

AGTS ISRAEL & JORDAN STUDY TOUR 2008
AGTS Trip and Scholarship Application

- We are delighted at your interest in the AGTS Study Tour and hope you will be able to travel with us! Since space¹ and funding² is limited, applicants for scholarships will be selected in light of the wishes of the donor/s and paying participants will be welcomed on a first-come-first-served basis.
- Both this AGTS application and the JUC application, which follows, are due by M, October 29 to Deborah Gill along with a \$400 deposit (non-refundable after November 7) to the Business Office, checks made payable to AGTS.
- The names of the students selected for these scholarships will be announced M, November 5.
- Final payment is due March 3.

Name (please print): _____

Date Received: _____ Deposit Made: _____

For AGTS Student Applicants:

_____ Are you an AGTS student?
_____ Full Time or Part Time? (Enter the abbreviation in the blank.)
_____ Resident, Degree Completion, Fast Track, or Extension?

How many credits would you like to pursue on the Study Tour? (Circle a number.)
4 – from Jerusalem University College, transferred into AGTS³
or into (another institution, specify) _____
6 – 4 from JUC plus 2 practicum credits⁴ from AGTS
0 – not needing any more credits

What is your degree program? _____
Track (if any)? _____
Concentration (if any)? _____

What year do you plan to graduate? _____ What is your GPA? _____

In what position or role do you plan to serve after graduation? _____

In what denomination, fellowship, or independently, do you plan to serve after graduation? _____

In what ministries and leadership positions have you already served?

¹ A maximum of 48 travelers may take the Study Tour: 30 to Israel [only], and 18 to Israel and Jordan.

² Scholarships of \$1500 each are available to 30 AGTS students.

³ Remember to see AGTS Registrar, Geneva Heiskell, before leaving.

⁴ See Deborah Gill for practicum syllabus before leaving.

_____ Would you like to be considered for the AGTS \$1500 scholarship?

_____ Would you need additional Federal Financial Aid to take the Study Tour?

_____ Would you still plan to go on the Study Tour if you did not receive funding?

For non-AGTS Applicants:

_____ Are you a friend or relative of an AGTS student?

Specify the relationship or association _____

Would you like to pursue academic credits on the Study Tour? (Circle a number.)

4 – from Jerusalem University College, transferred into (name of institution):

0 – not seeking credit

What is your degree program (if any)? _____

Track (if any)? _____

Concentration (if any)? _____

For All Applicants:

Please note: All travelers accepted for the Study Tour will need to sign in the presence of a witness Statements of Standards and Agreements, both of JUC and AGTS.

- Those who are on campus may do so at Norma Simmons' desk.
- Those who are distant from campus may download PDFs of the statements, print and sign them in the presence of a witness, and mail hard copies to Deborah Gill.

Signature: _____

Date: _____

**PLEASE COPY AS NEEDED
FOR EACH INDIVIDUAL IN YOUR GROUP**

PERSONAL INFORMATION

Name (Dr./Mr./Mrs./Miss/Ms.) _____
(Please Circle one) Family name First name Middle name

Mailing Address _____
Street or Box City State Postal Code Country

Telephone: home _____ work _____ Fax: _____

Date of Birth: _____ Social Security # (U.S. citizens only) _____ Current School: _____

Denominational Affiliation: _____ Occupation: _____

Male Female Citizen/Passport of what country? _____

Passport Number: _____ Issue Date (00/00/00) _____ Expiration Date (00/00/00) _____

Marital Status: Single Married E-Mail address _____

Family Members Accompanying You: Spouse Children (give ages please) _____

In case of an emergency, notify: _____
Name Address Phone number

Rooming Preference for individuals that are part of groups choosing hotel accommodations only:

- Double* - Choice of Roommate: _____
- Private Room (additional fee)

**Please note that on field trip overnights to some locations, private or double accommodations may not be available.*

REQUIRED HEALTH STATEMENT - PART I

Please indicate past AND present illnesses or conditions:

Allergies _____	Hepatitis _____	Paralysis _____
Amoebic dysentery _____	*Hypertension _____	Pneumonia _____
Asthma _____	Hypoglycemia _____	Rheumatic fever _____
*Diabetes _____	Infectious mononucleosis _____	Tuberculosis _____
*Epilepsy _____	*Kidney trouble _____	Ulcers _____
*Foot/leg difficulties _____	*Pregnancy _____	Other _____
*Gastro-intestinal _____	Malaria _____	_____
*Heart _____	Migraine headache _____	_____

*Have you been treated in the last three years for any mental or emotional condition? _____

*Are you currently on any drug for treatment of mental or emotional condition? _____

*If your answer is yes to either of the above, please give a brief explanation and also the name, address and phone number of your physician or counselor for reference. _____

To the best of my knowledge, the above information is complete and correct.

_____ Date

_____ Signature

***PART II** of the HEALTH STATEMENT is REQUIRED to be COMPLETED BY A PHYSICIAN if: a) you have had any of the illnesses marked with an asterisk (*) in the above Health Statement; OR b) you are 50 years of age or more.

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HEALTH STATEMENT - PART II
PHYSICAL EXAMINATION FORM - (Physician)

To be completed if applicant: a) is 50 years of age or more; or b) has had any of the illnesses or conditions marked with an asterisk (*) in the **REQUIRED HEALTH STATEMENT - PART I**. *Please print or use typewriter.*

Dear Doctor: This applicant is applying for a period of study in Israel. **FACILITIES HERE INVOLVE MUCH STAIR CLIMBING and our program includes SUSTAINED HIKING OVER RUGGED AND ROCKY TERRAIN. THIS IS A VERY STRENUOUS PROGRAM.** Please bear this in mind when making your recommendations.

Name of Applicant: _____
Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

PHYSICAL STAMINA: _____ Excellent _____ Good _____ Average _____ Fair _____ Poor

Vision:	Normal _____	Abnormal _____	Back:	Normal _____	Abnormal _____
Hearing:	Normal _____	Abnormal _____	Feet:	Normal _____	Abnormal _____
Heart:	Normal _____	Abnormal _____	Legs:	Normal _____	Abnormal _____
Lungs:	Normal _____	Abnormal _____	Neurological:	Normal _____	Abnormal _____
Abdomen:	Normal _____	Abnormal _____	Emotional Stability:	Normal _____	Abnormal _____
Menstrual:	Normal _____	Abnormal _____			

LAB WORK: If indicated

Hemoglobin _____
Urine (routine) _____
W.B.C. _____
Other _____

PHYSICAL ACTIVITY:

Restricted _____ Unrestricted _____
Duration _____
Reason for restriction _____

If not covered in the above, please specify the names of the injury, illness, or mental disorder for which the applicant has been under observation or has had medical or surgical advice or treatment or has been hospitalized. Please give dates of the duration of the illness or disorder and the treatment; and give final results. Specify "none" if the answer is negative.

Recommendations: _____

I have examined the above-named applicant whom I have known since _____

From my knowledge of his/her medical history, and as a result of my examination of him/her, it is my opinion that he/she is in good health mentally, emotionally, and physically and that he/she will be able to pursue a full course of study and hiking at an educational institution abroad.

Date of physical examination _____, 20 _____

Please Print: Doctor's name _____

Address _____

City, State, Zip _____

Area Code and Telephone Number: _____

Doctor's Signature _____

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ADDITIONAL INFORMATION

Please complete the following information about your present place of worship and return with your application form.

Church Name _____

Denomination _____

Pastor's Name _____

Church Address _____

Church Telephone _____

Your Name _____

Thank You

