

Preliminary Application

PLEASE TYPE OR PRINT CLEARLY USING BLACK INK or complete online at www.ExperimentInternational.org

APPLICANT INFORMATION

DATE

Name of applicant _____
(legal name as it appears or will appear on your passport) last first middle nickname

Permanent address _____
street city state zip code

Permanent phone (_____) _____ Cell phone (_____) _____

Social Security _____ Country of Citizenship _____ male female

Date of birth _____ Age _____ Active Email _____
month/day/year (PLEASE PRINT CLEARLY. Must be good through September 1)

Current school _____ Graduation year _____

School address _____
street city state zip code

Do you live at school? yes no **NOTE:** After June 1, all mailings will be sent to your home address.

PROGRAM CHOICE

First choice _____ Second choice _____
country program code country program code

For programs which require French, Spanish, or Japanese, please indicate language and years studied _____

FAMILY INFORMATION

Mother's/guardian name (Mrs. Ms. Dr. Other) _____
last first middle

Permanent address _____
street city state zip code

Permanent phone (_____) _____ Cell phone (_____) _____ Work phone (_____) _____

Email _____ Fax (_____) _____

Father's/guardian name (Mr. Dr. Other) _____
last first middle

Permanent address _____
street city state zip code

Permanent phone (_____) _____ Cell phone (_____) _____ Work phone (_____) _____

Email _____ Fax (_____) _____

With whom do you live Both Parents Father Mother Other _____

HOW DID YOU HEAR ABOUT THE EXPERIMENT

Family School Friend Internet Other _____

Has anyone in your family been an Experimenter? Year _____ Country _____

name family birth name (if different) relationship to you

CATALOG REQUEST Would you like us to send a catalog to someone?

Name _____
last first middle

Address _____
street city state zip code

CONTINUE PRELIMINARY APPLICATION INFORMATION ON THE BACK ►

INITIAL PAYMENT INFORMATION

Enclosed is my check or money order, payable to World Learning, for the \$400 initial payment (includes a nonrefundable \$100 application fee and a \$300 program space reservation deposit; *the \$300 deposit is refundable until May 1*). Please include the applicant's full name on the check or money order. **NOTE:** Only the \$300 program space reservation deposit is applied toward the total program fee.

Name of applicant _____
(legal name as it appears or will appear on your passport) last first middle

Please charge the \$400 initial payment to my credit card. VISA MasterCard

Credit card number _____ Expiration date _____
month/year

Name on credit card _____

Authorized signature _____

PRELIMINARY APPLICATION INSTRUCTIONS AND INFORMATION

Submit this preliminary application as soon as possible. Reservations are on a first-come, first-served basis. Send your "prelim" with the \$400 initial payment (*which includes a nonrefundable \$100 application fee and a \$300 program space reservation deposit*) **by mail, fax, or online.**

When we receive your preliminary application and deposit, we will send an email confirmation, including instructions for downloading the Participant Application and program materials. Additionally we will send you a Participant Application and program materials to your home address. Participant Application materials include: a personal profile, a medical form, conditions of participation, international travel documentation/passport verification, instructions for your "Dear Family" letter, a request for four photographs, and specific program requirements (*health guidelines and/or visa applications, if any*).

Preliminary Application Deadline: May 1. *After May 1, new preliminary applications will be accepted on an individual basis, depending upon program and airline ticket availability. There will be a late fee of \$50 per week after May 1 for all late applications.*

BILLING INFORMATION

The balance of the program fee should be billed to: (Final program billing begins in April with full payment due May 30)

Name _____
last first middle

Address _____

_____ city state zip code

Daytime telephone (_____) _____ Relationship to applicant _____

FINANCIAL AID

Financial aid is available to a limited number of participants. Awards are based on need and availability of funds. If you would like to receive a financial aid application, please enclose a letter with your preliminary application, addressed to the director of financial aid and indicating your interest in this opportunity. The final deadline to request a financial aid application is April 1.

NOTE: *Financial aid candidates must submit the \$400 initial payment with this application (\$300 is applied to the program fee). Limited financial aid funds are awarded on a rolling basis after the Financial Aid and Participant Application are completed and reviewed for acceptance. APPLY EARLY!*

PROGRAM FEES

Program fees include: round trip international transportation (except for programs in Mexico and the Navajo Nation); meals and lodging; in-country transportation; admission to program-related activities; orientation; group leader supervision; health, accident, and baggage insurance. Program fees do not include: domestic transportation to and from the program starting point; personal spending money; or required travel documents and immunizations.

ELIGIBILITY REQUIREMENTS

Programs described in this publication are open to all students who have completed their ninth grade year, but have not yet entered college or university, and have satisfied a language prerequisite as noted in the catalog.

WITHDRAWALS

Notice of withdrawal must be in writing. Failure to do so before May 1 will result in penalty charges.

MAIL or FAX (with fee) to: The Experiment in International Living, World Learning, 1 Kipling Road, PO Box 676, Brattleboro, VT 05302-0676

Toll-free in US (800) 345-2929 Fax (802) 258-3428 online application www.ExperimentInternational.org