



Hostos Division of Institutional Advancement,
Office of the Associate Dean for Community Relations
Hostos Division of Continuing Education & Workforce Development

STUDY ABROAD PROGRAM APPLICATION FORM – SUMMER 2014

Name _____ Home Tel. _____ SS#. _____

Address _____

Gender: Male ____ Female ____ Date of Birth _____ Country of Birth _____

E-Mail _____ Job tel. _____ Cellular _____

Residency: In State ____ Out of State ____

EMERGENCY CONTACT PERSON

Name _____ Address _____

Phone _____ City _____ State _____ Zip Code _____ E-mail _____

PASSPORT INFORMATION:

Do you have a valid passport? ____ (If not, apply for a passport immediately)

If yes, from which country, and what number is it? _____

Are you a US citizen _____, or permanent resident _____: Please give alien residence number: _____

Graduate students: please indicate type of degree received and date: _____

Major: _____ Job title: _____

Are you a Public School teacher? If so, please write down the name of your school & address

UNDERGRADUATE AND GRADUATE STUDENTS:

CUNY/SUNY College/University: _____ Major: _____

Matriculate ____ Non-Matric ____ G.P.A. ____ Do you receive financial aid? ____

Check all that apply: Tap ____ Pell ____ SEOG ____ CWS ____ Loans ____

Do you need a special diet _____ Allergies? _____

If yes, please explain

Do you have a medical condition, or disability which requires special attention? Please Specify:

What is your Spanish language background?

Will you need housing arrangements? If not, give address and phone number where you will be staying.

Are you on any type of probation, if yes please specify

In a one page personal statement give your reasons for participating in this study abroad program and your goals as well as your expectations for the program. Please indicate any aspects of the History/Culture in which you are particularly interested, i.e., history, health, politics, Arts, language, educational system, etc. Be sure to relate your educational, career and/or personal goals to your plan of study.

I, the undersigned acknowledge that I have read this application and that all statements are correct to the best of my knowledge.

Applicant's signature

Date

Application: The application should be completed and mailed with a \$100.00* money order for the application fee, **payable to: Hostos Community College, Teacher-Training Program**

Mail to:

Hostos Community College
475 Grand Concourse, Suite A337
Bronx, NY 10451
Attention Ana I. García Reyes, Associate Dean for Community Relations

Contacts:

Yocelyn Tarazona-Cubilette, 718-518-4334, ltarazona@hostos.cuny.edu
Ana I. Garcia Reyes, agreyes@hostos.cuny.edu

***NOTE: 50% (\$50.00) of application fee is non-refundable**

PLEASE NOTE THAT THE PROGRAM APPLICATION DEADLINE IS MAY 12st, 2014