Ability to function as a member of a group	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown
10. Ability to adjust and cope with unusual/uncomfortable situations	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown
11. Good ambassador for college/USA	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown
12. Have you ever had any reasons to be concerned about this person's alcohol or drug use?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Poor	<input type="radio"/> Unknown

13. The candidate has signed a statement indicating that he/she will use Spanish most of the time while in Costa Rica. How well do you feel the candidate will adhere to this? Very well Well Poorly Not at all
14. Would you enjoy having the applicant
- a. Live in your home for a month? Yes No
 - b. As a member of a group for which you are responsible? Yes No
15. In your opinion, does this applicant have a clear motivation for study abroad and does he/she have the ability and maturity to achieve these goals? _____
16. How long and in what capacity have you known the candidate? _____

Name _____ Position _____

Phone # _____ Date _____

Essay

Please write a 1 - 2 page typed essay explaining why you wish to be considered for this scholarship. Why will this program relate to your personal and career goals? What are your expectations and your likes, dislikes, and anything else we should know?

Mail/Email Applications to:

Sangeeta Kumar

SSC International Studies 15800 S. State St.

South Holland, IL. 60473 Email: skumar@ssc.edu

Phone: (708) 596-2000 ext. 2574