

APPLICATION FORM

I am applying for...

- the full academic year 200__ – 200__ fall semester 200__
 winter intersession 200__ spring semester 200__ summer session 200__

Personal Information

First name: _____ Middle name: _____ Last name: _____

Date of birth: _____ Social security #: _____ Citizenship: _____

Sex: Male Female

Home Address: _____ Zip: _____

City: _____ State: _____ Telephone: _____

Email: _____

Standing while in Athens:

- Sophomore
 Junior
 Senior
 Graduate
[Year of Graduation ___]

College / University: _____

Address: _____ Zip: _____

City: _____ State: _____ Telephone: _____

Father / Guardian: _____ Occupation: _____

Home Address: _____ Zip: _____

City: _____ State: _____ Home Tel.: _____ Bus Tel.: _____

Mother / Guardian: _____ Occupation: _____

Home Address: _____ Zip: _____

City: _____ State: _____ Home Tel.: _____ Bus Tel.: _____

Financial responsibilities will be assumed in full by:

Name: _____

Address: _____ Zip: _____

City: _____ State: _____ Telephone: _____

If you will be supported by a scholarship, please indicate the source, type, amount, and release date.

How did you learn about *Odyssey in Athens*?: _____

Personal statement:

On a separate page, please tell us why you are interested in attending *Odyssey in Athens* and what you hope to achieve during your semester/year abroad. We are also interested in what personal qualities you think will contribute to your success on this program, and in what contribution you think you can make to the group experience. You may mention personal and professional goals and objectives, interests, work or volunteer experience, and previous travel abroad, if any.

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Medical Information

- Are you in good physical health? Yes No
 Do you have any physical disabilities? Yes No
 Are you currently being treated by a psychiatrist or
 psychologist for an emotional, nervous, or mental disorder? Yes No
 Are you currently on medication? Yes No
 Do you have any allergies, including medical allergies? yes No

This information will be kept entirely confidential. If you answer yes to any of the first five questions, please attach a separate page describing the condition and treatment you receive.

Preferences

- Do you smoke? Yes No
 Would you object to rooming with a smoker? Yes No
 Roommate preference (you friend's name): _____

In the event of a medical emergency, please contact...

First name: _____ Middle name: _____ Last name: _____
 Relation: _____ Home Tel.: _____ Bus Tel.: _____

Agreement

As an applicant to Odyssey in Athens, I hereby certify that the information included here is accurate and complete. I understand that, if accepted, I will be subject to the rules and regulations of *Odyssey in Athens*, and that any failure to comply with such may result in my dismissal from the program.

Date: _____

Signature: _____

Checklist

The following materials must be received before your application can be reviewed and acted upon. Please check to see that you have not omitted anything; then send everything in a single packet to Breezy Wentz.

- | | |
|---|---|
| <input type="checkbox"/> Application form | <input type="checkbox"/> 2 letters of reference: one academic and one personal |
| <input type="checkbox"/> Personal statement | <input type="checkbox"/> 2 passport photos (name on back - for ID purposes) |
| <input type="checkbox"/> Proposed plan of study | <input type="checkbox"/> Official transcript <input type="checkbox"/> Approval form |
| <input type="checkbox"/> \$150 Application Fee (and \$950 deposit, if after deadline) | |

Deadlines: June 15th for the full year or fall semester; November 15th for spring semester. Students applying after the deadlines must send a \$950 deposit in addition to the \$150 application fee. The deposit will be refunded if the applicant is not accepted.

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