

Los Niños (San Diego/Tijuana) Service Immersion Trip

June 4-12, 2008

Application for Participation

Name: _____ Email: _____

Local Address or Box Number: _____

Home Address: _____

Local Phone: _____ Home Phone: _____ Class/Year: _____

Important Medical Information such as Asthma, Allergies, Diabetes, etc. (voluntary) _____

**Students with special needs are welcome to apply. Special needs and disabilities can (but do not need to be) disclosed to the trip coordinators or to the office of Services for Students with Disabilities, x4967.*

Major: _____

Do you speak Spanish? _____

Have you taken any Spanish courses? _____

If not, will you be enrolled in a Spanish course before this trip? _____

Have you taken or do you plan to enroll in a related course and receive a one lab credit for this trip? (You need to sign up for AR 299 separately and get a permission slip from Dr. Bowen in the PO Department to for credit.) What course(s)?

What other coursework relevant to this trip have you had? _____

What previous service experience have you had? _____

What previous international travel experience have you had? (*none is necessary to apply*) _____

List one John Carroll University faculty or staff person and one peer who knows you well and who has agreed to complete a recommendation form. (You are responsible for giving the recommendation forms to those you choose to do a recommendation for you.)

1. Name (Faculty/Staff) _____
Address _____

2. Name (Peer) _____
Address _____

Essay Question: Please complete a 250 word essay which describes your personal motivation to apply for this program.

The application and recommendation forms need to be returned to Dr. Robert J. Kolesar, Director, Honors Program.

Applications due by Monday, October 8, 2007

Deposit of \$100 due by Monday, October 15, 2007

The application process includes completion of this form and two letters of recommendation. Also, a personal interview may be required. A successful application and acceptance indicates a commitment to participate in preparation activities, fund-raising projects, and follow-up work.

For further information call Bob Kolesar, Honors Program (x4559)

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Recommendation Form

The following is information on the person completing this recommendation.
Please send this form via Campus Mail so it can be received by the Honors Program office on
Friday, October 26, 2007

Name _____

Address _____

Phone _____

Candidate's Name _____

1. How long have you known the candidate? In what capacity?

2. Describe the person's personality, intellectual curiosity, temperament and outstanding characteristics, including both strengths and weaknesses: (Use space on back of this sheet, if necessary.)

3. Please rate the applicant, with regard to each of the following characteristics, by circling the appropriate number. Please omit any choices you do not feel comfortable answering.

Rating Scale:	Weak	(1)	(2)	(3)	(4)	(5)	Strong
Physical Health		1	2	3	4	5	N/A
Emotional Stability		1	2	3	4	5	N/A
Sense of Humor		1	2	3	4	5	N/A
Maturity		1	2	3	4	5	N/A
Adaptability to new situations		1	2	3	4	5	N/A
Generosity		1	2	3	4	5	N/A
Self-Confidence		1	2	3	4	5	N/A
Ability to work w/others		1	2	3	4	5	N/A
Ability to communicate		1	2	3	4	5	N/A
Ability to deal with stress		1	2	3	4	5	N/A
Dependability		1	2	3	4	5	N/A
Motivation		1	2	3	4	5	N/A
Intellectual Curiosity		1	2	3	4	5	N/A

Final Recommendation: _____ Highly Recommended
 _____ Recommended
 _____ Recommended with Reservations
 _____ Not Recommended

Signature _____ Date _____

Please return to Dr. Robert J. Kolesar, Director, Honors Program, John Carroll University