

CRIMSON FOUNDATION  
GIVE PROGRAM APPLICATION



Date of application: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Last

First

Middle (complete)

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Citizen of \_\_\_\_\_  
M D Yr

College address: \_\_\_\_\_

\_\_\_\_\_

Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Permanent address: \_\_\_\_\_

\_\_\_\_\_

Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current academic class: Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Other \_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_ Current GPA \_\_\_\_\_

Have you ever visited Africa before? No \_\_\_ Yes \_\_\_ If yes, when \_\_\_\_\_

What other international travel experience have you had? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have an American passport that is valid through December **2017**? No \_\_\_ Yes \_\_\_

### Seminar Credit

You may receive 3 credits for this seminar if all requirements are completed. Seniors who graduate **May 2017** are **NOT** eligible to receive credit. Do you plan to take this seminar for credit? Yes \_\_\_ No \_\_\_

### Health Information

Place of birth: \_\_\_\_\_ How would you describe your general health? \_\_\_\_\_

Family physician: \_\_\_\_\_

Address: \_\_\_\_\_

Name of health and accident insurance that will cover you while abroad:

Carrier: \_\_\_\_\_ Group/Policy Number: \_\_\_\_\_



Are you currently under the care of a doctor? Yes \_\_\_\_ No \_\_\_\_

If "Yes," please specify the reason.

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Do you suffer from any medicinal allergies? Yes \_\_\_\_ No \_\_\_\_

If "Yes," please be specific. \_\_\_\_\_

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While abroad, will you require any medication (e.g., for allergies, diabetes, epilepsy, etc.) on a regular or periodic basis?

Yes \_\_\_\_ No \_\_\_\_

If "Yes," please be specific. State the chemical composition, not the brand name \_\_\_\_\_

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### **Disciplinary Disclosure**

Have you ever been disciplined by the authorities of another academic institution or government agency for an infraction of rules, regulations, or laws? (Do not include minor traffic violations.)

Yes \_\_\_\_ No \_\_\_\_

If "Yes," please explain the situation in detail: \_\_\_\_\_

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I pledge to report promptly to the Program Administrator any charges lodged against me by authorities and/or civil authorities after the date of this application.

I understand that such charges, proven or not, may be grounds for my exclusion from the seminar.

I hereby certify that all statements made in this GIVE Program Application in its entirety are true and accurate.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Name Printed \_\_\_\_\_