

APPLICATION

Sojourns Abroad
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Manchester, VT 05254 USA
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Center to which you are applying: Siena ____ Paris ____
Session/s: Fall ____ Spring ____ Summer ____ Year ____
Applicant's Name _____ Male Female Date of Birth _____
Month / Day / Year

Address _____
City/State/Zip _____
Country _____
Tel. Home _____ Cell _____
E-Mail _____ Fax _____

Parent/guardian contact information:

Mother's Name _____
Address _____
Tel. Home _____ Work _____ Cell _____
E-Mail _____ Fax _____

Father's Name _____
Address _____
Tel. Home _____ Work _____ Cell _____
E-Mail _____ Fax _____

For students: name of high school _____ College or university _____ Yr. of grad. _____

Undergraduate Fr Soph Jr Sr Recent college graduate, yr. 20____ Graduate student

Currently enrolled On leave of absence Deferred admission Deferred from which institution? _____ Until what date? _____

Withdrawn from college Occupation, for other than students _____

How did you learn of Sojourns Abroad? _____

Have you been to Europe? ____ To Italy ____ France ____? To Siena ____ Paris ____?

Do you speak or have you studied Italian ____ French ____?

At what level would you describe yourself? Beginner Advanced beginner Intermediate Advanced Fluent

Other languages studied _____

Because food plays a major role in each country's culture, we'd like to know: Are you vegetarian? Yes No Other _____

List any food, animal or environmental allergies _____

Please describe any of your special interests, hobbies, pursuits _____

Is there anything you would like us to know that would merit or require our consideration? _____

REGISTRATION & PAYMENT

The program Fee includes: transportation from airport on arrival day, orientation, living accommodations, meals (except lunches), language learning, community service work, midweek excursions and weekend travel, museum entry fees, varied outdoor activities, introductory visits to concerts, lectures and sporting events, and the CIEE international youth identity card which includes some insurance. Not included: airfare, train or taxi if arriving at a time or place other than those prescribed for sojourners to be met and escorted to the center site, telephone or fax use, personal items, ongoing personal enrichment classes (such as sports, music, art or dance lessons) independent travel, health or trip cancellation insurance.

For All Applicants

- Complete, sign and mail this two page application with a \$250 application fee to Sojourns Abroad. This fee is returned if you are not admitted to the program.
- Arrange for an appropriate adult to complete and submit the Adult Reference form.
- Upon receipt of the application, you will be contacted for a personal or telephone interview.
- Admission decisions will be made within two weeks of completion of the application. You will then be asked to complete a number of enrollment forms from the program website: **www.sojournsabroad.org/participants**

Note: Space is guaranteed only after full session payment has been received.

GENERAL TERMS & CONDITIONS

Please read this information carefully, and sign the Terms and Conditions below in both designated places.

Responsibility

Sojourns Abroad and its agents will exercise all care in making arrangements for accommodations, meals, transportation (excluding airfare) and other services related to the itinerary of this program. However, Sojourns Abroad does not assume liability for any injury, damage, loss, accident or delay to any person or property because of any carrier or of weather, strikes, civil or military disturbances, acts of God or of governments, thefts, sickness, or other such causes beyond his control, or for any loss or damage resulting from any improper or insufficient passports, visas or documents which are solely the responsibility of the participant. Additional expenses, if any, resulting from any such incidents shall be borne solely by the program participants.

Participants under 21 who choose to leave the group during the course of a group excursion or to travel independently must have the consent of their parent(s) who, along with them, must take full responsibility for this decision and for any costs incurred in doing so. Participants bear the risk and take responsibility for their personal belongings, including all luggage, handbags, carry-ons and other possessions.

Withdrawals & Refunds

The following refund policy is in effect, regardless of the reasons for withdrawal. If the space has been subsequently filled, full refund will be provided when written notification of withdrawal is received at least 30 days prior to the beginning of the session.

Sojourns Abroad reserves the right to cancel a program or to make appropriate changes in any program in the best interests of the participants and especially where their health and safety are concerned. In the unlikely event a session must be canceled prior to the beginning of a session, all funds will be refunded. If cancellation becomes necessary after a session begins, the refund will be prorated. No refund will be made if a student is asked to leave the program.

Health & Travel Insurance

Proof of health insurance is required. Check with your health insurance company to be sure your policy includes coverage while traveling overseas. Travel agents typically assist with travel insurance.

Applicant Agreement Regarding Behavior & Illegal Drugs

I (we) acknowledge that participants in Sojourns Abroad are, inevitably, ambassadors abroad, and that laws in most European countries related to the use or possession of illegal drugs are very strict. I (we) understand that persistent, unbecoming or inappropriate behavior, or the use or possession of illegal drugs will be grounds for dismissal from the program. I (we) understand that I (we) will be billed for unanticipated costs related to such an action, and that in the case of a dismissal there will be no refund.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian (if Applicant under 21) _____ Date _____

Applicant/Parent/Guardian Agreement

I (we) have read, understand, and accept the Terms and Conditions, and the cancellation and refund policies as stated. I (we) understand the nature of this and accept the risks involved. I (we) agree to release David Denman, John Nissen, Sojourns Abroad and its employees and agent(s) of any and all liability and responsibility of any nature for any loss or damage to property or personal injury while participating in Sojourns Abroad.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian (if Applicant under 21) _____ Date _____