

Application Costa Rica Summer

May 29 – July 3, 2023

Please fill out this form and save it as a new PDF document on your device and email it to studyabroad@intervarsity.org. For best results we recommend filling out this form on a computer.

Basic Information

Name (First, Last, Preferred)

Phone Number

Email

Permanent Address (non-school address)

Current Address

Birthday (mm/dd/yyyy)

Gender

Ethnic Identity

What is your citizenship?

How did you hear about Summer Costa Rica Program?

Who is your InterVarsity staff member?

Education

Current college or university (full name)

Major/Minor

Current GPA

Graduation Year

Passport

Do you have a current passport?

Yes No

If so, when does it expire?

If not, upon application acceptance, you will need to apply for a passport immediately.

Full name as it appears on your passport

What is your passport number?

Emergency Contact Information (Contact #1)

Emergency contact's full name:

Relationship to you:

Emergency Contact Address

Emergency Contact Primary & Secondary Phone

Emergency Contact Email

Emergency Contact Information (Contact #2)

Emergency contact's full name:

Relationship to you:

Emergency Contact Address

Emergency Contact Primary & Secondary Phone

Emergency Contact Email

Personal Interest and Experience

What are your personal goals, objectives and/or expectations for studying abroad with InterVarsity?

What strengths, skills and/or experience would you bring to the cohort of students going to Costa Rica together?

Describe any experience you have had in cross-cultural relationships, either overseas or in the U.S. / Do you have previous international travel and/or living experience? If so, please elaborate.

List the languages you speak and level of fluency for each (1-10 - 10 being completely fluent).

Share about your spiritual life and faith background.

Health and Medical Information

Are there any medical or physical issues your director should know about in order to support you? If so, please explain. (Not a basis for acceptance or rejection)

Are there any mental or emotional issues which would make it difficult to participate in stressful cross-cultural situations? If so, please explain.

Share about a time you were served something that you didn't want to eat and how you coped. Also explain any major allergies or food restrictions you have.

If you take medications, will you be able to have enough for the duration of the mission?

Are you covered by a major medical insurance policy while overseas (over \$50,000)?

Yes No

Name of Insurance Company

If you do not have health insurance, you will need to purchase it before hand.)

References Contact Info:

Academic

Full Name

Phone Number

Email

Email Confirm

Spiritual Leader/IV Staff

Full Name

Phone Number

Email

Email Confirm

Peer

Full Name

Phone Number

Email

Email Confirm

Signature

Student Signature (type full legal name)

We will notify you if your application is accepted. At that time you and a guardian will be asked to sign a release and agreement and put down a deposit of \$300.