

SUMMER PROGRAM IN ICELAND

APPLICATION FOR ADMISSION

STUDENT INFORMATION:

Student's Name: Last: _____ First: _____ Present Grade: _____

Home Address: Street: _____ City: _____ State: _____ Zip: _____

Social Security # _____ Date of Birth: _____ Age as of June 2017: Years: _____ Months: _____

Parent(s) Home Phone: _____ Student Phone: _____

Student email: _____

Mother's Full Name: _____ Business Phone: _____

Mother's email: _____

Father's Full Name: _____ Business Phone: _____

Father's email: _____

Secondary/High School Name: _____

How did you learn about The Barat Foundation Summer Program? _____

TRAVEL/ACTIVITY PERMISSION: I hereby give (Student's Name) _____ permission to participate in all travel excursions and to take part in all other activities as scheduled by the Directors of the Barat Foundation Summer Study in Iceland.

Date: _____ Signature of Parent or Guardian: _____

TRANSCRIPT RELEASE: I (Student's Name) _____ grant permission to my high school/guidance counselor to mail or fax my current school transcript to The Barat Foundation to complete my Application for Admission.

Date: _____ Signature of Student: _____

Date: _____ Signature of Parent or Guardian: _____

DEPOSIT INFORMATION: A \$1,100.00 payment (\$1,000.00 deposit plus a \$100.00 non-refundable application fee), payable to **The Barat Foundation** must accompany this completed application. If for some reason the application is refused, the full payment (including \$100 application fee) will be refunded. As the parent or guardian, I understand **The Barat Foundation** study and have discussed with my child that he/she will be required to follow all established rules including, but not limited to, a nightly curfew and no use of any drug (unless prescription) or alcohol. **The Barat Foundation** reserves the right to dismiss students, without refund, who are unable to abide by these rules. It will be the responsibility of the parent/guardian to pay for any additional airfare and expenses incurred if their child is dismissed from the study.

Date: _____ Signature of Parent or Guardian: _____

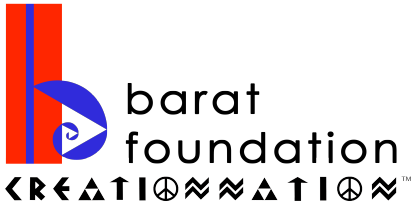
Date: _____ Signature of Student: _____

REMINDER: ENROLLMENT IS LIMITED and acceptance is reviewed on a rolling admissions basis. **WE RECOMMEND YOU APPLY EARLY!** You do not need to wait for your transcript or recommendation form, which can be mailed/faxed later.

PLEASE MAIL TO:
The Barat Foundation
Summer Program in Iceland
P.O. Box #32392
Newark, NJ 07102

www.baratfoundationtravel.org phone: 973-534-5314 email: baratfoundation@gmail.com

The Barat Foundation is granted permission to use the names and images of study participants in publicity materials.



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TEACHER RECOMMENDATION PART II

- I have known this student for _____ years(s). Relationship to student: _____
- Please complete the following assessment regarding the Intellectual ability, achievement, and character of the applicant:

	BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT (TOP 10%)	TRULY OUTSTANDING (TOP 2-3%)	NO BASIS FOR JUDGMENT
ACADEMIC ACHIEVEMENT						
SELF-DISCIPLINE						
CREATIVE ABILITY						
EMOTIONAL MATURITY						
SELF-CONFIDENCE						
CONCERN FOR OTHERS						
POTENTIAL TO SUCCEED						

- The main factors contributing to the respect accorded the applicant seem to be: (please check)
 Superiority in studies Interest in and concern for others Accomplishment in activities and interests
 Leadership in activities Success in athletics General character
- Has the student been involved in any disciplinary action in your school? Yes No
- If the answer to number 5 is yes, please explain the nature of the disciplinary action (Please feel free to use back of form).
- Additional Comments (Please feel free to use back of form):

- Overall recommendation: (please check)
 I recommend this candidate without reservation as an excellent prospect for the program.
 I recommend this candidate with reservation.
 I feel this candidate is unsuited for the program at this time.
- Preparer's Name: _____ Title: _____

Signature: _____ Date: _____ School Phone: _____