



Studies Abroad for Global Education

Discover your world... Discover yourself!

SUMMER SAGE APPLICATION

PERSONAL INFORMATION:

Applicant's Name: _____
First Middle Last

Trip: Culture & Ecology of Ecuador (June 8 – 22, 2009) Encounter India (June 26 – July 18, 2009)

Mailing Address: _____

Student E-Mail address(es): _____

Home Phone: _____ Cell: _____

Birth (a) date _____ (b) place _____
month/day/year city country

Passport Number: _____ Nationality: _____ Issue & Expiry date: _____
(Note: If you do not already have a passport, please apply for one as soon as possible.)

Name and address of present school: _____

Present Grade: _____ Current GPA: _____ Age: _____

How did you hear about the Summer SAGE Program? _____

Were you referred by a SAGE alumnus? If so, who? _____

Are you applying with a friend (to receive a discount)? _____

Friend's full name: _____

FAMILY INFORMATION:

Applicant lives with: ___ Both parents ___ Father ___ Mother ___ Other (Name/Relationship): _____

Key Contact Person: ___ Both parents ___ Father ___ Mother ___ Other (Name/Relationship): _____

Father's (Guardian's) Name: _____ Profession: _____

Address: _____

Email: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Mother's (Guardian's) Name: _____ Profession: _____

Address: (if different from Father) _____

Email: _____ Home Phone: _____

Work Phone: _____ Cell: _____

APPLICANT QUESTIONNAIRE:

APPLICANT: On a separate page, please answer the following questions: (typed, single spaced, use more than one sheet if necessary)

1. Why do you want to participate in the Summer SAGE Program?
2. Describe any previous experience you have with India / Ecuador (depending on which trip applying for), or with the study of India / Ecuador (history, music, language, etc.).
3. Describe any previous experience you have had traveling or living in a developing country (i.e. in Asia, Africa or Latin America.)
4. What challenges do you expect to encounter on this program and how will you try to overcome them?
5. How do you cope with stressful situations? How adaptable are you to new situations?
6. What strengths or contributions will you bring to the program and to your group members?
7. What are your strengths and weaknesses when working in group situations?
8. Is there anything else you would like to tell us about yourself?

T-SHIRTS:

All participants will receive a complimentary Summer SAGE T-shirt. Please circle your T-shirt size:

- Small Medium Large X-Large

PROCEDURES:

Our admission process is on a first-come, first-serve basis, so please do not wait to submit your application. Soon after we receive your completed application, we will call you for a phone interview. Within two weeks of your phone interview, SAGE will notify you about whether you have been accepted. After you have been formally accepted, SAGE will send you instructions on how to access an online information packet that includes health information, medical/emergency insurance information, visa application procedures, our alcohol and drug policy, a liability waiver, a packing list, and other preparatory materials.

To confirm participation in the program and to secure a space, accepted students must send SAGE an initial payment of \$1000 (credited toward total cost) within 15 days of acceptance. Your space in the program will not be confirmed until we receive the initial deposit fee. In the unlikely event that a trip does not reach a minimum capacity of confirmed participants, the trip will be cancelled and your deposit will be returned to you.

Applicant's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

COMPLETING YOUR APPLICATION:

1. Please submit your complete application with:

- Your completed and signed application forms (this form)
- Your applicant questionnaire responses
- Your parents' recommendation form
- A non-refundable \$100 application fee (check made out to "SAGE Program")
- A recent color photograph of yourself
- A color copy/scan of your passport. (If you don't yet have one, please note this on the form above.)

2. Please remember to keep a copy of your application for future reference

3. Mail your completed application to:

SAGE Program
19 Old Town Square, Suite #238
Fort Collins, CO 80524
USA

4. We will inform you once all your completed sections have been received.

5. Questions or concerns? Please call or e-mail us at:

1-888-997-SAGE (7243) or info@sageprogram.org



Studies Abroad for Global Education

SUMMER SAGE PROGRAM

PARENT QUESTIONNAIRE

(To be completed by the applicant's parents or guardians)

Applicant Name: _____ Your relation to student: _____

1. Are you supportive of your child's participation on this program? Please discuss any hopes or concerns you have for them in the program: _____

2. The Summer SAGE Program provides many opportunities for personal growth and development. The travel, meeting new friends and visiting new places also involve a certain amount of independence and self-reliance. How do you think your child will respond to such opportunities? _____

3. Because of the international nature of this trip, sensitivity to the traditions and expectations of another culture, respect for authority, and adherence to rules and regulations are necessary. How do you anticipate your child will respond to these expectations? _____

4. On the Summer SAGE Program, students and leaders from many different backgrounds live, work and play together as a close-knit group. What is your appraisal of your child with respect to:

honesty _____

reliability _____

self-discipline _____

motivation _____

respect towards adults _____

ease of making friends _____

adaptability to new situations _____

5. Does your child now receive, or in recent years has he/she received any sort of personal or psychological counseling?

If so, please describe: _____

6. Will your child be taking any medications while on the trip? Does your child have any special medical conditions that we should be aware of? Please describe any special medications or medical conditions: _____

7. Is there anything else that you feel that we should know about your child? _____

We realize that it may be difficult for a parent or guardian to appraise his or her son or daughter objectively. Yet we feel that your statement has value, as compared with statements by others not so close to an individual. We appreciate your willingness to share your comments.

Date _____ Parent's/Guardian's Signature _____

Email address: _____

Home / Cell number: _____