SENEGAL SERVICE LEARNING PROGRAM

Service-Learning Application Form Summer 2024

Application must be printed legibly.

Current College/university_____

Please Circle your classification: Freshman, Sophomore, Junior, Senior, Graduate studies or Other

GPA: _____

Applicant Information:

_____

Name: First_____ Middle _____ Last _____

Current Address: _____

City, State/Province, and Zip/Postal Code

_____

Phone_____/_____
E-mail _____ DOB_____
Campus I.D. Number _____

Passport Number _____

_____

Reference:
_____
Please indicate One (1) reference from your home institution.

Name: _____ Title _____

Institution _____ Department _____

City, State/Province, and Zip/Postal Code

_____

Email_____ Telephone _____

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1. Please construct a persuasive argument regarding why you should be selected to participate in the Senegal West Africa Fellowship Program. Your response should be no more than 500 words in length.

2. How will your participation in this program support your personal and professional learning goals?

3. Please tell us about your past leadership or employment experiences?

4. Cooperation, collaboration and appreciation of the diversity and richness of other cultures will be essential on this trip. Please give a concrete example that illustrates your ability to cooperate, collaborate and appreciate difference.

Emergency Contact Information

Please indicate two (2) Emergency Contacts

Name: _____ Relationship: _____ Address: _____ E-mail: _____ Phone: _____

Secondary Contact Name: _____ Relationship: _____ Address: _____ E-mail: _____ Phone: _____

Date: _____

Signature_____