



2011 Costa Rica High School Immersion Program Application

Application Instructions

1. Complete the following application forms. Please write legibly in ink.
2. Submit your deposit by December 31st (total trip price increases after 12/31/10).

15-day High School Immersion deposit amount: \$1,000 (total trip cost: \$3,200*)

30-day High School Immersion deposit amount: \$1,500 (total trip cost: \$4,500*)

Make checks payable to *Common Ground International*. If you prefer to pay with Visa/Master Card, please fill out the Credit Card section below and fax back to (303) 684-5558.

***All deposits and payments are non-refundable. \$200-\$250 surcharge for most flights not originating in Denver, CO.**

3. Mail or Fax your registration forms and deposit to:

Common Ground International
 P.O. Box 174
 Lafayette, CO 80026
 Fax: 303 684-5558

We will review your application upon receipt and notify you of its status. If you are accepted, your participation is contingent upon your completing payment for the trip and signing a Student Contract, Liability Waiver, Parental Consent Form and Behavioral Contract.

Questions? Call us at (303) 684-5557 or (888) 879-2575

Email us at info@commongroundinternational.com

Find program information at www.commongroundinternational.com

Application Checklist

Application Forms

- Student/Parent Information
- Emergency Contact & Passport Information
- Medical & Homestay Information
- Statement of Purpose / Spanish Language Experience
- High School Information & References

- Teacher Recommendation Form
(submitted by the student in a sealed envelope, or by the teacher via mail or fax)

Additional Materials

- Photocopy of first page of passport
- 2 Passport Photos

------(detach and mail with application)-----

Card type (circle one): Visa – Master – Discover

Card # _____ Expiration: ____/____ 3 Dig code: _____

Name as on Card: _____ Phone: _____

Billing Address (include city/state/zip): _____

Deposit amount (circle one): \$1,000.00 \$1,500.00 Signature: _____

Medical Information

Family Physician _____

Phone (_____) _____

Medical Insurance Company _____

Policy Number _____

If you have health conditions or personal situations of any kind that you would like us to know about (especially anything that may influence your travel experience), please describe them below. This information can be helpful in the event of an emergency, and will be kept confidential unless emergency medical treatment is needed.

Homestay Information

Are you a smoker?

Smoker Non-Smoker

Do you prefer a host family with children or without?

With children Without children No Preference

Allergies (including food, medication, bites, stings, etc.): _____

Special dietary needs: _____

Any special accommodations you need: _____

Statement of Purpose

Please use the space below to explain why you wish to participate in this program. Why did you choose this program over others, and what do you hope to get out of it?
If you prefer to use a separate sheet, be sure to label it “Statement of Purpose”.

Spanish Language Experience

Our program participants generally have varying levels of Spanish language experience. In order to give us an idea of what level you’re at, please rate your Spanish language ability in the following areas:

<u>Oral Comprehension</u>	Beginner	Intermediate	Advanced	Fluent
<u>Speaking</u>	Beginner	Intermediate	Advanced	Fluent
<u>Reading</u>	Beginner	Intermediate	Advanced	Fluent
<u>Writing</u>	Beginner	Intermediate	Advanced	Fluent

Briefly describe your Spanish experience:

High School Information

High School you are currently enrolled at _____

High School Address _____
street

_____ city state zip

High School Phone (_____) _____

High School website _____

Teacher Reference

Name of your current Spanish teacher _____
(or any other teacher if you're not enrolled in Spanish at this time)

Title _____

Work phone number (_____) _____

Work email address if applicable _____

Administrator Reference

Name of your guidance counselor _____
(or similar administrator)

Title _____

Work phone number (_____) _____

Work email address if applicable _____



Teacher Recommendation Form

To be completed by the applicant:

Applicant Name: _____

Teacher Name: _____

Class(es) you take/took with this teacher: _____

I will not seek access to this confidential recommendation.

Applicant's Signature _____ Date _____

To be completed by the teacher:

The above named student is applying for a **Summer Spanish Language Immersion Program in Costa Rica**. The program emphasizes language learning through homestay and formal language training, and also includes volunteer work and adventure travel components.

Please tell us about your experience with this applicant, and how suited you think s/he is for this immersion program both academically and personally. We appreciate your candid appraisal of this applicant, and welcome any additional comments. Please consider these questions:

1. Is this student academically motivated?
2. Would this student be a good ambassador of his or her school and country?
3. What would you tell a colleague that they could expect from this student?
4. Would you want to have this student as a member of a group you were in charge of?
5. Would other students on the trip benefit from having this applicant as part of their group?

You may use the back of this form to write your recommendation, attach a separate sheet, or send your recommendation via email (as long as this form is also submitted).

Please submit your recommendation one of the following ways:

1. Return this form & your recommendation to the applicant in a sealed, signed envelope.
2. Email it to Common Ground International: info@commongroundinternational.com
2. Fax it to Common Ground International: 303-684-5558
3. Mail it to: Common Ground International
P.O. Box 174
Lafayette, CO 80026

Teacher's Signature _____ Date _____

Teacher's Name _____

Email: _____ Telephone: _____

Thank you for taking the time to complete this confidential recommendation!