

Application for Semester in Ecuador

Personal Information:

Name _____

Permanent Address _____ Good until _____

City _____ State/Province _____ Zip/Postal Code _____

Current Address (if different than permanent) _____

City _____ State/Province _____ Zip/Postal Code _____

How long will you be at this address? _____

Email address _____ Passport Number _____

Phone number _____ Social Security Number _____

Birth-date _____ *Citizenship* _____

Occupation/School _____

Parent(s) names _____

Phone number _____ Email address _____

Health conditions/physical limitations/allergies/special dietary restrictions/prescription drugs _____

Medical Insurance Information

Do you have primary medical insurance (check one) YES NO

(If you checked yes, please complete the questions below)

Policy Provider _____ Policy Number _____

Primary policy holder (you or your parents) _____

Emergency Contact in the United States/Canada

Name _____ Relationship to you _____

Address/City/State or Province/Zip or Postal Code _____

Phone numbers: Home _____ Work _____ Cell _____

Email address _____

Please describe (in writing) the following: *While we do not need an exhaustive paper from you, please be thorough with your answers. Your paper should give us a good idea of who you are, your personal walk with Christ, and your ministry ideas and experience. Thank you!*

- **Your birthplace, family, and growing up years.**
- **Your current relationship with your parents and/or family.**
- **How and when did you become a Christian?**
- **Churches that you have attended. If you were involved at that church, please describe how.**
- **What is your ability in Spanish?**
- **Why do you desire to be a part of this program?**

Please provide 2 letters of reference-

Reference letter 1 - must be from a Professor

Reference letter 2 - May be a professor, school official, coach, pastor or advisor